

The guidelines in this section are subject to members' plan benefits and may not apply to every member. Please access the Availity Portal at [availity.com](https://www.availity.com) to verify patient coverage, benefit types and eligibility effective dates.

Services and supplies referenced in these guidelines may be subject to pre-authorization. Review our [pre-authorization lists](#) and pre-authorize accordingly.

The following treatment plan information applies to all therapy providers:

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.

Fully documented treatment plans include the following components:

1. A physician prescription or referral may be required to meet state requirements (These do not need to be submitted to Asuris)
2. Appropriate and legible chart note documentation
3. Documentation of functional limitations and therapy goals
4. Progress reports and/or notes which support the following:
 - Patient's progress toward meeting therapy goals.
 - 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.
 - 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 therapy, the provider must include the reason for treatment 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 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 of our plans exclude coverage for maintenance therapy.

Information needed on a claim

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

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

Accidental 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

Guidelines for Licensed massage therapy are listed 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 because of congenital anomalies. All providers who perform or refer members for physical therapy should use the following guidelines.

Billing guidelines

- Chiropractic manipulation codes are only payable to chiropractors.
- CPT codes for casting and strapping are payable to physical therapists.
- Osteopathic manipulation codes are only payable to MDs, DOs, ARNPs and NDs.
- CPT codes, such as evaluation and management codes, are not payable to physical therapists.
- We do not recognize work hardening/conditioning services for physical therapy.
- All licensed providers **must bill for all services** they perform under their own name. A provider **may not** submit claims for services performed by another licensed provider.
- 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 evaluations and re-evaluations:
 - An evaluation is allowed once, per member, per condition and per tax ID.
 - A re-evaluation is allowed once, every two weeks, per member, per condition and per tax ID.

Physical therapy assistants

We reimburse physical therapists for the use of physical therapy assistants and aides if 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.

Services for physical therapy assistants and aides are allowed if the supervising physical therapist bills the services under their own name.

Exception: The physical therapy assistant or aide cannot be another licensed provider. All licensed providers must bill for all services they perform under their own name.

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.

- Use a valid CPT/HCPCS code for supplies.
- Document the type of supply, the quantity you purchased and cost of the supply.
- **CPT 99070** is not accepted by us 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

Occupational therapy

Coverage for occupational 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 occupational therapy for rehabilitation, when medically necessary to restore and improve function lost because of congenital anomalies. All providers who perform or refer members for occupational therapy should use the following guidelines.

Billing guidelines

- Chiropractic manipulation codes are only payable to chiropractors.
- CPT codes for casting and strapping are payable to occupational therapists.
- Osteopathic manipulation codes are only payable to MDs, DOs, ARNPs and NDs.
- CPT codes, such as evaluation and management codes, are not payable to occupational therapists.
- We do not recognize work hardening/conditioning services for occupational therapy.
- All licensed providers **must bill for all services** they perform under their own name. A provider **may not** submit claims for services performed by another licensed provider.
- 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.
- 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.

Not all plans provide benefits for occupational therapy.

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

Occupational therapy assistants

We reimburse occupational therapists for the use of occupational therapy assistants and aides if 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 patient's file.

Services for occupational therapy assistants and aides are allowed if the supervising occupational therapist bills the services under their own name.

Exception: The occupational therapy assistant or aide cannot be another licensed provider. All licensed providers must bill for all services they perform under their own name.

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.

- Use a valid CPT/HCPCS code for supplies.
- Document the type of supply, the quantity you purchased and cost of the supply.
- **CPT 99070** is not accepted by us 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.

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 because of congenital anomalies. All providers who perform or refer members for speech therapy should use the following guidelines.

Billing guidelines

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

Services not covered

Medical conditions that are routinely excluded for speech therapy are:

- Hoarseness
- Speech delay
- Tongue thrust
- Stammering and stuttering
- Developmental articulation errors
- Hysterical aphonia (loss of speech)

- Psychoneurotic or psychotic conditions
- Functional dysphonia (difficulty of speech)

Neurodevelopmental therapy

Most group products 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

- Submit claims using the appropriate CPT procedure code.
- 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.
- As determined by us, the member is not eligible for the neurodevelopmental benefit and the rehabilitation benefit for the same condition.
- All licensed providers **must bill for all services** they perform under their own name. A provider **may not** submit claims for services performed by another licensed provider.

Services not covered

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