

# PHYSICAL MEDICINE & REHABILITATION: PT, OT, AND EVALUATION & MANAGEMENT POLICY

**Policy Number:** ADMINISTRATIVE 278.1 T0

**Effective Date:** October 1, 2020

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Related Policies
None

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## APPLICATION

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.

## OVERVIEW

This policy describes which codes will and will not be reimbursed for physical and occupational therapy evaluation services and the use of the GO, GP, CO, and CQ modifiers.

## REIMBURSEMENT GUIDELINES

Physical and Occupational Therapists will be reimbursed for the appropriate use of Current Procedural Terminology (CPT®) codes 97161-97164 or 97165-97168. Physical and Occupational Therapy Assistants will not be reimbursed for CPT codes 97161-97164 or 97165-97168.

Consistent with coding guidelines of the Centers for Medicare and Medicaid Services (CMS), Oxford will not reimburse Physical and Occupational Therapists or Physical and Occupational Therapy Assistants for CPT evaluation and management codes 98970-98972, 99091, 99201-99499, or Healthcare Common Procedure Coding System (HCPCS) codes G2061-G2063.

Oxford aligns with CMS and requires Healthcare Common Procedure Coding System (HCPCS) modifiers GO and GP to be reported with the codes designated by CMS as always therapy services to distinguish the discipline of the plan of care under which the service is delivered. Refer to the Reimbursement Policy titled *Procedure to Modifier* for additional information.

In accordance with CMS, the CQ and CO modifiers are required to be used for services furnished In Whole or In Part by a Physical Therapy Assistant (PTA) or Occupational Therapy Assistant (OTA). These modifiers should be used on the claim line of the service, alongside the respective GP or GO therapy modifier. The CQ modifier must be paired to the GP therapy modifier and the CO modifier with the GO therapy modifier.

The CQ and CO modifiers do not apply to services furnished by PTAs and OTAs that are incident to the services of physicians or nonphysician practitioners.

Other Reimbursement Policies that address reimbursement for the codes reported, may also apply.

## DEFINITIONS

**In Part:** A portion of a service separately from the part furnished by the Occupational/Physical Therapist such that the minutes for that portion of a service furnished by the OTA or PTA exceed 10 percent of the total minutes for that service.

**In Whole:** All the minutes of a service exclusive of the Occupational Therapist/Physical Therapist (as applicable).

**Occupational Therapist:** An individual who is licensed, if applicable, as an Occupational Therapist by the State in which he or she is practicing.

**Occupational Therapy Assistant:** An individual who is licensed as an Occupational Therapy Assistant (OTA), unless licensure does not apply, is registered or certified, if applicable, as an OTA by the State in which he or she is practicing.

**Physical Therapist:** An individual who is licensed, if applicable, as a Physical Therapist by the State in which he or she is practicing.

**Physical Therapy Assistant:** An individual who is licensed as a Physical Therapy Assistant (PTA), unless licensure does not apply, is registered or certified, if applicable, as a PTA by the State in which he or she is practicing.

## APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

### CPT Codes

#### Codes Payable to Physical and Occupational Therapists Only

These codes are not payable to Physical and Occupational Therapy Assistants.

97161	97162	97163	97164	97165	97166	97167	97168			
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*CPT® is a registered trademark of the American Medical Association*

### CPT Codes

#### Codes Not Payable to Physical and Occupational Therapists or Assistants

98970	98971	98972	99091	99201	99202	99203	99204	99205	99211	99212
99213	99214	99215	99217	99218	99219	99220	99221	99222	99223	99231
99232	99233	99224	99225	99226	99234	99235	99236	99238	99239	99241

**CPT Codes**

**Codes Not Payable to Physical and Occupational Therapists or Assistants**

99242	99243	99244	99245	99251	99252	99253	99254	99255	99281	99282
99283	99284	99285	99288	99291	99292	99304	99305	99306	99307	99308
99309	99310	99315	99316	99318	99324	99325	99326	99327	99328	99334
99335	99336	99337	99339	99340	99341	99342	99343	99344	99345	99347
99348	99349	99350	99354	99355	99356	99357	99358	99359	99360	99366
99367	99368	99374	99375	99377	99378	99379	99380	99381	99382	99383
99384	99385	99386	99387	99391	99392	99393	99394	99395	99396	99397
99401	99402	99403	99404	99406	99407	99408	99409	99411	99412	99415
99416	99421	99422	99423	99429	99441	99442	99443	99446	99447	99448
99449	99451	99452	99450	99455	99456	99453	99454	99473	99474	99457
99458	99460	99461	99462	99463	99464	99465	99466	99467	99468	99469
99471	99472	99475	99476	99477	99478	99479	99480	99483	99484	99485
99486	99487	99489	99490	99491	99492	99493	99494	99495	99496	99497
99498	99499									

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**REFERENCES**

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Reimbursement Policy Oversight Committee. [Policy number here]

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services  
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
10/01/2020	<ul style="list-style-type: none"> <li>New Reimbursement Policy</li> </ul>