

PROTOCOLS FOR PHYSICAL THERAPY PROVIDERS

Type of Services Provided

Services provided by Physical Therapy providers are covered for Santa Barbara Health Initiative (SBHI), San Luis Obispo Health Initiative (SLOHI), Healthy Families Program (HFP), Healthy Kids (HK), Prenatal PLUS 2 (PP2), and In-home Supportive Services (IHSS) members. Services include treatment prescribed by a physician or podiatrist of any bodily condition by the use of physical, chemical and other properties of heat, light, water, electricity or sound, and by massage and active, resistive, or passive exercise. Services also include Physical Therapy evaluation, treatment planning, treatment, instruction, consultations and application of topical medication.

Covered Physical Therapy (PT) Benefits for IHSS

The following procedures are Covered Benefits:

- PT services are a covered benefit only when services are provided pursuant to a written treatment plan or written prescription of a CenCal Health physician or podiatrist, which is within the scope of their medical practice. See below for details regarding information needed on the prescription or written treatment plan
- PT services are only covered when care is rendered in the Provider's office or in an outpatient department of a hospital facility
- PT services must be performed by licensed and registered therapists
- PT services are also covered when the member is an inpatient at an acute care hospital, or at a rehabilitation hospital

Covered PT Benefits for SBHI, SLOHI, HFP, HK and PP2

The following procedures are Covered Benefits:

- PT services are a covered benefit only when services are provided pursuant to a written treatment plan or written prescription of a CenCal Health physician or podiatrist, which is within the scope of their medical practice. See the Provider Manual for additional information on what is required in the prescription or written treatment plan
- PT services are only covered when care is rendered in the Provider's office or in an outpatient department of a hospital facility
- PT services must be performed by licensed and registered therapists
- PT services are also covered when the Member is an inpatient at an acute care hospital, in a skilled nursing facility, or at home

Limitations for IHSS – The maximum number of aggregate Physical Therapy, occupational therapy, and speech therapy visits, in an outpatient setting, is limited to 36 Visits per calendar year. Additional visits may be authorized as Medically Necessary with evidence of continued significant improvement, as part of an approved treatment plan.

Non-Covered Charges

- Non-authorized services are not covered
- IHSS- visits beyond the limit of 36 unless additional visits are Medically Necessary and are authorized as set forth below
- SBHI & SLOHI- Use of Roentgen rays or radioactive materials or the use of electricity for surgical purposes including cauterization are not covered

Physical Therapy provider will be responsible for first determining the eligibility of members to receive services, for meeting the elements of Physical Therapy services and for documenting services as indicated below, and, in order to receive payment, for submitting claim forms to CenCal Health.

Eligibility

Physical Therapy provider must confirm that the member presenting in his/her office is eligible for services under CenCal Health and is assigned to the referring PCP for the month in which he/she is to render services. This can be accomplished by verifying eligibility through one of CenCal Health's systems. Information regarding eligibility is in the Member Services Section of this Provider Manual.

In the event the member is not eligible under the program(s) administered by CenCal Health, payment for any services provided to the member will not be the responsibility of CenCal Health.

Treatment Plan (required for all members when requesting authorization):

The following must be present on the written treatment or prescription plan:

- Name and telephone number of the prescribing practitioner
- Date of treatment or prescription plan
- Medical condition necessitating the service(s) (diagnosis)
- Supplemental summary of the medical condition or functional limitations
- Specific services (for example, evaluation, treatments, modalities) prescribed
- Proposed frequency of services
- Duration of medical necessity for services
- Anticipated medical outcome as a result of the therapy (therapeutic goals)
- Progress review (when applicable) to accompany new authorization request

The treatments or prescriptions must be as specific as possible regarding the procedures, modalities and services. For example, "physical therapy" alone is not a sufficient notation. A specified duration and frequency of therapy must be indicated in weeks or months.

Documentation of Services

The Physical Therapy provider shall document services by completing a claim form and submitting the form to CenCal Health. The Physical Therapy provider shall also provide documentation to the member's PCP.

Authorizations

Physical Therapy providers are required to obtain a Prescription stating the number of visits ordered by the physician or podiatrist. A Referral Authorization Form (RAF) is NOT required from the member's PCP for Physical Therapy services for any CenCal Health member.

All Physical Therapy services require a Treatment Authorization Request (TAR) or an Authorization Request (AR) to be approved by CenCal Health; however, the initial evaluation does not require a TAR or AR with the exception of those members under 21 years of age. Members under the age of 21 years require a TAR or AR for all Physical Therapy services including the initial evaluation. Please refer to the TAR/AR Sections of this Provider Manual for more information or contact CenCal Health's UM staff for help in understanding the guidelines.

Billing for Covered Services

Physical Therapy providers bill CenCal Health for the Physical Therapy services he or she has provided to the eligible member. In the event the member has other coverage, or third-party liability is involved, the Physical Therapy provider shall follow the terms and conditions of his/her Agreement with CenCal Health, or as indicated in "Other Health Coverage" in the Claims Section of this Provider Manual.

