

## Rehabilitation Services

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### Overview

This section provides policy and billing information for outpatient rehabilitation and therapeutic services including physical therapy, occupational therapy, speech-language pathology and audiology.

### Eligible Providers

- Audiologists
- Comprehensive outpatient rehabilitation facilities (CORF)\*
- Indian Health Services (IHS)
- Long-term care (LTC) facilities
- Medicare certified rehabilitation agencies
- Occupational therapists
- Occupational therapy assistants\*\*
- Outpatient hospitals
- Physical therapists
- Physical therapist assistants\*\*
- Rehab billing entities
- Rural health clinics (RHC)
- Speech-language pathologists

#### \* Comprehensive outpatient rehabilitation facilities (CORF)

A CORF is a nonresidential facility that is established and operated exclusively to provide diagnostic,

therapeutic and restorative services to outpatients for the rehabilitation of injured, disabled or sick people. Services are provided at a single, fixed location, by or under the direction of a physician in a facility that meets federal conditions of participation. Additionally, a facility that qualifies as a CORF may enroll to provide mental health services.

\*\* These practitioners do not directly enroll with [Minnesota Health Care Programs \(MHCP\)](#).

## **Enrollment Information**

### **Audiologists**

To enroll with MHCP, audiologists must comply with the requirements of [Minnesota Rules, 9505.0195](#) and must first enroll with Medicare.

A person is eligible to enroll as an audiologist with MHCP if he or she maintains [state licensure](#) and completes registration requirements. If the state does not license providers of audiology services, the applicant for enrollment with MHCP must demonstrate that he or she either holds a Certificate of Clinical Compliance in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA) or meets the following clinical practicum standards:

- Doctoral degree with an emphasis in audiology, or its equivalent as determined by the commissioner, from an accredited educational institution
- Clinical experience as required by ASHA, the American Board of Audiology or an equivalent as determined by the commissioner
- Pass the national examination in audiology

Audiologists who wish to be affiliated with a rehabilitation billing entity must enroll with MHCP.

Refer to the [Audiologist Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for details about enrollment requirements.

### **Occupational therapists (OT)**

To enroll with MHCP, occupational therapists must comply with the requirements of [Minnesota Rules, 9505.0195](#) and must first enroll with Medicare.

A person is eligible to enroll with MHCP as an occupational therapist if he or she maintains applicable [state licensure](#) or complies with state regulatory requirements in states that do not license.

Refer to the [Occupational Therapist Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for more details.

Occupational therapists who wish to affiliate with a rehabilitation billing entity must enroll with MHCP.

### **Physical therapists (PT)**

To enroll with MHCP, physical therapists must comply with the requirements of [Minnesota Rules, 9505.0195](#) and must first enroll with Medicare.

A person is eligible to enroll with MHCP as a physical therapist if he or she maintains applicable [state licensure](#) requirements or complies with state regulatory requirements in states that do not license.

Refer to the [Physical Therapist Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for more details.

Physical therapists who wish to affiliate with a rehabilitation billing entity must enroll with MHCP.

## **Rehabilitation agencies**

A rehabilitation agency is a provider certified by Medicare to provide restorative and specialized maintenance therapy in an integrated multidisciplinary rehabilitation program. Services may also include social or vocational adjustment services. Medicare certified rehabilitation agencies must provide services at one of the following:

- A site surveyed by the Minnesota Department of Health and certified according to Medicare standards
- A site that meets state fire marshal standards, as documented in the providers' records
- The member's residence

MHCP does not enroll individual therapists employed by rehabilitation agencies. Rehabilitation agencies are responsible to ensure and maintain proper credentialing of therapists they employ.

Refer to the [Rehabilitation Agency Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for information about enrolling.

## **Other rehabilitation group providers**

Providers employed and affiliated with a rehabilitation billing entity or physician group are required to enroll as Individual Practitioners with MHCP. This excludes assistants and unqualified personnel.

