Priority Health	BILLING POLICY No. 065
ALWAYS / SOMETIMES THERAPY	
Date of origin: Dec. 26, 2024	**Review dates: 2/2025**

APPLIES TO

- Commercial
- Medicare follows CMS unless otherwise specified
- Medicaid follows MDHHS unless otherwise specified

DEFINITION

This policy outlines requirements for outpatient physical, occupational and speech-language therapies. This includes appropriate codes and modifiers for “always therapy” and “sometimes therapy” services.

- **Always therapy**: Therapy services provided by a qualified therapist under a certified therapy plan of care.
- **Sometimes therapy**: Therapy services provided by a Qualified Health Professional other than a therapist, outside a certified therapy plan of care.

When “sometimes therapy” codes are provided by a therapist they must be billed according to the “always therapy” guidelines.

Yearly updates to “always therapy” codes can be found in the CMS Annual Therapy Update, column 5.

MEDICAL POLICY

Rehabilitative & Habilitative Medicine Services (#91318)

POLICY SPECIFIC INFORMATION

Always therapy codes

Always therapy codes must be reported with the appropriate therapy modifier (GN, GO or GP) to distinguish the appropriate benefit category.

GN modifier required

- **92521**: Evaluation of speech fluency
- **92522**: Evaluation of speech sound production
- **92523**: Evaluation of speech sound production; with evaluation of language comprehension and expression
- **92524**: Behavioral and qualitative analysis of voice and resonance
- **92597**: Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
- **92607**: Evaluation for prescription for speech-generating augmentative communication device, face-to-face with patient; first hour

GO modifier required

- **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

GP modifier required

- **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

GN/GO/GP modifier required

- **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, 2 or more individuals
- **92526**: Treatment of swallowing dysfunction and/or oral function for feeding
- **92605**: Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with patient; first hour
- **92606**: Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
- **92608**: Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes
- **92609**: Therapeutic services for the use of speech-generating device, including programming and modification
- **92618**: Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient, each additional 30 minutes
- **96125**: Standardized cognitive performance testing per hour of qualified health professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
- **97010**: Application of a modality to 1 or more areas; hot or cold packs
- **97012**: Application of a modality to 1 or more areas; traction, mechanical
- **97016**: Application of a modality to 1 or more areas; vasopneumatic devices
- **97018**: Application of a modality to 1 or more areas; paraffin bath
- **97022**: Application of a modality to 1 or more areas; whirlpool
- **97024**: Application of a modality to 1 or more areas; diathermy
- **97026**: Application of a modality to 1 or more areas; infrared
- **97028**: Application of a modality to 1 or more areas; ultraviolet
- **97032**: Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
- **97033**: Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
- **97034**: Application of a modality to 1 or more areas; contrast baths, each 15 minutes
- **97035**: Application of a modality to 1 or more areas; ultrasound, each 15 minutes
- **97036**: Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
- **97039**: Unlisted modality (specify type and time if constant attendance)
- **97110**: Therapeutic procedures, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
- **97112**: Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- **97113**: Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
- **97116**: Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
- **97124**: Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- **97139**: Unlisted therapeutic procedure (specify)

- **97140**: Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
- **97150**: Therapeutic procedure(s), group (2 or more individuals)
- **97530**: Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
- **97533**: Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
- **97535**: Self-care/home management training and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
- **97750**: Physical performance test or measurement, with written report, each 15 minutes
- **97755**: Assistive technology assessment, direct one-on-one contact, with written report, each 15 minutes
- **97760**: Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
- **97761**: Prosthetic(s) training, upper and/or lower extremity(ies), initial prothetic(s) encounter, each 15 minutes
- **97763**: Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) ecounter, each 15 minutes
- **97799**: Unlisted physical medicine/rehabilitation service or procedure
- **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 of care
- **G0283**: Electrical stimulation (unattended), to 1 or more areas for indication(s) other than wound care, as part of a therapy plan of care
- **G0329**: Electromagnetic therapy, 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 of care

Sometimes therapy codes

- **90901**: Biofeedback training by any modality
- **90911**: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
- **90912**: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient
- **90913**: Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physical or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)
- **92520**: Laryngeal function studies
- **92610**: Evaluation of oral and pharyngeal swallowing function
- **92611**: Motion fluoroscopic evaluation of swallowing function by cine or video recording
- **92612**: Flexible endoscopic evaluation of swallowing by cine or video recording
- **92614**: Flexible endoscopic evaluation, laryngeal sensory testing by cine of video recording
- **92616**: Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording
- **95851**: Range of morion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
- **95852**: Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
- **95992**: Canalith repositioning procedure(s), per day

- **96105**: Assessment of aphasia (including assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, with interpretation and report, per hour
- **96111**: Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
- **97129**: Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes
- **97130**: Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)
- **97550**: Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (without the patient present), face to face; initial 30 minutes
- **97551**: Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)
- **97552**: Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (without the patient present), face to face with multiple sets of caregivers
- **97597**: Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less
- **97598**: Debridement, open wound, including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or part thereof (List separately in addition to code for primary procedure)
- **97602**: Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia, including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
- **97605**: Negative pressure wound therapy, utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- **97606**: Negative pressure wound therapy, utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- **97607**: Negative pressure wound therapy, utilizing disposable, non-durable medical equipment (DME), including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
- **97608**: Negative pressure wound therapy, utilizing disposable, non-durable medical equipment (DME), including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
- **97610**: Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
- **G0451**: Development testing, with interpretation and report, per standardized instrument form
- **G2250**: Remote assessment of recorded video and/or images submitted by an established patient, including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment
- **G2251**: Brief communication technology-based service, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not origination from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion

Modifiers
No claim line should contain more than one occurrence of the listed G modifiers.

- **GN**: Services performed under an outpatient speech pathology plan of care
- **GO**: Services performed under an outpatient occupational therapy plan of care
- **GP**: Services delivered under an outpatient physical therapy plan of care
- **XP**: Separate practitioner, distinct service

Limits
Daily limits exist for certain codes. See CMS MUE for specific units per discipline.

RESOURCES

- MLM Article: Billing and Coding: Outpatient Physical and Occupational Therapy Services (CMS)

DISCLAIMER
Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCPS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available in our Provider Manual.

CHANGE / REVIEW HISTORY

Date	Revisions made
Feb. 14, 2025	Added “Disclaimer” section