Timed Therapeutic Intervention Reimbursement Policy					
Policy Number	0048	**Annual Approval Date**	04/2023	**Approved By**	Optum Reimbursement and Technology Committee Optum Quality and Improvement Committee

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. Optum 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. Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.*

This information is intended to serve only as a general reference resource regarding Optum's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, Optum 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 Client 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 provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by Optum due to programming or other constraints; however, Optum strives to minimize these variations.

Optum 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.

**CPT® is a registered trademark of the American Medical Association*

Application

This policy applies to all products, all network and non-network rehabilitation providers. This includes non-network authorized, and percent of charge contract providers.

Fee schedule/provider contract/client contract may supersede

Policy

Overview

This policy describes Optum's requirements for reimbursement of timed therapeutic services (CPT codes 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97127, , 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, , 97763).

The purpose of this policy is to ensure that Optum reimburses for services that are billed and documented, without reimbursing for billing submission or data entry errors or for non-documented services.

For purposes of this policy, same provider is defined as all Health Care Professionals of the same group and same specialty reporting the same Federal Tax Identification number (TIN).

Reimbursement Guidelines

Optum policy is to allow reimbursement for codes from the list above, in any combination, up to a maximum of four timed units (equivalent to one hour of therapy), per specialty, per date of service.

There may be situations in which the therapy services provided are correctly billed according to CMS coding guidelines but exceed four timed codes per date of service. In such cases, Optum will allow additional reimbursement upon reconsideration if records are submitted that document the timed therapy services provided and support the additional codes reported.

See Optum reimbursement policy PTOTST Specialty Specific Modifier Policy for information regarding services billed by professionals from different specialties belonging to a mulit-specialty group.

Background Information

Because multiple PM&R codes may be billed by a provider per day so that an entire time-related treatment session may be represented appropriately, the 97000 series can be a challenge for both the payer and the provider billing the services.

Consistent with the definition of a “usual” therapy treatment session duration, reimbursement of the timed-therapeutic service CPT codes will be aligned with CMS and local Medicare carrier guidance.

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.

Resources

- American Medical Association, *Current Procedural Terminology (*CPT®) and associated publications and services
- Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
- Centers for Medicare and Medicaid Services

History / Updates	
07/13/2007	New
05/2007	Annual review and update
02/2009	Annual review and update
04/2010	Annual review and update
04/2011	Annual review and update
04/2012	Annual review and update
04/2013	Annual review and update
04/2014	Annual review and update
04/2015	Annual review and update
04/2016	Annual review and update
04/2017	Annual review and update
04/2018	Annual review and update, removal of deleted codes and modifications to Policy Overview, Reimbursement Guidelines and Background Information
04/2019	Annual review and update
04/2020	Annual review and update

04/2021	Annual review and update
05/2022	Annual review and update
04/2023	Annual review and update