



COMMERCIAL REIMBURSEMENT POLICY

Physical, Occupational and Speech Therapy Modalities and Evaluation

Active

Policy Number: Rehabilitative Services – 004
Policy Title: Physical, Occupational and Speech Therapy Modalities and Evaluation
Section: Rehabilitative Services
Effective Date: 10/02/2023

Description

This policy addresses coding and reimbursement for Physical, Occupational, and Speech therapy services.

Definitions

Physical Therapy: A branch of rehabilitative health that uses specially designed exercises and equipment to help patients regain or improve their physical abilities, such as mobility, strength, gait, endurance, coordination, and balance.

Occupational Therapy: A branch of rehabilitative health that uses assessments and interventions to develop, recover, or maintain the meaningful activities, or *occupations*, of individuals. These services may include comprehensive evaluations of the client's home and other environments (e.g., workplace, school), recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers.

Speech Therapy: A branch of rehabilitative health that involves the evaluation and treatment of patients with speech, language, cognitive-communication, and swallowing disorders.

Policy Statement

Physical Therapy: The CPT physical and medicine and rehabilitation codes, as well as other services that require supervised/constant attendance modalities, wound therapy, testing and assessments (97010-97028, 97032-97039, 97110-97124, 97140-97542, 97597-97610) may be submitted by a physical therapist.

Evaluations and re-evaluation services performed by a physical therapist should be submitted using CPT codes 97161-97164.

Physical Therapy Assistants will not be reimbursed for evaluation and re-evaluation services.

Occupational Therapy: The CPT physical medicine and rehabilitation codes, as well as other services such as splints, strapping, testing, and assessments (97010-97028, 97032-97036, 97039, 97110-97124, 97129, 97130, 97139, 97140, 97150, 97530-97546, 97597-97610, 97750-97755, 97760-97763, 97799, 29105-29131, 29505, 29515, 29240-29280, 92526, 92610-92617, 95851-95852, 95999, 96105, and 96110) may be submitted by an occupational therapist.



Evaluations and re-evaluation services performed by an occupational therapist should be submitted using CPT codes 97165-97168.

Speech Therapy: Speech therapists, physicians, or clinicians should use CPT codes 92507-92508 or 97129-97130 for their speech therapy services. For speech evaluations use codes 92521-92524 and use code 92526 for evaluation and treatment of swallowing dysfunction. Submit one unit of service per encounter.

If a speech evaluation is done over a period of two days and only one report is generated upon completion of the evaluation, submit the evaluation code only once with the date of service the evaluation was completed.

Applies to Physical, Occupational and Speech Therapy:

Modifier 25

The modifier -25 (significant, separately identifiable evaluation and management service by the same physician on the same day as the procedure or other service) is not valid with the therapy evaluations and re-evaluation codes and if submitted, the service will be denied. The evaluation or re-evaluation codes will be allowed, as appropriate, when billed with other physical or occupational services on the same date.

Codes: PT 97161-97164, OT 97165-97168

“Timed” Unit Reporting

When a procedure/service indicates time, more than half of the designated time must be spent performing the service for a unit to be billed. In the case of a fifteen (15) minute service, at least eight (8) minutes must be performed; for a thirty (30) minute service, at least sixteen (16) minutes must be performed; and for a sixty (60) minute service, at least thirty-one (31) minutes must be performed, and so on.

If more than one modality or therapy is performed, time cannot be combined to report units. Each modality and unit(s) are reported separately by code definition. Do not combine codes to determine total time units. For example, if two fifteen (15) minute defined modalities are performed, but only seven (7) minutes or less are spent per modality, then neither service should be reported.

Exclusions:

Hot and Cold Pack

Blue Cross will not reimburse providers for the physical medicine hot and cold pack modality (97010) and will be denied as provider liability. *Refer to Commercial General Coding – 071 Bundled Services.*

Massage Therapy

Provider liable: Massage therapy may be denied incidental (provider liable) to physical medicine procedures billed on the same date of service. *Refer to Commercial General Coding – 003 Code Editing Policy* for incidental and mutually exclusive denials. This denial will be upheld regardless of submission of the -59 modifier. Additionally, submission of the –GA modifier will not affect or change the denial. The patient is not responsible and must not be balance billed for



any procedures for which payment has been denied or reduced by Blue Cross as the result of a coding edit.

