

Physical Medicine & Rehabilitation: Maximum Combined Frequency per Day Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application
<p>This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals. This policy does not apply to services provided in the home or in a comprehensive inpatient or outpatient rehabilitation facility (CMS Place of Service designations 12, 61 or 62).</p>

Policy
<p>Overview</p> <p>This policy describes reimbursement for physical medicine and rehabilitation therapy CPT/HCPCS codes containing a time element. These services are referred to as “timed codes” within the policy. Note: In alignment with the Centers for Medicare and Medicaid Services (CMS), at least eight minutes of therapy services <u>must</u> be performed to meet the minimum time qualification to bill one 15 minute unit.</p> <p>The purpose of this policy is to ensure that UnitedHealthcare reimburses Physicians and Other Qualified Health Care Professionals for physical medicine and rehabilitation therapy services that are coded properly, in accordance with CMS and CPT/HCPCS Coding Guidelines, as well as, all applicable reimbursement policies, member benefits and provider contracts.</p>
<p>Reimbursement Guidelines</p> <p>A survey of the Centers for Medicare and Medicaid Services’ (CMS) Local Coverage Determinations (LCD) indicates that a majority of jurisdictions that have Physical Medicine and Rehabilitation LCDs have guidelines stating that the usual duration of a therapy session does not exceed one hour. For this reason, UnitedHealthcare provides</p>

reimbursement for the codes listed below, in any combination, up to a maximum of four timed codes (equivalent to one hour of therapy) per date of service, provided by the Same Specialty Physician or Other Qualified Health Care Professional.

There may be situations in which physical medicine and rehabilitation timed codes are provided by professionals from different specialties (e.g., physical therapist, occupational therapist) belonging to a multi-specialty group and reporting under the same Federal Tax Identification number. In such cases, UnitedHealthcare will allow reimbursement for up to four timed codes for each specialty provider type within the group, per date of service. HCPCS modifiers GN, GO and GP may be reported with the codes listed below to distinguish timed procedures provided by different specialists within a multi-specialty group.

Modifier	Modifier Description
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GN	Services delivered under an outpatient speech language pathology plan of care

There may also be situations in which the therapy services provided are correctly billed according to CMS and CPT/HCPCS Coding Guidelines, but exceed four timed codes, per date of service. In such cases, UnitedHealthcare will consider additional reimbursement upon Reconsideration Request. Please find details of this process in the UnitedHealthcare Administrative Guide. NOTE: Claim reconsideration may not apply to some states, based on applicable state legislation.

Definitions

Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.
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Questions and Answers

1	<p>Q: Why are services provided in the home or in rehabilitation center settings excluded from this policy?</p> <p>A: There are many contracts and billing methods specific to these health care professionals and facilities that permit or require codes to be used in a different manner than they would be used in an outpatient or office setting, which would affect the application of this policy. For this reason, these settings are excluded from this policy.</p>
2	<p>Q: How was the reimbursement parameter of four timed codes per specialty, per date of service determined?</p> <p>A: This reimbursement parameter was derived from a study of CMS Local Coverage Determinations. A majority of jurisdictions that have Physical Medicine and Rehabilitation LCDs have guidelines indicating that the usual treatment session does not exceed 60 minutes, per specialty, per date of service.</p>

Codes

CPT / HCPCS Codes	Modifier	Description
97032	GN GO or GP	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	GN, GO or GP	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	GN, GO or GP	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	GN, GO or GP	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	GN, GO or GP	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes

97110	GN, GO or GP	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	GN, GO or GP	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	GN, GO or GP	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	GN, GO or GP	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	GN, GO or GP	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	GN, GO or GP	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97530	GN, GO or GP	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	GN, GO or GP	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	GN, GO or GP	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97537	GN, GO or GP	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
97542	GN, GO or GP	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
97750	GN, GO or GP	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	GN, GO or GP	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	GN, GO or GP	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97761	GN, GO or GP	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97763	None	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter each 15 minutes
G0237	None	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (includes monitoring)
G0238	None	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring)
G0515	None	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
S8948	None	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History	
11/11/2019	Policy Version Change Application Section: Moved place of service information from the Reimbursement Guidelines to the Application Section Overview Section: Verbiage clarified Reimbursement Guidelines: Verbiage clarified Definitions Section: Added definition Q & A: Removed Q&A 2 Codes Section: Added modifier column
4/5/2019	Annual Anniversary Date and Version Change Title Section: Removed Annual Approval information & moved policy # to the header. Removed Definition section
1/1/2019	Policy Version Change Added the word Professional to the policy title Updated definition: Same Specialty Physician or Other Qualified Health Care Professional Application Section: Removed Community and State and Medicare and Retirement information Reimbursement Guidelines: Removed reference to other policies History Section: Entries prior to 1/1/2017 archived
7/11/2018	Annual Approval Date Change (no new version).
1/1/2018 – 12/31/2018	Annual Policy Version Change Policy CPT and HCPCS Codes Updated History Section: Entries prior to 1/1/2016 archived.
7/12/2017	Policy Approval Date Change, Logo, Preamble and Footer have been updated. (No New Version)
1/1/2017-12/31/2017	Annual Policy Version Change History Section: Entries prior to 1/1/2015 archived.