



Therapy Policy Changes FAQ

HHSC is making changes to therapy codes to ensure reimbursement rates accurately reflect the level of licensure delivering a service. This document will outline upcoming changes for PT, OT, and ST services, procedure codes ending August 31, 2017, prior authorizations changes, required modifiers, claims filing changes, clarification of benefits.

Q: When will this change be effective?

A: This change will be effective 9/1/17.

Q: Why is this change taking place?

A: This change is taking place to ensure reimbursement rates accurately to reflect the level of licensure delivering a service.

Q: Where can I locate a list of codes being changed?

A: For a complete list of codes, visit the HHSC website at: http://www.tmhp.com/News_Items/2017/08-August/08-08-17%20Prior%20Authorization%20Changes%20for%20PTOTST.pdf

Q: What are Timed PT codes?

A: For Home Health Agencies: PT/OT individual treatment procedures codes which are timed-based.

Timed Treatment Procedure Codes

Limited to a combined total of 4 units (one hour) per date of service per discipline

97032	97033	97110	97112	97113***	97116
97124	97140	97530	97535***	97537***	97542
97750	97760*	97761*	97762*		

Limited to a total of 3 units (45 minutes) per date of service per discipline; may be combined with other time-based codes

97036**

Limited to a combined total of 2 units (thirty minutes) per date of services per discipline; may be combined with other time-based codes

97034 97035

*Birth through 20 years of age only

**Not payable in the home setting

***Provider type and age restrictions apply. Refer to the fee schedule for restrictions.

Q: What are Untimed PT/OT treatment codes?

A:

Untimed Treatment Procedure Codes Limited to Once Per Day

Limited to a combined total of 4 units (one hour) per date of service per discipline

97012	97014	97016	97018	97022	97024	97028	97026
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Q: What modifiers must be used with the codes?

A:

Modifier	Description
UB	Services delivered by a licensed therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or a physician

Note: Since therapy evaluations and re-evaluations may not be performed by licensed therapy assistants, evaluation and re-evaluation procedure codes do not require a UB or U5 modifier.

Providers must continue to use the most appropriate modifier below in addition to UB or U5 modifiers:

Modifier	Description
AT	To identify acute treatment
GP	Services delivered under an outpatient physical therapy plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GN	Services delivered under an outpatient speech language pathology plan of care
U3	To identify co-treatment

Q: How will the existing authorization be updated?

A: Cigna-HealthSpring will create a new authorization for any authorization that is already in place on or about September 1, 2017. For any authorization that has services that fit the above descriptions, a new authorization will be issued with the appropriate timed codes in 15 minute increments. A prior visit that was authorized for one visit will now be authorized for 4 units as per the instruction from HHSC. Example: If the previous authorization was authorized for code 97023 for one visit, the newly created authorization will be for 4 units for code 97023.

Q: Where can I check status of my authorizations?

A: Cigna-HealthSpring’s Provider Portal, under the ‘Authorizations’ tab. <http://starplus.cignahealthspring.com/SPhsconnect>

Q: Where can I check claim status?

A: Cigna-HealthSpring’s Provider Portal, under the ‘Claims’ tab. <http://starplus.cignahealthspring.com/SPhsconnect>

Q: Who can I contact for additional questions?

A: For more information or if you have questions, please contact our Provider Services Department Monday to Friday, 8 a.m. to 5 p.m. Central Standard Time at 877-653-0331.

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