Physical Therapy Services:

- Physical Therapy providers shall bill using Provider's valid billing number
- The ICD-9-CM diagnosis code(s) of the member's condition must be on the claim
- If member's condition is related to employment, then CMS-1500 box 10a must be checked "YES"
- For IHSS only- If member's condition is related to an auto accident, then CMS-1500 box 10b must be checked "YES"

Copayments

Copayments for Physical Therapy services for the following members should be collected at the time the service is rendered:

IHSS members:	\$15 Copayment when provided in a medical office, home or outpatient setting and when ordered by the member's PCP
HFP/HK members:	\$5 Copayment when provided in a medical office, home or outpatient setting
PP2 members:	no Copayment

Procedures Codes

SBHI & SLOHI Members- Allied Health Providers who have rendered Covered Services to eligible SBHI Members shall submit Claim forms within one (1) year of the date of service, in accordance with the provisions of Section 4.6 of the Agreement. However, Claims submitted after six (6) months will be reduced to 75% of the allowable, and those submitted after nine (9) months from the date of service will be reduced to 50% of the allowable.

Occupational Therapy Provider shall bill for services using procedure codes referenced in Title 22, CCR, S51507.1, Occupational Therapy, or as indicated in the EDS Medi-Cal Provider Manual.

HF/HK/PP2 and IHSS Members- Allied Health Provider should submit Claims within one hundred and eighty (180) Days of the date of service.

Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Billing Codes. Allied Health Provider shall bill for services for HF/HK/PP2 and IHSS Members within the acceptable range of CPT and/or HCPCS billing codes as established in the most recently published American Medical Association's (AMA) CPT guide and/or the HCPCS guide as published by the federal Department of Health and Human Services (HHS).

IHSS Reimbursement for Physical Therapy Services

Physical Therapy provider shall be reimbursed for Covered Services rendered to members as follows:

The lessor of (a) allowable billed charges, less applicable member per visit Copayment **or** (b) Contract Rate, less applicable member per visit Copayment; subject to submission of complete claims.

The Contract Rate for Physical Medicine and Rehabilitation range of CPT codes shall be 100% of the applicable Medicare Fee Schedule for CPT codes with an established Medicare rate. For CPT codes without an established Medicare rate, the Contract Rate shall be 100% of the Authority's Fee Schedule. In the event member Copayment exceeds allowable billed charges or Contract Rate, Provider will be reimbursed \$0.00.

SBHI Reimbursement for Physical Therapy Services

Physical Therapy Provider and its Subcontractors agree and understand that they will accept the State Medi-Cal rate in effect at the time of service, or CenCal Health's rate in effect at the time of service, whichever is higher.

Physical Therapy Provider may request rate information for specified reimbursement codes for its specialty by contacting the Provider Services Department or a Claims Representative, or by accessing the Procedure Pricer on CenCal Health's website www.cencalhealth.org for CenCal Health rates and on the Medi-Cal website for Medi-Cal rates.

Physical Therapy Provider should indicate the approved authorization number on the CMS 1500 form or as instructed for billing electronically to avoid the claim denying for lack of authorization.

CMS Correct Coding Initiative (CCI) edits

Physical Therapists may submit claims for procedures in which CMS Correct Coding Initiative (CCI) edits will apply. These edits and the listed corresponding CPT groupings are considered mutually exclusive procedures which cannot reasonably be performed by the same provider, on the same member on the same date of service. A listing of applicable codes is as follows:

Primary Procedure (CPT)	Mutually exclusive procedures (no reimbursement)
97001	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99261, 99262, 99263, 99271, 99272, 99273, 99274, 99275, 99291, 99292, 99293, 99294, 99295, 99296, 99298, 99299, 99301, 99302, 99303, 99311, 99312, 99313, 99315, 99316, 99321, 99322, 99323, 99333, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99431, 99432, 99433, 99435, 99440, 99455, 99456
97002	97001, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99261, 99262, 99263, 99271, 99272, 99273, 99274, 99275, 99291, 99292, 99293, 99294, 99295, 99296, 99298, 99299, 99301, 99302, 99303, 99311, 99312, 99313, 99315, 99316, 99321, 99322, 99323, 99331, 99332, 99333, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99431, 99432, 99433, 99435, 99440, 99455, 99456
97003	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99261, 99262, 99263, 99271, 99272, 99273, 99274, 99275, 99291, 99292, 99293, 99294, 99295, 99296, 99298, 99299, 99301, 99302, 99303, 99311, 99312, 99313, 99315, 99316, 99321, 99322, 99323, 99331, 99332, 99333, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99431, 99432, 99433, 99435, 99440, 99455, 99456

Primary Procedure (CPT)	Mutually exclusive procedures (no reimbursement)
97004	97003, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99261, 99262, 99263, 99271, 99272, 99273, 99274, 99275, 99291, 99292, 99293, 99294, 99295, 99296, 99298, 99299, 99301, 99302, 99303, 99311, 99312, 99313, 99315, 99316, 99321, 99322, 99323, 99331, 99332, 99333, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99356, 99357, 99431, 99432, 99433, 99435, 99440, 99455, 99456
97012	97140, 99186
97016	99186
97018	97022
97024	97020
97026	97018, 97022
97028	96910, 96912, 96913, 97022
97140	97530
97150	97110, 97112, 97113, 97116, 97140, 97530
92507	92506
92508	92507