

## Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Physical, Occupational and Speech Therapy Professional 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)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers listed below rendering services in an office or outpatient setting:

- Ancillary independent physical therapy practices or groups
- Independent occupational therapy practices or groups
- Speech therapists in an independent practice or groups

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 physical therapy (PT), occupational therapy (OT) and speech therapy (ST) services, in accordance with the member's benefit.

### 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 our secure Provider [website](#) or by contacting [Senior Products Provider Relations](#).

**Note:** There is no member responsibility for covered services for Tufts Health Plan SCO members.

### AUTHORIZATION REQUIREMENTS

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

### BILLING INSTRUCTIONS

- Submit the appropriate therapy modifier(s) for PT, OT and ST services: GP (PT services), GO (OT services) and GN (ST services). Claims submitted without the corresponding therapy modifier(s) will be denied.
- Submit CPT code 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 how to submit supporting documentation.

### Physical Therapy Evaluations

Procedure Code	Description
97161	Physical therapy evaluation, low complexity
97162	Physical therapy evaluation, moderate complexity
97163	Physical therapy evaluation, high complexity
97164	Re-evaluation of physical therapy established plan of care

<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.

### Occupational Therapy Evaluations

Procedure Code	Description
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
97168	Re-evaluation of occupational therapy established plan of care

### Speech Therapy Evaluations

Procedure Code	Description
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
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)
92524	Behavioral and qualitative analysis of voice and resonance
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals
92610	Evaluation of oral pharyngeal swallowing function
92526	Treatment of swallowing dysfunction and/or oral function for feeding

### Modalities

#### Supervised

Procedure Code	Description
97012	Traction, mechanical
97016	Vasopneumatic devices
97018	Paraffin bath
97022	Whirlpool
97024	Diathermy (e.g., microwave)
97026	Infrared
97028	Ultraviolet

#### Constant Attendance

(Application of a modality that requires direct one-on-one patient contact by the provider)

Procedure Code	Description
97032	Electrical stimulation, each 15 minutes
97033	Iontophoresis, each 15 minutes
97034	Contrast baths, each 15 minutes
97035	Ultrasound, each 15 minutes
97036	Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)

#### Therapeutic Procedures

Procedure Code	Description
97110	Therapeutic procedure, one or more areas, each 15 minutes to develop strength and endurance, range of motion and flexibility

<b>Procedure Code</b>	<b>Description</b>
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training (includes stair climbing)
97124	Massage, including effleurage, pertissage and/or tapotement
97139	Unlisted therapeutic procedure
97140	Manual therapy techniques, one or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (two or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider, each 15 minutes
97532	Development of cognitive skills to improve attention, memory, problem solving, direct (one-on-one) patient contact by the provider, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minute
97535	Self-care/ home management training, direct one on one contact by provider, each 15 minutes
97537	Community/ work integration training, one-on-one contact by the provider, each 15 minutes
97542	Wheelchair management/ propulsion training, each 15 minutes
97760	Orthotic(s) fitting & training, upper extremity (ties), lower extremity (ties), and/or trunk, each 15 minutes
97761	Prosthetic training, upper and/or lower extremities, each 15 minutes
G0281	Electrical stimulation (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan
G0283	Electrical stimulation (unattended) to one or more areas for indication(s) other than wound care, as part of a therapy plan

### **Test and Measurements**

<b>Procedure Code</b>	<b>Description</b>
97750	Physical performance test of measurement, with written report, each 15 minutes
97755	Assistive technology assessment, direct one-on-one contact by provider, with written report, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

### **COMPENSATION/REIMBURSEMENT INFORMATION**

#### **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 agreement for information regarding the daily maximum rate.

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

#### **Physical Medicine Modalities**

Effective for dates of service on or after April 1, 2018, Tufts Health Plan does not routinely compensate 97033 (iontophoresis) if billed without a diagnosis of primary focal hyperhidrosis.

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

Effective for dates of service on or after October 1, 2018, 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.

### **Therapeutic Services**

Effective for dates of service on or after April 1, 2018, Tufts Health Plan does not routinely compensate 95992 (canalith repositioning procedure) if billed without a diagnosis of benign paroxysmal vertigo.

### **ADDITIONAL RESOURCES**

[Outpatient Rehabilitation Payment Policy](#)

[Inpatient Rehabilitation Payment Policy](#)

[Home Health Care Payment Policy](#)

### **DOCUMENT HISTORY**

- November 2018: Policy reviewed by committee; added existing PCP referral requirement; clarified billing instructions and linked to Unlisted/NOC payment policy for more information on submitting claims with unlisted procedure codes
- August 2018: Added claim edit for physical therapy services provided in an inpatient or outpatient hospital, effective for dates of service on or after October 1, 2018
- 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: Policy reviewed; template updates; combined separate PT, OT and ST policies into single policy; removed CPT codes 97001-97004, added 97161-97168.
- September 2015: Template conversion, template updates
- August 2014: Updated information about prior notice requirements for unauthorized services/items for Tufts Medicare Preferred HMO members, template updates
- April 2014: Added information regarding Tufts Health Plan SCO, template updates.
- May 2013: Template updates
- June 2012: Added procedure codes 97533, G0281 and G0283.
- June 2011: Reviewed document for clarity; no content changes made.
- August 2010: Added self-service channel information. Added daily payment maximum information.
- January 2010: Removed references to the Tufts Medicare Preferred PPO product.
- April 2009: Moved Tufts Medicare Preferred information to its own document.
- January 2009: Clarified that the policy applies to ancillary providers.
- July 2008: Added Tufts Medicare Preferred information.

### **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.