

**Physical Medicine & Rehabilitation: PT, OT and Evaluation & Management Policy, Professional for Louisiana**

**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 Community Plan reimbursement policies uses 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 Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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**

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.**

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 and 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.

**Policy**

**Overview**

This policy describes which codes will and will not be reimbursed for physical and occupational therapy evaluation services.

**Reimbursement Guidelines**

Physical and Occupational Therapists will be reimbursed for appropriate use of Current Procedural Terminology (CPT®) codes 97161-97164 or 97165-97168. Consistent with coding guidelines of the Centers for Medicare and Medicaid Services (CMS), UnitedHealthcare Community Plan will not reimburse Physical or Occupational Therapists for CPT evaluation and management codes 99201-99499, CPT qualified nonphysician health care professional online digital evaluation and management services codes 98970-98972 or HCPCS qualified nonphysician health care professional online assessment codes G2061-G2063.

Healthcare Common Procedure Coding System [HCPCS] informational modifiers GO (Services delivered under an

outpatient occupational therapy plan of care) or GP (Services delivered under an outpatient physical therapy plan of care) may be reported with the codes listed above to distinguish procedures provided by different specialists within a multi-specialty group.

Other reimbursement policies, such as the CCI Editing policy, that address reimbursement for codes reported in combination with other codes on the same date of service, may also apply.

### Codes

97161	Pt eval low complex 20 min
97162	Pt eval mod complex 30 min
97163	Pt eval high complex 45 min
97164	Pt re-eval est plan care
97165	Ot eval low complex 30 min
97166	Ot eval mod complex 45 min
97167	Ot eval high complex 60 min
97168	Ot re-eval est plan care

### Resources

Individual state Medicaid regulations, manuals & fee schedules

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>2/25/2020</b>	Create Louisiana version Update Title format Update Reimbursement Guidelines section language Update Codes section code description language History section: Entries prior to 2/25/2020 archived
<b>12/8/2007</b>	Policy implemented by UnitedHealthcare Community & State