

Reimbursement Policy

Physical, Occupational and Speech Rehabilitation Modalities and Therapeutic Procedures

Policy Number: 4.609

Version Number: 12

Version Effective Date: 10/16/2021

Product Applicability	<input type="checkbox"/> All Plan+ Products
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input type="checkbox"/> Well Sense Health Plan	<input checked="" type="checkbox"/> MassHealth MCO
	<input checked="" type="checkbox"/> MassHealth ACO
	<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Co-treatment – therapy performed by two therapy providers, who work together as a team to treat one member, when appropriate. The providers may only bill for a maximum of four units per member treatment session.

Group Therapy – simultaneous therapy services provided to two to six patients who may or may not be doing the same activities.

Maintenance Program – repetitive services, required to maintain or prevent the worsening of function that do not require the judgment of a licensed therapist for safety and effectiveness.

Therapy Visit – a personal contact with a member provided by a licensed physical therapist, licensed physical therapy assistant, licensed occupational therapist, licensed occupational therapy assistant, licensed speech/language pathologist, or licensed speech/language pathologist assistant for the purpose of providing a covered service.

Provider Reimbursement

Outpatient Rehabilitation Modalities and Therapeutic Procedures

The Plan reimburses outpatient rehabilitation and therapeutic procedures that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functions that have been lost, impaired or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries.

Therapies Performed In the Home Setting

The Plan has specific separate billing rules and criteria for physical and occupational therapies performed in a home setting. Please refer to the Plan's *Home Health Reimbursement Policy, 4.7* when the services will be performed in the patient's home.

Physical Therapy (PT)/Occupational Therapy (OT)/Speech Therapy (ST) Billing Guidelines

Reimbursement to a provider for rendering PT/OT/ST services are subject to compliance with the following billing rules as well as other general industry standards, such as CMS correct coding guidelines. The Plan will reimburse physical, occupational, and speech therapists for initial therapy evaluation and reevaluations, co-treatment, group therapy, and individual treatment (including the design, fabrication, and fitting of an adaptive device, except for MassHealth members aged 22 years or older). Services provided by supervised Physical Therapy Assistants, Occupational Therapy Assistants, or Speech Language Pathology Assistants must be billed using the Provider National Provider Identifier (NPI) of the supervising therapist.

- Initial Evaluation.
An initial evaluation is an in-depth assessment of a member's medical condition or disability, or both, and level of functioning to determine the need for therapy. When therapy is indicated, it is

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

used to develop a plan of care. The evaluation is conducted by a licensed therapist in response to the prescribing provider's initial prescription for therapy services and must occur prior to the start of therapy care. The Plan will only pay for one initial evaluation relative to an initial prescription.

- **Re-Evaluations**

A re-evaluation is an evaluation conducted by a licensed therapist focused on determining the member's progress toward goals identified in the plan of care, as well as making a professional judgment about continuing care, modifying goals and/or treatment, or terminating therapy services. A re-evaluation is needed when there are new clinical findings, a rapid change in the individual's status, or a member's inability to respond to therapy interventions. Routine, ongoing progress notes that are part of each therapy visit are not considered re-evaluations.

Modifiers

Modifiers that are specific to physical therapist (GP), occupational therapist (GO) or speech and language pathologist (GN) must be reported when billing for provider services to further indicate the provider type.

Additionally, if applicable, the provider should report "Other Therapy" modifiers to only those specific procedure codes listed in the coding table below. Providers may report multiple modifiers if applicable.

Orthotic and Prosthetic Training

The Plan will reimburse for the orthotic or prosthetic training when it has not yet been performed by any other provider (e.g., DME supplier).

Service Limitations

For BMC HealthNet Plan Qualified Health Plans, including ConnectorCare and Commercial members, physical, occupational, and speech therapy treatment related to Autism Spectrum Disorder (ASD) reference the Plan's *Autism Spectrum Disorder Medical Policy, OCA 3.724*.

Reference the Plan's reimbursement policy, *Early Intervention, 4.3*, for billing guidelines related to early intervention.

The Plan reimburses a therapist for no more than one individual therapy session and one group therapy session per member per day.

The Plan does not reimburse a provider for a treatment claimed for the same date of service as an evaluation or re-evaluation, since the evaluation or re-evaluation fee includes payment both for a written report and for any treatment provided at the time of the evaluation or re-evaluation.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

The Plan limits reimbursement to no more than 4 combined modalities, therapeutic procedures and/or re-evaluations per member per day. The Plan uses the CPT/HCPCS descriptions to determine that a procedure includes or excludes multiple visits.