## **Speech-language pathologists**

To enroll with MHCP, speech-language pathologists must comply with the requirements of [Minnesota Rules, 9505.0195](#) and must first enroll with Medicare.

A person is eligible to enroll as a speech-language pathologist if he or she meets the following requirements:

- Maintains applicable state licensure requirements found in Minnesota Statutes, 148.515 – 148.5175 or complies with state regulatory requirements in states that do not license.

Speech-language pathologists who wish to affiliate with a rehabilitation billing entity must enroll with MHCP.

Refer to the [Speech-Language Pathologist Enrollment Criteria and Forms](#) section of the MHCP Provider Manual for details.

## **Private practice therapists (PPT)**

Occupational therapists, physical therapists, speech-language pathologists and audiologists are considered in private practice if they maintain a private office space at their own expense and provide services in that space or in a member's home. Alternatively, a PPT may be employed by another supplier and furnish services in facilities provided at the expense of that supplier.

A private office is space that the practice leases, owns or rents and uses for the exclusive purpose of operating the practice. For example, a private practice therapy practitioner may not furnish covered services in a skilled nursing facility. If a private practice therapy practitioner wishes to locate his or her private office on-site at a nursing facility, the private office space may not be part of the Medicare-participating skilled nursing facility (SNF) space and the therapist may provide services only within the therapist's private office space.

Private practice also includes therapists who are practicing therapy as employees of another supplier, professional corporation, or other incorporated therapy practice. Private practice does not include individuals when they are working as employees of an institutional provider.

## **Practitioners with Temporary Licenses or Permits**

The following may enroll as MHCP providers if they meet the appropriate requirements in Minnesota Statutes and Rules listed in the [Legal References](#) section:

- Speech-language pathologists or audiologists who hold a [temporary license](#)
- Speech-language pathologists or audiologists with a temporary [clinical fellowship license or doctoral externship license](#)

People completing the clinical fellowship year required for certification may provide audiology services or speech-language pathology services under the supervision of a qualified audiologist or speech-language pathologist. Refer to specific requirements regarding [supervision](#) during clinical fellowship year.

Speech-language pathologists and audiologists who hold valid temporary licenses must enroll with Medicare before enrolling with MHCP.

Physical therapists with a valid [temporary permit](#) to practice and occupational therapists with a valid [temporary license](#) to practice may provide services under the supervision of a licensed physical therapist or occupational therapist, but may not enroll as MHCP providers.

## **Rehabilitation Therapy Assistants**

Physical therapist assistants (PTA) and occupational therapy assistants (OTA) are not eligible to enroll with MHCP. However, MHCP reimburses providers for the supervised services provided by these assistants when delivered under the direction of a qualified enrolled therapist in the respective therapy discipline.

Speech-language pathology assistants (SLPA) are not eligible to enroll with MHCP and their services are not eligible for MHCP reimbursement, even when supervised.

## **Physical therapist assistants (PTA)**

A PTA must meet the following requirements to qualify for reimbursement for providing supervised services:

- Have successfully completed all academic and field work requirements of a physical therapy assistant program accredited by the Commission on Accreditation in Physical Therapy Education
- Maintain [state licensure](#) requirements or be in compliance with state regulatory requirements in states that do not license physical therapist assistants

## **Supervision of a PTA**

A qualified physical therapist must provide on-site observation of the treatment and must document appropriateness of the treatment at least every sixth session when services are provided by a physical therapist assistant. A physical therapist may delegate patient treatment procedures only to a physical therapy assistant who is licensed. The physical therapist may not delegate the following activities to the physical therapist assistant or to other supportive personnel: patient evaluation or reevaluation, treatment planning, initial treatment, change of treatment, and initial or final documentation. A licensed physical therapist may supervise no more than two physical therapist assistants at any time.

