

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

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. 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).

Policy

Overview

This policy describes reimbursement for Physical Medicine and Rehabilitation Therapy CPT/HCPCS codes containing a time element. These services are referred to as "timed codes" within the policy. Note: In alignment with the Centers for Medicare and Medicaid Services (CMS), at least eight minutes of therapy services must be performed to meet the minimum time qualification to bill one 15 minute unit.

The purpose of this policy is to ensure that UnitedHealthcare Community Plan reimburses Physicians and Other Qualified Health Care Professionals for physical medicine and rehabilitation therapy services that are coded properly, in accordance with CMS and CPT/HCPCS Coding Guidelines, as well as, all applicable reimbursement policies, member benefits and provider contracts.

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 the codes listed below, 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 physical medicine and rehabilitation timed codes 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 timed codes for each specialty provider type within the group, per date of service. HCPCS modifiers GN, GO and GP may be reported with the codes listed below to distinguish timed procedures provided by different specialists within a multi-specialty group.

There may also be situations in which the therapy services provided are correctly billed according to CMS and CPT/HCPCS Coding Guidelines, but exceed four timed codes per date of service. In such cases, UnitedHealthcare Community Plan will consider additional reimbursement upon Reconsideration Request.

NOTE: Claim reconsideration may not apply to some states, based on applicable state legislation.

State Exceptions

Arizona	Due to State Requirements: <ul style="list-style-type: none"> AZ Medicaid plans allow a maximum of eight (8) units
Colorado	Due to State Requirements: A daily limit of five units of physical therapy services and five units of occupational therapy services is allowed, whether it is rehabilitative or habilitative. Some specific daily limits per procedure code apply.
Indiana	Due to State Regulation: <ul style="list-style-type: none"> Indiana will be exempt from this policy
Kansas	Due to State Requirements: <ul style="list-style-type: none"> Kansas will be exempt from this policy
Michigan	Due to State Requirements: <ul style="list-style-type: none"> Medicaid is exempt from this policy
Missouri	Due to State Requirements: <ul style="list-style-type: none"> A maximum of five (5) units are allowed for Medicaid
New Jersey	Due to State Requirements: <ul style="list-style-type: none"> CPT codes 97535 and 97110 are excluded from the policy limits for MLTSS products when billed with modifiers U2, U3, U4 or U5. CPT codes 97535, 97129, and 97130 are excluded from the policy limits for MLTSS products when billed with modifier 96.
New York	Due to State Requirements: <ul style="list-style-type: none"> Codes 97530 and 97542 are exempt from this policy's reimbursement limits
Wisconsin	Due to State Requirements: <ul style="list-style-type: none"> A maximum of six (6) units are allowed for Medicaid

Definitions

Same Specialty Physician or Other Qualified Health Care Professional	Physicians and/or other qualified health care professionals of the same group and same specialty reporting the same Federal Tax Identification number.
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Questions and Answers

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: 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

CPT / HCPCS CODES

97032	97113	97533	97761	97033
97116	97535	97763	97034	97124
97537	G0237	97035	97129	97542
G0238	97036	97130	97750	S8948
97110	97140	97755	97112	97530
97760				

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

1/22/2023	State Exceptions Section: Updated CO
1/15/2023	State Exceptions Section: Updated KS
4/1/2022	Annual Policy Version Change State Exceptions Section: Updated formatting Codes Section: Updated formatting History Section: Entries prior to 4/1/2020 archived
5/30/2021	Policy Version Change State Exceptions updated: Indiana History Section: Entries prior to 5/30/2019 archived

4/1/2021	Policy Version Change Code and modifier descriptions removed History Section: Entries prior to 1/1/2019 archived
5/6/2020	Policy Version Change Reimbursement Guidelines: Modifier descriptions removed Codes Section: CPT/HCPC code descriptions removed State Exceptions Section: New Mexico Exception removed History Section: Entries prior to 5/1/2018 archived
12/8/2007	Policy implemented by UnitedHealthcare Community & State