The Plan pays for the establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out, as part of a regular treatment visit, not as a separate service.

The following services are not reimbursable:

- Work hardening and conditioning, identified with CPT codes 97545 and 97546.
- Maintenance therapy: The services involve non-diagnostic, non-therapeutic, routine, or repetitive procedures to maintain general welfare and do not require the skilled assistance of a licensed physical, occupational, or speech therapist. The establishment of a maintenance program and the training of the member, member's family, or other persons to carry it out is reimbursed as part of a regular treatment visit, not as a separate service.
- Therapy which is intended to restore or improve function after a temporary loss or reduction of function that could be reasonably expected to improve without such therapy when the individual resumes activities.
- Therapy which replicates services that are provided concurrently by any other type of therapy such as physical therapy and speech and language therapy, which should provide different treatment goals, plans, and therapeutic modalities.
- Therapy for which there is no clinical documentation or treatment plan to support the need for therapy services or continuing therapy.
- PT/OT/ST services established under Chapter 721 Early Intervention and defined in a child's individualized family service plan when provided outside of the Early Intervention.
- PT/OT/ST services established under Chapter 71B and defined in a child's Individualized Educational Plan (IEP) when provided outside of the school based program. The Plan may approve a reasonable period of time for PT, OT, and ST services while an IEP is being developed or modified.
- Examinations, evaluations or services for educational or developmental purposes, including physical therapy, speech therapy and occupational therapy. Also excluded are services to treat learning disabilities, behavior problems and developmental delays and services to treat speech, hearing and language disorders in a school-based setting.
- The treatment of speech and language delays that is not associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital defect.
- The design, fabrication, or fitting of an adaptive device provided to a MassHealth member aged 22 or older.
- Indirect services such as staff meetings, staff supervision, member screening, and development or use of instructional texts and reusable treatment materials;
- Nonmedical services such as vocational, social, and recreational services;
- Unproven or experimental treatment
- Mental health services; and

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

- Services provided by unlicensed persons including, but not limited to aides and students, even if under the supervision of a licensed therapy provider.
- The therapist provided service in an inpatient or long-term care facility who was paid by the inpatient or long-term care facility to provide that service, whether or not the cost of the service is included in the Plan's payment rate of payment for that facility.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Revenue Codes

Code	Description
0420	Physical Therapy - General Classification
0421	Physical Therapy - Visit
0424	Physical Therapy - Evaluation or Re-evaluation
0429	Physical Therapy - Other Physical Therapy
0430	Occupational Therapy - General Classification
0431	Occupational Therapy - Visit
0434	Occupational Therapy - Evaluation or Reevaluation
0439	Occupational Therapy - Other Occupational Therapy
0440	Speech-Language Pathology - General Classification
0444	Speech-Language Pathology - Evaluation or Reevaluation
0449	Speech-Language Pathology - Other Speech Therapy

Therapy Modifiers

Therapy modifiers must be used as instructed by CMS.

Modifier	Description
GN	Services delivered under an outpatient Speech Language Pathology plan of care
GO	Services delivered under an outpatient Occupational Therapy plan of care
GP	Services delivered under an outpatient Physical Therapy plan of care

Other Therapy Modifiers

Modifier	Description
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Other Therapy Modifiers

Additional informational modifiers to be used as instructed by MassHealth. Providers should report “Other Therapy” modifiers to only those specific procedure codes listed in the coding table below, if applicable.

Modifier	Description
GT	an informational modifier (indicating the services are conducted via interactive audio and video telecommunication systems)
HA	An informational modifier for children aged 21 or under

CPT Code	Description	Other Therapy Available Modifiers
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual (maximum one unit per visit)	GT
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals (maximum one unit per visit)	GT
92521	Evaluation of speech fluency (e.g., stuttering , cluttering)	GT, HA
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);	GT, HA
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	GT, HA
92524	Behavioral and qualitative analysis of voice and resonance	GT, HA
92526	Treatment of swallowing dysfunction and/or oral function for feeding (maximum one unit per visit)	GT
92605	Evaluation for prescription for non-speech generating AAC device, face-to-face with the patient; first hour	GT
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour (maximum one unit per visit)	GT
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to code for primary procedure) (service code may only be billed after 92607) (maximum two unit per evaluation)	GT

