Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Physical, Occupational, and Speech Therapy

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses physical therapy, occupational therapy, and speech therapy provided by contracted providers in compliance with state mandates. Benefit, visit and daily global payment limits may vary depending on plan benefit document.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services. Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

Physical and Occupational Therapy (PT/OT)

- In order to be reimbursed for therapy services, a contracted therapist or contracted therapy group practice must perform the treatments
- One initial evaluation per condition or episode of illness (CPT codes 97161-97168)

Harvard Pilgrim Health Care
Harvard Pilgrim Health Care will reimburse one initial evaluation per 60 days. If two or more evaluations are performed within a 60-day period, only the initial evaluation will pay. Any other evaluations will be reviewed upon appeal, provided there is substantiating documentation supporting a new condition or episode of illness.

In addition, manual lymphatic drainage services for the treatment of lymphedema will be reimbursed up to a maximum of four units per day, per member, to the same provider, at the fee schedule rate when submitted on a CMS-1500 claim form. These services are not subject to the daily global payment cap and must be billed with the following primary diagnosis code:

ICD-10 Covered Indications

Speech Therapy (ST)

- Coverage is consistent with applicable state mandates

Point32Health Does *Not* Reimburse

- Athletic training
- Avocational training/sport training
- Cellular therapy
- Cognitive therapy for progressive disorders
- Driving evaluations
- Educational services or testing
- Hot or cold packs
- Myotherapy
- Neuromuscular therapy (typically performed by a massage therapist)
- Obesity exercise conditioning clinics/programs
- Relaxation or stress management therapy and training
- Sensory integrative praxis testing (SIPT, Praxis test)
- Vocational rehabilitation or evaluation

Provider Billing Guidelines and Documentation

Coding
The following list may not be all inclusive:

Code	Description
97010-97039	Modalities
97110-97542	Therapeutic procedures
97750-97755	Tests and measurement
97760-97763	Orthotic management and training and prosthetic training
92507-92508 92521-92526	Special otorhinolaryngologic services
92610	Evaluative and therapeutic services

Senior Products
In addition to the above codes, the following codes may be covered:

Code	Description
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
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 one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Tufts Health Public Plans
In addition to the above codes, the following codes may be covered for Tufts Health Together members:

Code	Description
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97550-97552	Caregiver training in strategies and techniques to facilitate patient's functional performance in the home or community

The following codes are *not* covered:

Code	Description
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

Modifiers

Submit the appropriate modifier for PT, OT, and ST services:

- GP modifier for PT services
- GO modifier for OT services
- GN modifier for ST services

In addition to the above modifiers, submit the appropriate modifier for services furnished in whole or in part by PT and OT assistants:

- CQ modifier for PTA services
- CO modifier for OTA services

Claims submitted without the corresponding therapy modifier(s) may be denied and must be resubmitted.

Counting minutes for timed codes

For services billed in 15-minute units, providers should not report services performed for less than 8 minutes; 7 minutes or less of a single service is not reportable. If any 15-minute timed service is performed for 7 minutes or less on the same day as another 15-minute timed service that was also performed for 7 minutes or less and the total time of the two is 8 minutes or greater, then bill one unit for the service performed for the most minutes.

Units reported on claim	Number of minutes	Units reported on claim	Number of minutes
1 unit	8-22 minutes	3 units	38-52 minutes
2 units	23-37 minutes	4 units	53-67 minutes

Other Information

- The use of a HCPCS modifier as described above is required for all claim lines submitted with CPTs 97010-97546 or 97755-97799
- Bill multiple units on a single line with a count
- Submit a corresponding CPT and/or HCPCS code for every date of service submitted when a date range is indicated in box 6 of the UB-04

Tufts Health Public Plans

- Non-therapy services billed with modifiers GN, GO or GP may not compensated
- PT services provided by a physical or occupational therapist or a speech-language pathologist are not compensated if the same code was billed by any outpatient hospital for the same date of service

Related Policies and Resources

Payment Policies

- Cardiac Services
- Durable Medical Equipment
- Early Intervention
- General Coding and Claims Editing
- Home Health Care
- Inpatient Rehabilitation/Long-Term Acute Care Hospitals
- Modifiers

- Orthotics and Prosthetics

Clinical Policies

- Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders
- Outpatient Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy
- Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy
- Outpatient Rehabilitative Services: Occupational Therapy
- Outpatient Rehabilitative Services: Physical Therapy
- Outpatient Rehabilitative Services: Speech Therapy

Publication History

12/01/2025: Policy moved to new template; includes all lines of business; added modifiers for PTA/OTA services; added caregiver training codes for Tufts Health Together members, effective for DOS beginning June 6, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.