

# Physical, Occupational, and Speech Therapy Professional

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to providers who render the following services to members of the CarePartners of Connecticut plans selected above:

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

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

## Policy

CarePartners of Connecticut covers medically necessary 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 [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

## Referral/Prior Authorization/Notification Requirements

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

## Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard 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.

- 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.

## Counting Minutes for Timed Codes

For services billed in 15-minute units, providers should not report services performed for less than 8 minutes; 7 minutes or less of a single service is not reportable.

Units Reported on Claim	Number of Minutes	Units Reported on Claim	Number of Minutes
1 unit	8 minutes through 22 minutes	3 units	38 minutes through 52 minutes
2 units	23 minutes through 37 minutes	4 units	53 minutes through 67 minutes

If any 15-minute timed service that is performed for 7 minutes or less on the same day as another 15-minute timed service that was also performed for 7 minutes or less and the total time of the two is 8 minutes or greater, bill one unit for the service performed for the most minutes.

## Evaluations

Code	Description
<b>Physical Therapy</b>	
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
<b>Occupational Therapy</b>	
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
<b>Speech Therapy</b>	
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

Code	Description
<b>Supervised</b>	
97012	Traction, mechanical
97016	Vasopneumatic devices
97018	Paraffin bath
97022	Whirlpool
97024	Diathermy (e.g., microwave)
97026	Infrared
97028	Ultraviolet
<b>Constant Attendance</b>	
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

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

Code	Description
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 minutes
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

Code	Description
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

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

## Additional Resources

- [Outpatient Rehabilitation Facility](#)
- [Inpatient Rehabilitation and Long-Term Acute Care](#)
- [Home Health Care](#)
- [Durable Medical Equipment and Medical Supplies](#)
- [Orthotic and Prosthetic](#)
- [Outpatient Cardiac and Pulmonary Rehabilitation](#)
- [Modifier](#)

## Document History

- January 2024: Annual policy review; added billing instructions for timed procedure codes
- January 2023: Annual policy review; administrative updates
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- January 2020: Eliminate referral requirements for in-network providers effective January 1, 2020
- January 2019: Document created

## Audit and Disclaimer Information

CarePartners of Connecticut 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,

CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.