

Therapy Guidelines

The following treatment plan information applies to all therapy providers:

Treatment Plan

Treatment plans and progress notes may be requested for selected members. We reserve the right to review past records and claims submissions to determine whether member contract criteria are met for coverage of physical therapy under the member's outpatient rehabilitation benefit.

We require fully documented treatment plans include the following:

- I. Appropriate and legible chart note documentation
- II. Physician prescription or referral
- III. Documentation of functional limitations and therapy goals
- IV. Progress reports and/or notes which support the following:
 - Diagnosis or diagnoses must support the level of care provided.
 - Medical necessity of the care provided must be demonstrated and may be subject to review.
 - Patients progress toward meeting therapy goals.
 - Procedures performed must be within the scope of license as defined by either the Revised Code of Washington, Washington Administrative Code, or the governing Quality Assurance Commission.

Prescriptions and Referrals

When a provider prescribes physical therapy, they must include the accident information on the prescription and, if applicable, the referral. The prescribing provider must also include a plan of treatment and the length of treatment. A new prescription must be on file when extending treatment beyond the dates on the original prescription.

When the treating physical therapist submits a claim, whether paper or electronic, it is not necessary to submit the patient's prescription. We do require the prescription to be on file in your office.

Maintenance Therapy

Maintenance Therapy means a treatment plan that seeks to prevent disease, promote health, and prolong and enhance the quality of life or therapy that is performed to maintain or prevent deterioration of a chronic condition. Once the maximum therapeutic benefit has been achieved for a given condition, any additional therapy provided is considered maintenance therapy.

Note: Most Asuris plans exclude coverage for maintenance therapy.

Information Needed on a Claim

When submitting claims, speech therapists must include the following information on the claim form:

- Diagnosis
- Date of onset
- Name of the prescribing or referring provider

Additional information about submitting claims is available in the [Claims & Billing](#) section of our *Provider Web Site*, www.asuris.com/provider.

The guidelines in this section are subject to individual plan benefits and may not apply to every member. Please access the [Provider Center](#) to verify patient coverage, benefit types and eligibility effective dates.

Licensed Massage Therapy is located in the Alternative Care section of this manual.

Physical Therapy

Coverage for physical therapy is limited to rehabilitation, when medically necessary to restore or improve function that was previously normal but was lost due to documented injury or illness. Some contracts also cover physical therapy for rehabilitation, when medically necessary to restore and improve function lost as a result of congenital anomalies. All providers who perform or refer members for physical therapy should use the following guidelines.

Billing Guidelines

- All licensed providers must bill for any and all services they perform under their own name. A provider may not submit claims for services performed by another licensed provider.
- Osteopathic manipulation codes are only payable to MD's, DO's, ARNPs and ND's.
- Chiropractic manipulation codes are only payable to chiropractors.
- Asuris does not recognize work hardening/conditioning services for physical therapy.
- Physical therapy evaluations and re-evaluations:
 - An evaluation is allowed once, per member, per condition and per tax id.
 - A re-evaluation is allowed once, every 2 weeks, per member, per condition and per tax id.
- CPT codes for casting and strapping are payable to physical therapists.
- CPT codes, such as evaluation and management codes, are not payable to physical therapists.
- Miscellaneous CPT codes used for unlisted modalities should include narrative descriptions for the therapeutic procedures and physical medicine/rehabilitation services and should only be used when a more appropriate code is not available.

Physical Therapy Assistants

Asuris reimburses physical therapists for the use of physical therapy assistants and aides as long as it is in accordance with Washington state regulations. The actual name of the physical therapy assistant and supervising physical therapist must be clearly documented in the patient's file.

We allow for the services of physical therapy assistants and aides as long as the supervising physical or occupational therapist bills the services under their own name.

Exceptions:

- The physical therapy assistant or aide cannot be another licensed provider. All licensed providers must bill for any and all services they perform under their own name.
- Physical therapy services covered by the Federal Employee Program (FEP) are paid only when performed by LPTs and RPTs.

Supplies

Supplies and materials are not separately reimbursed. Supplies provided by the physical therapist and used during the therapy session are not covered. These are considered part of your operational overhead.

Supplies sent home that are provided but used outside the therapy session may be paid according to member plan benefits.

- Document the type of supply, the quantity you purchased and cost of the supply.
- Use a valid CPT/HCPCS code for supplies.
- **CPT 99070** is not accepted by Asuris and will be denied as included in the primary procedure.
- If there is no HCPCS code that adequately describes the supply you are billing, please use the appropriate unlisted HCPCS code(s) with a specific description of the supply included on the claim.

Services Not Covered

- Clean-up
- Record-keeping
- Report-writing costs
- Treatment preparation
- Member transportation
- Patient care conferences
- Unattended gym or swim therapy

Accidental Injury

Injury claims must include the following:

- Date of injury
- Cause or source of injury
- Where the injury took place
- Whether the injury is related to an auto accident or employment

Occupational Therapy

Billing Guidelines

Coverage for occupational therapy is limited to rehabilitation, when medically necessary to restore and improve function that was previously normal but was lost following a documented injury or illness. Some contracts also cover occupational therapy for rehabilitation, when medically necessary to restore and improve function lost as a result of congenital anomalies.

