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 Individual Exchange 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 form. 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 Individual Exchange's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Individual Exchange 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 Individual Exchange 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 Individual Exchange due to programming or other constraints; however, UnitedHealthcare Individual Exchange strives to minimize these variations.

UnitedHealthcare Individual Exchange 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

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians and other qualified health care professionals.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

Policy

Overview

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 must be performed to meet the minimum time qualification to bill one 15-minute unit.

The purpose of this policy is to ensure that UnitedHealthcare Individual Exchange 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.
Reimbursement Guidelines
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 Individual Exchange provides 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 Individual Exchange 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. 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 Individual Exchange will consider additional reimbursement upon Reconsideration Request.
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.

Questions and Answers	
1	**Q:** Why are services provided in the home or in rehabilitation center settings excluded from this policy? **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.
2	**Q:** How was the reimbursement parameter of four timed codes per date of service determined? **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 stating that the usual treatment session does not exceed 60 minutes per date of service.

Codes			
CPT / HCPCS Codes			
97032	97113	97533	97761
97033	97116	97535	97763
97034	97124	97537	G0237

97035	97129	97542	G0238
97036	97130	97750	S8948
97110	97140	97755	
97112	97530	97760	

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

10/22/2023	Policy Version Change Updated Logo Updated Policy Name in Properties
1/1/2023	Policy Version Change Application Section Updated: Applicable States Updated Policy Template
1/1/2022	Policy Version Change Updated Policy Template
1/1/2021	Policy implemented by UnitedHealthcare Individual Exchange

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