

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 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’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare 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 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 due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare 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
<p>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, 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).</p>

Policy
<p>Overview</p> <p>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 <u>must</u> be performed to meet the minimum time qualification to bill one 15 minute unit.</p> <p>The purpose of this policy is to ensure that UnitedHealthcare 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.</p>

<p>Reimbursement Guidelines</p> <p>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 provides</p>
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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 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 will consider additional reimbursement upon Reconsideration Request. Please find details of this process in the UnitedHealthcare Administrative Guide. NOTE: Claim reconsideration may not apply to some states, based on applicable state legislation.

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 specialty, 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 indicating that the usual treatment session does not exceed 60 minutes, per specialty, 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

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	
4/1/2021	Policy Version Change Added the word Commercial to the policy header Code and modifier descriptions removed History Section: Entries prior to 1/1/2019 archived
1/1/2020	Policy Version Change Policy CPT and HCPCS Codes Updated History Section: Entries prior to 1/1/2018 archived
11/11/2019	Policy Version Change Application Section: Moved place of service information from the Reimbursement Guidelines to the Application Section Overview Section: Verbiage clarified Reimbursement Guidelines: Verbiage clarified Definitions Section: Added definition Q & A: Removed Q&A 2 Codes Section: Added modifier column
4/5/2019	Annual Anniversary Date and Version Change Title Section: Removed Annual Approval information & moved policy # to the header. Removed Definition section
1/1/2019	Policy Version Change Added the word Professional to the policy title Updated definition: Same Specialty Physician or Other Qualified Health Care Professional Application Section: Removed Community and State and Medicare and Retirement information Reimbursement Guidelines: Removed reference to other policies History Section: Entries prior to 1/1/2017 archived
6/29/2007	Policy implemented by UnitedHealthcare Employer & Individual
2/4/2007	Policy approved by the National Reimbursement Forum