- All licensed providers must bill for any and all services they perform under their own name. A provider may not submit claims for services performed by another licensed provider.
- Osteopathic manipulation codes are only payable to MD's, DO's, ARNP's and ND's.
- Chiropractic manipulation codes are only payable to chiropractors.
- Asuris does not recognize work hardening/conditioning services for occupational therapy.
- Occupational therapy evaluations and re-evaluations:
 - An evaluation is allowed once, per member, per condition, and per tax ID.
 - A re-evaluation is allowed once, every 2 weeks, per member, per condition, and per tax ID.
- CPT codes for casting and strapping are payable to occupational therapists.
- CPT codes, such as evaluation and management codes, are not payable to occupational therapists.
- Miscellaneous CPT codes used for unlisted modalities should include narrative descriptions for the therapeutic procedures and physical medicine/rehabilitation services and should only be used when a more appropriate code is not available.

Not all plans provide benefits for occupational therapy.

- Some plans exclude services for occupational injury or disease, including those arising out of self-employment.
- Some plans exclude coverage for occupational therapy services for all conditions.

Occupational Therapy Assistants

Asuris reimburses occupational therapists for the use of occupational therapy assistants and aides as long as it is in accordance with Washington state regulations. The actual name of the occupational therapy assistant and supervising occupational therapist must be clearly documented in the member's file.

This means we allow the services of occupational therapy assistants and aides as long as the supervising occupational therapist bills the services under their own name.

Exceptions:

- The occupational therapy assistant or aide cannot be another licensed provider. All licensed providers must bill for any and all services they perform under their own name.
- Occupational therapy services covered by the FEP are paid only when performed by an OTR, LPTs and RPTs.

Supplies

Supplies and materials are not separately reimbursed. Supplies provided by the occupational therapist and used during the therapy session are not covered. These are considered part of your operational overhead.

Supplies sent home that are provided but used outside the therapy session may be paid according to member plan benefits.

- Document the type of supply, the quantity you purchased and cost of the supply.
- Use a valid CPT/HCPCS code for supplies.
- **CPT 99070** is not accepted by Asuris and will be denied as included in the primary procedure.
- If there is no HCPCS code that adequately describes the supply you are billing, please use the appropriate unlisted HCPCS code(s) with a specific description of the supply included on the claim.

Accidental Injury

Injury claims must include the following:

- Date of injury
- Cause or source of injury
- Where the injury took place
- Whether the injury is related to an auto accident or employment

When the treating occupational therapist submits a claim, whether paper or electronic, it is not necessary to submit the patient's prescription. We do require the prescription to be on file in your office.

Speech Therapy

Coverage for speech therapy is limited to rehabilitation when medically necessary to restore and improve function that was previously normal but was lost following a documented injury or illness. Some contracts also cover speech therapy for rehabilitation, when medically necessary to restore and improve function lost as a result of congenital anomalies. All providers who perform or refer members for speech therapy should use the following guidelines.

Billing Guidelines

- All licensed providers must bill for any and all services they perform under their own name. A provider may not submit claims for services performed by another licensed provider.
- Submit claims using the appropriate CPT procedure code.
- Medical evaluations for speech, language, and hearing problems are allowed two units of service, per date of service.
- Individual speech therapy is allowed up to two units of service, per date of service.
- Group speech therapy is also a covered service.
- CPT codes, such as evaluation and management are not payable to speech practitioners.

Services Not Covered

Medical conditions that are routinely excluded for speech therapy are:

- Developmental articulation errors
- Hoarseness
- Functional dysphonia (difficulty of speech)
- Hysterical aphonia (loss of speech)
- Psychoneurotic or psychotic conditions
- Speech delay
- Stammering and stuttering
- Tongue thrust

Neurodevelopmental Therapy

Most group plans include benefits for medically necessary neurodevelopment therapy treatment to restore and/or improve function for children age six and under. Benefits include the services of a participating physician, physical therapist, speech pathologist, (or recognized occupational therapist, depending on the member's health plan) provided in the office, home or hospital outpatient department. All providers who perform or refer patients for neurodevelopmental therapy should use the following guidelines.

Billing Guidelines

- All licensed providers must bill for any and all services they perform under their own name. A provider may not submit claims for services performed by another licensed provider.
- As determined by Asuris, the member is not eligible for the neurodevelopmental benefit and the rehabilitation benefit for the same condition.
- Member does not need to have an underlying illness or injury to qualify for the neurodevelopmental benefit.
- Maintenance therapy is covered under the neurodevelopmental benefit for preventing significant deterioration in the member's condition.
- Submit claims using the appropriate CPT procedure code.

Services Not Covered

- Custodial care
- Maintenance (except as specified above)
- Non-medical help
- Recreational, educational or vocational therapy
- Mental disorder care
- Chemical dependency treatment
- Rehabilitative treatment
- Unattended gym or swim therapy
- Patient care conferences