

## Outpatient Rehabilitation Facility Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

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The following payment policy applies to Tufts Health Plan contracting outpatient rehabilitation facilities and acute care hospitals where outpatient rehabilitation services are rendered.

For more information on professional physical, occupational, and/or speech therapy services, refer to the physical, occupational and speech therapy professional payment policies for [Commercial](#) and [Senior Products](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

Tufts Health Plan covers medically necessary outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) rehabilitation services, in accordance with the member's benefits.

### **GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

### **REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS**

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Authorization and Notification Policy](#).

### **Senior Products**

A PCP referral is required for initial evaluations and all PT, OT and/or ST visits.

### **Commercial Products**

Refer to the medical necessity guidelines for [Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders](#) or the [Habilitative Services for Physical, Occupational and Speech Therapy](#) for more information regarding PT, OT and ST services for members with autism spectrum disorders.

**Note:** Members are not eligible for more than two therapy evaluations per year, unless the member's benefit plan document indicates otherwise (with referral as applicable).

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

A referral is required for initial therapy evaluations and the number of visits specified in the medical necessity guidelines for [habilitative](#) and rehabilitative [physical](#), [occupational](#), and [speech](#) therapy.

Prior authorization is required if continuation of services beyond these limits is needed. To request continuation of services<sup>3</sup>, providers should fax the appropriate authorization form for [physical](#), [occupational](#), or [speech](#) therapy to the Precertification Operations Department using the fax number specified on the forms.

### **Tufts Health Public Plans**

Prior authorization is required if continuation of services is needed beyond the initial therapy evaluations and number of visits specified in the [Outpatient Physical, Occupational, and Speech Therapy](#) Medical Necessity Guidelines. To request continuation of services, providers should fax the appropriate authorization form for [physical](#), [occupational](#), or [speech](#) therapy to the Precertification Operations Department at the fax number listed on the forms.

### **Tufts Health Direct**

Refer to the medical necessity guidelines for [Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders](#) or the [Habilitative Services for Physical, Occupational and Speech Therapy](#) for more information regarding PT, OT and ST services for members with autism spectrum disorders.

### **BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements or applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

- Submit a corresponding CPT and/or HCPCS procedure code for every date of service submitted when a date range is indicated in box 6 of the UB-04
- Submit only one initial evaluation per diagnosis/condition.
- Submit the actual procedure code(s) for all PT, OT and ST services, including modalities.
- Submit the appropriate revenue code for PT, OT and ST services

Treatment and modality procedure codes include, but are not limited to, the codes contained in providers' contracts and the applicable medical necessity guidelines as referenced and linked to above. Tufts Health Plan recognizes modality procedure codes for PT and OT.

Providers may bill 97799 to indicate an unlisted physical medicine/rehabilitation service or procedure with supporting clinical documentation. Refer to the [Unlisted/Not Otherwise Classified Codes Payment Policy](#) for additional information on submitting supporting documentation.

### **COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated according to the applicable network contracted rates and fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Outpatient therapy providers are compensated for the modalities contained in providers' contracts when billed with the appropriate revenue code(s).

### **Commercial and Senior Products**

#### **Daily Payment Maximum**

PT, OT and ST treatments and modalities are priced according to fee schedule arrangements and are subject to daily payment maximums. Contracted procedure codes for PT, OT and ST services will be applied to the daily payment maximum. Refer to the current provider contract for information regarding the daily maximum rate.

**Note:** Compensation for initial evaluation codes is not subject to the daily payment maximum.

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<sup>3</sup> Requests for continuation of treatment may be backdated up to seven days.

## **Modalities**

Tufts Health Plan does not routinely compensate for the following:

- Iontophoresis (97033) when billed and the diagnosis is not primary focal hyperhidrosis
- Canalith repositioning procedure (95992) if billed without a diagnosis of benign paroxysmal vertigo

## **Tufts Health Public Plans**

### **PT Evaluations**

Tufts Health Plan does not routinely compensate PT evaluation codes 97161-97172 if billed within one month of codes 97161-97172.

### **PT Services Provided in an Inpatient or Outpatient Hospital**

Tufts Health Plan does not routinely compensate PT services provided by a physical or occupational therapist or a speech-language pathologist if the same code was billed by any outpatient hospital for the same date of service.

### **Therapy Service Modifiers**

Tufts Health Plan does not routinely compensate nontherapy services billed with therapy services modifiers GN, GO or GP.

## **ADDITIONAL RESOURCES**

[Habilitative and Rehabilitative: Physical, Occupational and Speech Therapy Professional Payment Policy](#)

## **RECENT DOCUMENT HISTORY**

- May 2020: Policy reviewed by committee; added applicable Tufts Health Public Plans content; clarified authorization and referral requirements; template updates
- June 2018: Template updates
- February 2018: Added claim edits for therapeutic services and physical medicine modalities, effective for dates of service on or after April 1, 2018
- January 2017: Template updates
- November 2016: Reviewed by committee

## **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.