

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

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 Community Plan reimbursement policies uses 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 Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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. CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

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 and 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.

Policy

Overview

This policy describes reimbursement for timed therapeutic services (Current Procedural Terminology [CPT] codes 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97763, and Healthcare Common Procedure Coding System [HCPCS] codes G0515, G0237, G0238 and S8948). These services are referred to as “timed codes” within the policy.

The purpose of this policy is to ensure that UnitedHealthcare Community Plan reimburses Physicians and Other Qualified Health Care Professionals for therapy services that are billed and documented, without reimbursing for billing submission or data entry errors or for non-documented services.

For purposes of this policy, same physician is defined as Physicians and/or Other Qualified Health Care Professionals of the same group and same specialty reporting the same Federal Tax Identification number (TIN).

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 Community Plan provides reimbursement for codes from the list above, 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 therapy services 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 Community Plan will allow reimbursement for up to four (4) timed procedures/modalities reported from the list above per date of service for each specialty provider within the group. HCPCS modifiers GN, GO and GP may be reported with the codes listed above to distinguish timed procedures provided by different specialists within a multi-specialty group. Refer also to these policies for additional reimbursement limits that may apply: Physical Medicine & Rehabilitation: PT, OT and Evaluation and Management and Physical Medicine & Rehabilitation: Speech Therapy.

| Modifier | Modifier Description |
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| 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 coding guidelines but exceed four timed codes per date of service. In such cases, UnitedHealthcare Community Plan will allow additional reimbursement upon reconsideration if records are submitted that document the timed therapy services provided and support the codes reported.

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).

Questions and Answers

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| 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: If a patient receives therapy services correctly represented by more than four timed codes on a single date of service, will additional reimbursement be made?</p> <p>A: In this situation, if documentation is submitted upon reconsideration which supports reporting of more than four timed codes on a single date of service, additional reimbursement may be provided. CMS correct coding guidelines for timed therapy services will be applied. UnitedHealthcare Community Plan intends to reimburse all services performed, supported by documentation, and billed with proper coding in accordance with all applicable reimbursement policies and benefit or provider contracts.</p> |
| 3 | <p>Q: How was the reimbursement parameter of four timed codes 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 stating that the usual treatment session does not exceed 60 minutes per date of service.</p> |

| Codes | |
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| CPT code section | |
| 97032 | Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes |
| 97033 | Application of a modality to one or more areas; iontophoresis, each 15 minutes |
| 97034 | Application of a modality to one or more areas; contrast baths, each 15 minutes |
| 97035 | Application of a modality to one or more areas; ultrasound, each 15 minutes |
| 97036 | Application of a modality to one or more areas; Hubbard tank, each 15 minutes |
| 97110 | Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| 97112 | Therapeutic procedure, one 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 | Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises |
| 97116 | Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing) |
| 97124 | Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes |
| 97535 | 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 | 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 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes |
| 97750 | Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes |
| 97755 | Assistive technology assessment (e.g., 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 |

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| 97760 | 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 | Prosthetic training, upper and/or lower extremity(s), each 15 minutes |
| 97763 | 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 |
| HCPSC code section | |
| G0515 | Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes |
| G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-on-one, each 15 minutes (included monitoring) |
| G0238 | Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to-face, per 15 minutes (includes monitoring) |
| S8948 | Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes |

Resources

Individual state Medicaid regulations, manuals & fee schedules

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

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| 2/15/2021 | Policy Version Change Removed reference to other state exceptions |
| 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 | Annual Policy Version Change Policy Name: Added the word Professional to the policy title Application Section: Removed Community and State and Medicare and Retirement information Reimbursement Guidelines: Removed reference to other policies Definition section: Updated Same Specialty Physician or Other Qualified Health Care Professional History Section: Entries prior to 1/1/2017 archived |
| 9/9/2018 | State Exceptions added: New York |
| 7/2/2018 | State Exceptions updated: Kansas and New Jersey |
| 5/20/2018 | State Exceptions updated: New Mexico |
| 3/25/2018 | State Exceptions updated: Kansas |
| 3/11/2018 | Policy CPT and HCPCS Codes Updated |

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| | State Exceptions updated: New Jersey |
| 2/11/2018 | Annual Version Change State Exceptions updated: New Jersey |
| 7/16/2017 | Application section: Removed UnitedHealthcare Community Plan Medicare products as applying to this policy. Added location for UnitedHealthcare Community Plan Medicare reimbursement policies. State Exceptions section update: Kansas |
| 4/2/2017 | State Exceptions section updated: Arizona |
| 2/15/2017 | State Exceptions section updated: New Jersey |
| 2/12/2017 | State Exceptions section updated: Missouri |
| 1/1/2017 | Annual Policy Version Change History Section: Entries prior to 1/1/2015 archived. |
| 12/8/2007 | Policy implemented by UnitedHealthcare Community & State |