

## Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management 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.</p> <p><b>United Healthcare Commercial</b>            This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.</p> <p><b>UnitedHealthcare Individual Exchange</b>            This Reimbursement Policy applies to all Individual Exchange benefit plans.</p>

Policy
<p><b>Overview</b></p> <p>This policy describes which codes will and will not be reimbursed for physical and occupational therapy evaluations, evaluation and management services and the use of the Healthcare Common Procedure Coding System (HCPCS) modifiers GO, GP, CO and CQ.</p>
<p><b>Reimbursement Guidelines</b></p> <p>Physical and Occupational Therapists will be reimbursed for the appropriate use of Current Procedural Terminology (CPT ®) codes 97161-97164 or 97165-97168. Physical and Occupational Therapy Assistants will not be reimbursed for CPT codes 97161-97164 or 97165-97168.</p>

Consistent with coding guidelines of the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare will not reimburse Physical and Occupational Therapists or Physical and Occupational Therapy Assistants for CPT evaluation and management codes 99091, 99202-99499 or HCPCS code G2252.

Effective for claims with dates of service on or after July 1, 2020, UnitedHealthcare aligns with CMS and requires HCPCS modifiers GO and GP to be reported with the codes designated by CMS as “always therapy services” to distinguish the discipline of the plan of care under which the service is delivered. Please refer to the Procedure to Modifier Policy for additional information.

In accordance with CMS, effective for claims with dates of service on or after January 1, 2020, the HCPCS modifiers CQ and CO modifiers are required to be used for services furnished In Whole or In Part by a Physical Therapy Assistant (PTA) or Occupational Therapy Assistant (OTA). These modifiers should be used on the claim line of the service, alongside the respective GP or GO therapy modifier. Modifier CQ must be paired with the GP therapy modifier and modifier CO must be paired with the GO therapy modifier.

HCPCS modifiers CQ and CO do not apply to services furnished by PTAs and OTAs that are “incident to” the services of physicians or nonphysician practitioners.

Other reimbursement policies that address reimbursement for the codes reported, may also apply.

### Definitions

<b>Physical Therapist</b>	An individual who is licensed, if applicable, as a Physical Therapist by the State in which he or she is practicing.
<b>Occupational Therapist</b>	An individual who is licensed, if applicable, as an Occupational Therapist by the State in which he or she is practicing.
<b>Physical Therapy Assistant</b>	An individual who is licensed as a Physical Therapy Assistant (PTA), unless licensure does not apply, is registered or certified, if applicable, as a PTA by the State in which he or she is practicing.
<b>Occupational Therapy Assistant</b>	An individual who is licensed as an Occupational Therapy Assistant (OTA), unless licensure does not apply, is registered or certified, if applicable, as an OTA by the State in which he or she is practicing.
<b>In Whole</b>	All the minutes of a service exclusive of the occupational therapist/physical therapist (as applicable).
<b>In Part</b>	A portion of a service separately from the part furnished by the occupational/physical therapist such that the minutes for that portion of a service furnished by the OTA or PTA exceed 10 percent of the total minutes for that service.

### Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

### History

<b>4/1/2024</b>	<b>Template Update</b> <ul style="list-style-type: none"> <li>Transferred content to shared policy template that applies to both UnitedHealthcare Commercial and Individual Exchange benefit plans.</li> </ul>
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	<ul style="list-style-type: none"><li>• Updated Application section to indicate this Reimbursement Policy applies to:<ul style="list-style-type: none"><li>○ All UnitedHealthcare Commercial benefit plans</li><li>○ All Individual Exchange benefit plans</li></ul></li></ul>
<b>6/12/2023</b>	Policy Version Change Logo updated History Section: Entries prior to 6/12/2021 archived.
<b>6/29/2007</b>	Initial Publication of Policy