## **Occupational therapy assistants (OTA)**

An OTA must meet the following requirements to qualify for reimbursement for supervised services provided:

- Be certified by the National Board for Certification of Occupational Therapy as an occupational therapy assistant

- Maintain applicable [state licensure](#) requirements or be in compliance with state regulatory requirements in states that do not license occupational therapy assistants

### **Supervision of an OTA**

A qualified occupational therapist must determine the frequency and manner of supervision of an occupational therapy assistant performing intervention procedures based on the condition of the patient or client, the complexity of the intervention procedure, and the service competency of the occupational therapy assistant.

Face-to-face collaboration between the occupational therapist and the occupational therapy assistant must occur every 10 intervention days or every 30 days, whichever comes first, during which time the occupational therapist is responsible for:

- Planning and documenting an initial intervention plan and discharge from interventions
- Reviewing intervention goals, therapy programs and client progress
- Supervising changes in the intervention plan
- Conducting or observing intervention procedures for selected clients and documenting appropriateness of intervention procedures. Clients must be selected based on the occupational therapy services provided to the client and the role of the occupational therapist and the occupational therapy assistant in those services
- Ensuring the service competency of the occupational therapy assistant in performing delegated intervention procedures

Face-to-face collaboration must occur more frequently if necessary to meet these requirements.

MHCP will not reimburse for evaluations and reevaluations if provided by occupational therapy assistants.

The occupational therapist must document supervision compliance in the client's file or chart.

### **Eligible Members**

Medical Assistance (MA) and MinnesotaCare members are eligible for rehabilitation services.

### **Covered Services**

Refer to the [Augmentative Communication Devices](#) manual section for coverage information.

Medical authorization is not required for outpatient rehabilitation and therapeutic services: physical therapy, occupational therapy and speech-language pathology.

Rehabilitation and therapy services are subject to post-payment review, which may result in a provider being required to request authorization for certain services.

### **Audiology Services**

[Audiology services](#) have an annual threshold. The number of units of service available without authorization renews January 1 of each year.

- Members may require a greater number of evaluations, modalities or procedures than are available in the annual service threshold. They may receive additional medically necessary services with authorization.
- Medicare crossover claims for coinsurance and deductible do not debit against the audiology annual thresholds.
- Third-party liability (TPL) claims submitted to MHCP for payment debit against the audiology annual thresholds. If you are aware the TPL payment will equal or exceed the MHCP payment,

you may consider not billing MHCP because all claims debit against the threshold, even if the claim pays zero dollars.

### **Occupational and Physical Therapy Services**

To be covered as a rehabilitation and therapeutic service, occupational therapy and physical therapy must be prescribed by a physician or other licensed [practitioner of the healing arts](#) and must require the skills of at least one of the following:

- A physical therapist
- An occupational therapist
- A physical therapy assistant who is working under the supervision of a physical therapist
- An occupational therapy assistant working under the supervision of an occupational therapist

### **Speech-language Pathology and Audiology Services**

To be covered as a rehabilitation and therapeutic service, speech-language pathology and audiology services require written referral by a physician or other licensed [practitioner of the healing arts](#), or in the case of a long-term care facility resident, on the written order of a physician. Services must require the skills of at least one of the following:

- A speech-language pathologist
- An audiologist
- A person completing the clinical fellowship year required for certification as a speech-language pathologist
- A person completing the clinical fellowship year required for certification as an audiologist and working under the supervision of an audiologist

A plan of care must specify treatment. The member's attending physician, or other licensed [practitioner of the healing arts](#), must review and revise as medically necessary the plan of care at least once every 90 days (refer to the [Plan of Care](#) for additional requirements). MHCP accepts electronic signatures for this requirement.

The physician or other licensed practitioner of the healing arts as defined in this section must expect the member's functional status to progress toward or achieve the objectives in the member's plan of care within a 90-day period.

The plan of care must be reviewed at the intervals required by Medicare if the service is a Medicare covered service and is provided to a member who is eligible for Medicare.

