CarePartners of Connecticut MEDICARE ADVANTAGE

Outpatient Rehabilitation Facility Payment Policy

Applies to the following CarePartners of Connecticut products:

☒ CareAdvantage Premier

☒ CareAdvantage Prime

☒ CareAdvantage Preferred

☒ CarePartners Access

The following payment policy applies to providers who render outpatient rehabilitation services in a facility setting to members of the CarePartners of Connecticut plans selected above.

For more information on professional physical, occupational, and/or speech therapy services, refer to the Physical, Occupational and Speech Therapy Professional Payment Policy.

In addition to the specific information contained in this policy, providers must adhere to the policy information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

Policy

CarePartners of Connecticut covers medically necessary outpatient physical therapy (PT), occupational therapy (OT) and speech therapy (ST) rehabilitation services, in accordance with the member's benefits.

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

No referrals are required for in-network services. Referrals are required for out-of-network services rendered for HMO members.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

- Submit a corresponding CPT and/or HCPCS procedure code for every date of service submitted when a date range is indicated in box 6 of the UB-04
- Submit only one initial evaluation per diagnosis/condition.
- Submit the actual procedure code(s) for all PT, OT and ST services, including modalities
- Submit the appropriate revenue code for PT, OT and ST services.

Treatment and modality procedure codes include, but are not limited to, the codes contained in providers' contracts and the applicable medical necessity guidelines as referenced and linked to above. CarePartners of Connecticut recognizes modality procedure codes for PT and OT.

Providers may bill 97799 to indicate an unlisted physical medicine/rehabilitation service or procedure with supporting clinical documentation. Refer to the Unlisted/Not Otherwise Classified Codes Payment Policy for additional information submitting supporting documentation.

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For more information, refer to the Professional Services and Facilities Payment Policy.

Outpatient therapy providers are compensated for the modalities contained in this policy according to the fee schedule rates when billed with the appropriate revenue code(s).

Daily Payment Maximum

PT, OT and ST treatments and modalities are priced according to fee schedule arrangements and are subject to daily payment maximums. Contracted procedures codes for PT, OT and ST services will be applied to the daily payment maximum. Refer to the current provider contract for information regarding the daily maximum rate.

Note: Compensation for initial evaluation codes is not subject to the daily payment maximum.

Modalities

CarePartners of Connecticut does not routinely compensate for the following:

- Iontophoresis (97033) when billed and the diagnosis is not primary focal hyperhidrosis
- Canalith repositioning procedure (95992) if billed without a diagnosis of benign paroxysmal vertigo

Additional Resources

- Inpatient Rehabilitation and Long-Term Acute Care Facility Payment Policy
- Physical, Occupational, and Speech Therapy Payment Policy

Document History

- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- May 2020: Policy reviewed by committee; template updates
- January 2020: Eliminated referral requirements for in-network providers effective January 1, 2020; policy reviewed by committee
- January 2019: Created document

Audit and Disclaimer Information

CarePartners of Connecticut reserves the right to conduct audits on any provider and/or facility to ensure 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's audit policies, refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut claims adjudication processes. 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. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.