

Habilitative & Rehabilitative Services Policy, Professional & Facility

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 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 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 UnitedHealthcare Individual Exchange products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form 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, outpatient facility claims, Ambulatory

Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

Applicable States:

This reimbursement policy applies to Individual Exchange benefit plans in all states except for Colorado, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, New York, South Carolina, TX HMO, Washington and Wisconsin.

Policy

Overview

This reimbursement policy describes how claims for Habilitative, and Rehabilitative Services should be reported using the appropriate Modifiers.

Habilitative services help a person learn, keep or improve skills and functioning for daily living. While rehabilitative services are necessary after an illness or injury to help a person restore, keep or improve skills and functioning for daily living.

The same CPT/HCPC codes may be utilized for both habilitative and rehabilitative services, modifiers 96 and 97 were developed to help differentiate which service being billed.

Reimbursement Guidelines

Claims for Habilitative Services should be billed with the appropriate CPT/HCPCS Code and Modifier 96 to identify habilitative services.

Claims for Rehabilitative Services should be billed with the appropriate CPT/HCPCS Code Modifier 97 to identify rehabilitative services.

Claims for Habilitative and Rehabilitative Services should not be billed with the combination 96 and 97 modifiers on the same claim line.

Claim lines for Habilitative and Rehabilitative Services billed without the 96 or 97 modifier or billed with the 96 and 97 modifier on a same claim line will be rejected as incorrect coding.

Definitions

Habilitative Services	Habilitative services help an individual learn skills and functioning for daily living that the individual has not yet developed, and then keep and/or improve those learned skills.
Rehabilitative Services	Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.
Modifier 96	CPT modifier for use with codes reported to identify services provided to teach patients new skills needed for functions of daily living. The types of services performed are considered habilitative in nature.
Modifier 97	CPT modifier for use with codes reported to identify services provided to reteach a patient skill needed for functions of daily living that have been lost

	or impaired due to disease or injury. The types of services performed are considered rehabilitative in nature.
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Questions and Answers

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| 1 | <p>Q: How should a claim be billed for habilitative and rehabilitative Services?</p> <p>A: Claims for Habilitative and Rehabilitative Services should be billed with the appropriate CPT/HCPCS Code and Modifier 96 to identify habilitative services or Modifier 97 to identify rehabilitative services.</p> |
| 2 | <p>Q: If the service being provided is considered an “always therapy service” should providers bill modifiers GP, GO or GN”?</p> <p>A: Yes, providers should continue to use modifier 'GN' for speech therapy, 'GO' for occupational therapy, and/or 'GP' for physical therapy when applicable.</p> |

Codes Lists

OT/PT/ST Code List

The below OT/PT/ST code list is applicable to the following states: AL, AZ, FL, GA, MI, MO, MS, NC, OH, OK, TN, VA, and for the state of TX for Consumer Choice.

92507	92508	92521	92522	92523	92524	92526	92597	92606	92609
92610	92611	92612	92626	92627	92630	92633	93668	93797	93798
94667	94668	96105	97010	97012	97014	97016	97018	97022	97024
97026	97028	97032	97033	97034	97035	97036	97039	97110	97112
97113	97116	97139	97140	97150	97161	97162	97163	97164	97165
97166	97167	97168	97530	97535	97542	97755	97760	97761	97763
97799	0552T	G0237	G0238	G0239	G0281	G0283	G0302	G0303	G0304
G0305	G0422	G0423	G0424	S8948	S9152	S9472	S9473	S9476	V5362
V5363	V5364	-	-	-	-	-	-	-	-

Manipulative Code List

The below Manipulative code list is applicable to the following states: FL, GA, MI, MS, NC, VA and for the state of TX for Consumer Choice.

98925	98926	98927	98928	98929	98940	98941	98942	98943
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Note:

For state of VA, if any of the above manipulative services are not provided as habilitative or rehabilitative in nature then 96 or 97 modifier is not required.

Resources

www.cms.gov



CMS Manual System
Pub100-04 Medicare Claims Processing
Transmittal 3940

History	
4/14/2024	Policy Version Change Updated Application Language
1/1/2024	Policy Version Change Added new 2024 States that are excluded from this policy Logo updated
1/1/2023	Policy Version Change Code Lists: OT/PT/ST Code List updated Updated Policy Template
1/1/2022	Policy implemented by UnitedHealthcare Individual Exchange