Comply with Medicare's site requirements when providing services to Medicare eligible members.

### **Eligible Ordering and Referring Providers**

MHCP recognizes only these MHCP-enrolled providers as valid ordering or referring providers for outpatient OT, PT or SLP services:

- Physicians
- Dentists
- Podiatrists
- Physician assistants
- Specific advanced practice nurses:
  - nurse practitioner
  - clinical nurse specialist
  - certified nurse midwife
- Optometrists – only allowed to refer for PT, OT services for low-vision rehabilitation

### **Specialized Maintenance Therapy**

Specialized maintenance therapy coverage is limited to MHCP members aged 20 and younger. Specialized maintenance therapy is a health service specified in the member's plan of care and certified by a physician, or other licensed [practitioner of the healing arts](#) within the practitioner's scope of practice under state law. The therapy must be necessary for maintaining an MHCP member's functional status at a level consistent with his or her physical or mental limitations, and may include treatments in addition to rehabilitation nursing services. MHCP covers specialized maintenance therapy only when provided by any of the following:

- Physical therapist
- Physical therapy assistant
- Occupational therapist
- Occupational therapy assistant
- Speech-language pathologist

Specialized maintenance therapy must be specified in a [Plan of Care](#) that meets the requirements of this section, and provided to members whose condition cannot be maintained or treated through only:

- Rehabilitation nursing services
- Services of other care providers
- The member, because the member's physical, cognitive or psychological deficits result in:
  - Spasticity or severe contracture that interferes with the activities of daily living or with completing routine nursing care, or that has resulted in decreased functional ability compared to the member's previous level of function
  - A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns (functional mobility such as gait, transfers, ambulation, bed or chair mobility), activities of daily living, cardiovascular function, integumentary status, or positioning necessary for completing the member's activities of daily living, or decreased abilities relevant to the member's current environmental demands

Specialized maintenance therapy must have expected outcomes that are:

- Functional
- Realistic
- Relevant
- Transferable to the member's current or anticipated environment, such as home, school, community or work
- Consistent with community standards

Specialized maintenance therapy must meet at least one of the following characteristics:

- Prevent deterioration and sustain function
- Provide interventions, in the case of a chronic or progressive disability, that enable the member to live at his or her highest level of independence
- Provide treatment interventions for members who are progressing but not at a rate comparable to the expectations of restorative care

### **Telehealth (formerly Telemedicine)**

MHCP allows payment for expanded telehealth services, including some rehabilitation services that providers normally conduct face to face. MHCP defines telehealth as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.

Conduct telehealth services over a secure, encrypted mode of transmission.

To be eligible for reimbursement, providers must self-attest that they meet all of the conditions of the MHCP telehealth policy by completing the [Telehealth Provider Assurance Statement \(DHS-6806\) \(PDF\)](#). This includes individually enrolled private-practice therapists and enrolled therapists working within a rehabilitation billing entity that submit claims on the 837P Professional claim type.

Facilities that bill under one National Provider Identifier (NPI) number must have the provider assurance statement signed by a facility administrator or other representative of the organization. This applies to outpatient hospitals or clinics and Medicare-certified rehabilitation agencies that bill on an 837I Institutional claim type.

MHCP allows payment for the following services:

- **Client and Patient Interactive** audio and video telecommunications that permit real-time communication between the distant-site physician or practitioner and the member. The services must be of sufficient audio and visual quality and clarity as to be functionally equivalent to a face-to-face encounter.
- **"Store and Forward"**: Transmission of medical information in a way that it is stored to be reviewed later by a physician or practitioner at the distant site (known as asynchronous transmission). Medical information may include, but is not limited to, video clips, still images, X-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. "Store and forward" services substitute for an interactive encounter with the patient present; the patient is not present in real-time.

