
Payment Schedule for Geisinger Health Plan

Geisinger Indemnity Insurance Company

Geisinger Quality Options, Inc.

Outpatient Physical & Occupational therapy

1. Health Plan authorized outpatient physical and/or occupational rehabilitative therapy services will be reimbursed for all Health Plan product lines according to the following:

* \$58.50 per visit for a visit that includes the initial evaluation, and * \$49.50 per subsequent Health Plan authorized visits.

Approved outpatient physical therapy and occupational therapy with the same date of service will be paid separately.

2. Services are expected to be no less than 30 minutes per visit. Providers are reminded that any outpatient rehabilitative therapy service must be reported with the appropriate GO or GP modifier. All services provided must be reported.

3. When billing for time based physical medicine and rehabilitation services the following rules apply:

* Time is recorded based on constant one-on-one attendance.

* Only the intra service time qualifies for billing (pre and post delivery services should not be counted when calculating treatment service time).

* Providers should total the minutes first, then calculate the # of total units allowed. For example, if 24 minutes of 97110 are furnished and 10 minutes of 97112, then the total treatment time was 34 minutes - thus only 2 units can be billed for the treatment (each units = 15 minutes).

* Remember, the number of units reported cannot exceed the actual time the patient was present. For example, therapy visits are typically 30, 45 or 60 minute sessions. If a patient is present at your office for 60 minutes, the total number of units billed cannot exceed 4.

* Providers should follow the standard Medicare guidelines for reporting time based units.

* When co-treating members (two different disciplines treating one member during the same session), the same rules apply. If the patient is only physically present in your office for 60 minutes, do not bill more than 4 time based units. For example, during a 60 minute visit the occupational therapist treats the patient, and during the last 30 minutes the speech therapist joins the session to treat to patient. Do not bill more than 4 total units, because the patient was only there 60 minutes.

4. All claims submitted to the Health Plan for medical services are subject to editing for compliance with standard coding format including, but not limited to, the Health Plan's right to rebundle to the primary procedure, those services determined by the Health Plan to be part of, incidental to, or inclusive of the primary procedure. Health Plan reserves the right to process the claim according to said standards.

5. Precertification of outpatient physical or occupational therapy services is the sole responsibility of the participating rehabilitation facility (or designee) providing the service. The rehabilitative therapy provider must make a request for initial authorization within seven (7) calendar days of the member's evaluation. Requests for authorization received after one (1) week will not be retrospectively approved. Authorization for services subsequent to the initial authorization must be made in advance of treatment. Failure to comply with these time frames will result in claim denials.

6. Reimbursement for services is governed by the member's benefit documents. Services listed on this schedule may be noncovered according to those documents. Contact the Health Plan if there are questions.

7. See current coding manuals (CPT/HCPCS) for complete procedure code descriptions.

Amisys office fee schedule #(s) 0109-1199-1199-1199-0500

HCPCS

PROCEDURE CODE DESCRIPTION

20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less

29540 Strapping; ankle

29580 Strapping; unna boot

64550 APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR (EG, TENS UNIT) 90901
Biofeedback training by any modality

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90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter including emg and/or manometry
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
95833	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
95834	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95992	Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day
97012	Application of a modality to one or more areas; traction, mechanical
97014	Application of a modality to one or more areas; electrical stimulation (unattended)
97016	Application of a modality to one or more areas; vasopneumatic devices
97018	Application of a modality to one or more areas; paraffin bath
97022	Application of a modality to one or more areas; whirlpool
97024	Application of a modality to one or more areas; diathermy (eg, microwave)
97026	Application of a modality to one or more areas; infrared
97028	Application of a modality to one or more areas; ultraviolet
97032	Application of a modality to one or more areas; electrical stimulation(manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis, each 15minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	Application of a modality to one or more areas; hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of m
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, ki
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage,including effleurage, petrissage and/or tapotement (strokin
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions,
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidity
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal f
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more persona
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of hi
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and th
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therap
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patien
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional perfo
97533	Sensory integrative techniques to enhance sensory processing and promot adaptive responses to environmental demands, direct
97535	Self-care/home management training (eg, activities of daily living (adl) and compensatory training, meal preparation, safety proc
97537	Community/work reintegration training (eg, shopping, transportation,money management, avocational activities and/or workenv
97542	Wheelchair management/propulsion training, each 15 minutes

HCPCS

PROCEDURE CODE DESCRIPTION

97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (list separately in addition to code for primary procedure)

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97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without	97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without
97602	Removal of devitalized tissue from wound(s); non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzym	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWIS	97761	PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, E
97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMI	G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (incl
G0238	Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes	G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more in
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabet	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in g0281
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of car	G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-o
