Physical, Occupational, and Speech Therapy Professional Payment Policy

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)

The following payment policy applies to the following Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products:

- Ancillary independent physical therapy practices or groups
- Independent occupational therapy practices or groups rendering services in an outpatient or office setting
- Speech therapists in an independent practice or groups rendering services in an outpatient or office setting.

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 habilitative and rehabilitative physical therapy (PT), occupational therapy (OT), and speech therapy (ST) 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 Tufts Health Public Plans Provider Services.

Tufts Health Direct

Effective for dates of service on or after January 1, 2021, habilitative services for Tufts Health Direct members will be limited to 60 visits total (combined PT/OT) per member, per benefit year.

Note: There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

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.

Tufts Health Direct

Prior authorization is required if continuation of services beyond the limits specified in the medical necessity guidelines for habilitative and rehabilitative physical, occupational, and speech therapy is needed. 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.

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.

Tufts Health Together, Tufts Health RITogether, and Tufts Health Unify

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.

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 and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

- Submit only one initial evaluation per diagnosis/condition
- 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.

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 applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the Professional Services and Facilities Payment Policy.

Therapy Services Provided in an Inpatient or Outpatient Hospital

Tufts Health Plan does not routinely compensate 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

- Durable Medical Equipment and Medical Supplies Payment Policy
- Home Health Care Payment Policy
- Inpatient Rehabilitation and Long-Term Acute Care Payment Policy
- Orthotic and Prosthetic Payment Policy
- Outpatient Rehabilitation and Acute Care Facility Payment Policy
- Outpatient Cardiac and Pulmonary Rehabilitation Facility Payment policy

DOCUMENT HISTORY

- January 2023: Annual policy review; administrative updates
- October 2020: Added habilitative services limits for Tufts Health Direct, effective for dates of service on or after January 1, 2021
- May 2020: Clarified existing benefits and authorization requirements
- July 2019: Clarified prior authorization requirements for physical therapy
- May 2019: Removed CPT codes 97001 – 97005, added 97161 - 97172
- November 2018: Added billing instructions for therapy modifiers, effective for dates of service on or after January 1, 2019
- August 2018: Added claim edits for physical therapy services provided in an inpatient or outpatient hospital, effective for dates of service on or after October 1, 2018
- March 2018: Template updates
- August 2017: Updated to include RITogether
- July 2017: Update PT, OT and ST authorization requirements, effective July 1, 2017;added edit for physical therapy evaluation
- May 2017: Clarify benefit specifics and authorization requirements
- February 2017: Template updates

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℠ 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.