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

CPT Code	Description	Other Therapy Available Modifiers
92609	Therapeutic services for the use of speech-generating device, including programming and modification (maximum one unit per visit)	GT
92610	Evaluation of oral and pharyngeal swallowing function (per hour, maximum of one hour)	GT
97010	Application of a modality to 1 or more areas; hot or cold packs	
97012	Application of a modality to 1 or more areas; traction, mechanical	GT
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	GT
97016	Application of a modality to 1 or more areas; vasopneumatic devices	GT
97018	Application of a modality to 1 or more areas; paraffin bath	GT
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)	
97026	Application of a modality to 1 or more areas; infrared	
97028	Application of a modality to 1 or more areas; ultraviolet	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance) (maximum one unit per visit)	GT
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	GT
97112	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	GT
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	GT

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

CPT Code	Description	Other Therapy Available Modifiers
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97139	Unlisted therapeutic procedure (specify) (each 15 minutes) (maximum one unit per visit)	GT
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
97150	Therapeutic procedure(s), group (2 or more individuals) (maximum one unit per visit)	GT
97161	Physical therapy evaluation; low complexity. (Use for billing members new to provider/agency only).	GT, HA
97162	Physical therapy evaluation; moderate complexity. (Use for billing members new to provider/agency only).	GT, HA
97163	Physical therapy evaluation; high complexity. (Use for billing members new to provider/agency only).	GT, HA
97164	Re-evaluation of physical therapy established plan of care. (Use for billing members continuing in PT services only).	GT, HA
97165	Occupational therapy evaluation; low complexity. (Use for billing members new to provider/agency only).	GT, HA
97166	Occupational therapy evaluation; moderate complexity. (Use for billing members new to provider/agency only).	GT, HA
97167	Occupational therapy evaluation; high complexity. (Use for billing members new to provider/agency only).	GT, HA
97168	Re-evaluation of occupational therapy established plan of care. (Use for billing members continuing in OT services only).	GT, HA
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	GT
97535	Self-care/home management training (e.g., 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 by provider, each 15 minutes	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	GT

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
07/24/2009	07/24/2009	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
05/21/2010	Revised to include home health rehab having separate policy criteria	05/21/2010	Payment Policy Committee
09/19/2011	Deleted definitions; Added Speech/Language therapy reimbursement guidelines, language for Autism Spectrum Disorder and Early Intervention benefit limitations	09/19/2011	Payment Policy Committee
12/02/2013	Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare; Added BMC HealthNet Plan Qualified Health Plans, including ConnectorCare service limitations for Autism Spectrum Disorder	12/02/2013	Payment Policy Committee
01/15/2014	Annual coding update	01/15/2014	Payment Policy Committee
12/17/2014	Annual review, coding and template updated	01/01/2015	Payment Policy Committee
12/12/2016	New template, annual review, removed "Initial evaluations are not counted towards the member's maximum benefit limit"; Added language for modality/therapeutic limits per day; updated coding	01/01/2017	Payment Policy Committee
12/08/2017	Revised descriptions for 97760-97761 and new code 97763 added	01/01/2018	Payment Policy Committee

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Policy Revisions History			
12/6/2018	Added other therapy modifier table	01/01/2019	Payment Policy Committee
06/18/2019	Added therapy modifiers, updates to coding table	07/01/2019	Payment Policy Committee
12/09/2019	Updated coding table	01/01/2020	Payment Policy Committee
12/14/2021	Annual Review	01/01/2022	Payment Policy Committee

Other Applicable Policies

Reimbursement Policies:

- Early Intervention, 4.3
- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Home Health, 4.7
- Modifiers, 4.23
- Telemedicine, 4.6

Medical Policies:

- Autism Spectrum Disorder, OCA 3.724
- Occupational Therapy in the Outpatient Setting, OCA 3.53
- Physical Therapy in the Outpatient Setting, OCA 3.54
- Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 20 or Younger in the Outpatient Setting, OCA 3.55
- Speech Therapy, Language Therapy, Voice Therapy, or Auditory Rehabilitation for a Member Age 21 or Older in the Outpatient Setting, OCA 3.551

References

- Commonwealth of Massachusetts; Rehabilitation Clinic Services, Audiological Services, Restorative Services; August 21, 2008.
- 101 CMR 339.00: Restorative Services
- 101 CMR 317.00: Rates for Medicine Services
- MassHealth Speech and Hearing Center Provider Manual, Subchapter 6
- 130 CMR 432.000: Therapist Services
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- MassHealth Therapist Provider Manual, Subchapter 6

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

- Form of Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.