The code combinations and outcomes are listed below:

CODE	DENIAL	TO CODES
97124	Incidental	97110, 97112-97113, 97116, 97139-97140, 97150, 97530, 97533, 97535, 97537, 97542, 97545-97546, 98925-98929, 98940-98943

Subscriber Liable: Coverage for massage therapy services provided without a physical medicine therapy is subject to the subscriber’s contract benefits. Some benefit plans may not cover this service.

TMJ Orthotic Adjustments

Adjustments for TMJ orthotics are normally billed under CPT codes 97760-97763. These services are not separately covered with a TMJ diagnosis. These adjustments are considered an integral part of the splint therapy and as such will be denied whether billed alone or with another service.

Habilitative vs Rehabilitative

Habilitative services help a person keep, learn, or improve skills and functioning for daily living. In contrast, rehabilitative services help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.

Habilitative and rehabilitative services can involve the same services, provided in the same setting, to address the same functional deficits and achieve the same outcomes; the difference is whether they involve learning something new or relearning something that has been lost or impaired.

Use modifier 96 (following the CPT code) to identify habilitative services.
Use modifier 97 for rehabilitative services

Required Rehabilitative Therapy Modifiers

Rehabilitative therapies must be billed with the appropriate modifier(s). Rehabilitative therapies that are submitted without the appropriate modifier will be denied with the Claim Adjustment Reason Code of 4, “The procedure code is inconsistent with the modifier used or a required modifier is missing.”

	Physical	Occupational	Speech
Services delivered under outpatient care	GP	GO	GN
Therapy Assistant only (in whole or in part)	CQ	CO	N/A

Blue Cross applies a 15% reduction in the allowed amount for services modified with CO or CQ modifier for professional providers.

Documentation Submission

Documentation must identify and describe the services performed and time spent for each service. The ordering provider and treatment plan must be documented. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	25	CO	CQ	GN	GO	GP	96
	97						
ICD-10 Diagnosis:	N/A						
ICD-10 Procedure:	N/A						
CPT/HCPCS:	Refer to Appendix						
Revenue Codes:	N/A						
Deleted Codes:	N/A						

Resources

Current Procedural Terminology (CPT®)
Healthcare Common Procedure Coding System (HCPCS)

Policy History

06/29/2021	Initial Committee Approval Date – Combined Rehabilitation Services – 001 (PT), 002 (OT) and 003 (ST)
12/28/2021	Policy updated to reflect ordering provider in place of physician in Documentation Submission section



03/22/2022	Added modifier CO and CQ for Commercial products effective 7/1/2022
09/26/2023	Annual Policy Review

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APPENDIX

Physical Therapy Codes

97010	97012	97014	97016	97018	97022	97024	97026	97028	97032
97033	97034	97035	97036	97039	97110	97112	97113	97116	97124
97129	97130	97139	97140	97150	97151	97152	97153	97154	97155
97156	97157	97158	97161	97162	97163	97164	97165	97166	97167
97168	97169	97170	97171	97172	97530	97533	97535	97537	97542
97545	97546	97597	97598	97602	97605	97606	97607	97608	97610
97750	97755	97760	97761	97763	97799				

Occupational Therapy Codes

29105	29125	29126	29130	29131	29505	29515	29240	29260	29280
92526	92610	92611	92612	92613	92614	92615	92616	92617	95851
95852	95999	96105	96110	97010	97012	97014	97016	97018	97022
97024	97026	97028	97032	97033	97034	97035	97036	97039	97110
97112	97113	97116	97124	97129	97130	97139	97140	97150	97165
97166	97167	97168	97530	97533	97535	97537	97542	97545	97546
97597	97598	97602	97605	97606	97750	97755	97760	97761	97763
97799									

Speech Therapy Codes

92507	92508	92521	92522	92523	92524	92526	97129	97130	
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