### **Originating site**

The originating site is the location of an eligible MHCP member at the time the service is being furnished via a telecommunication system. Authorized originating sites are any of the following:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally qualified health center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telehealth services provided in a private home)
- School

### **Distant site**

The distant site is the location of the health care provider at the time the provider is delivering the service to an eligible MHCP member via telecommunication system. There are no specific authorized distant sites or restrictions, but providers must ensure a secure transmission that meets [Health Insurance Portability & Accountability Act of 1996 Privacy and Security \(HIPAA\)](#) requirements.

### **Eligible rehabilitation providers**

The following provider types are eligible to provide telehealth services:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants

- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telehealth must follow the same supervision policy as indicated in “Rehabilitation Service Practitioners”.

Refer to the section [Practitioners with Temporary License or Permits](#) for information about therapists or assistant therapists with valid temporary permits or licenses who wish to provide telehealth services.

For students, refer to the section [Therapy Students Providing Care](#).

### **Eligible members**

Telehealth coverage applies to MHCP members in fee-for-service programs. Prepaid health plans may choose whether to pay for services delivered in this manner.

### **Telehealth services**

The CPT and HCPCS codes that describe telehealth services are generally the same codes that describe an encounter when the health care provider and patient are at the same site.

Physical and occupational therapists, speech-language pathologists and audiologists may use telehealth to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telehealth. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face to face.

### **Billing telehealth services**

MHCP-enrolled providers submit claims for telehealth services using the CPT or HCPCS code that describes the services they provide.

When submitting claims for telehealth services, use place-of-service code 02 to certify that the services meets the telehealth requirements. The GQ modifier is required when billing for services via asynchronous telecommunication systems.

### **General**

In addition to other requirements, refer to the following general telehealth information:

- Out-of-state coverage policy applies to services provided via telehealth. Consultations performed by providers who are not located in Minnesota and contiguous counties, require authorization prior to the service being provided
- Payment will be made for only one reading or interpretation of diagnostic tests such as X-rays, lab tests, and diagnostic assessments

### **Coverage limitations**

The following limitations apply:

- Payment for telehealth services is limited to three sessions per week per member
- Payment is not available for sending materials to a member, other providers or other facilities

MHCP does not cover the following under telehealth:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA

- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Nonclinical communication
- Communication via telephone, email or fax

### **Documentation requirements for services delivered via telehealth**

As a condition of payment, each occurrence of a telehealth service must include the following documentation:

- The type of service provided
- The time the service began and the time the service ended
- A description of the provider's basis for determining that telehealth is an appropriate and effective means for delivering service to the member
- The mode of transmission of the telehealth service
- Records that show a particular mode was used
- The location of the originating and distant site
- If the claim for payment is based on a physician's telehealth consultation with another physician, the written opinion from the consulting physician providing the telehealth consultation

Consultations must meet the criteria defined by Current Procedural Terminology (CPT®).

### **Documentation Requirements for all Rehabilitation Services**

Document all evaluations and reevaluations, services provided, member's progress, attendance records and discharge plans. Keep documentation in the member's records. Documentation must demonstrate that rehabilitation and therapeutic services are:

- Medically necessary as determined by prevailing community standards or customary practice and usage
- Appropriate and effective for the member's medical needs
- Timely, considering the nature and present medical condition of the member
- Provided by a provider with appropriate credentials
- The least expensive, appropriate alternative available
- An effective and appropriate use of MHCP funds

Document rehabilitation and therapeutic services as specified in this section whether MHCP is the primary or secondary payer.

**Example:** Member has other third-party insurance. You comply with MHCP documentation standards even if other insurance documentation standards are not the same.

Refer to the professional documentation guidelines for your therapy discipline for guidance on effective documentation:

- [Guidelines for Documentation of Occupational Therapy \(PDF\)](#)
- [Guidelines: Physical Therapy Documentation of Patient/Client Management \(PDF\)](#)
- [Clinical Record Keeping in Speech-Language Pathology for Health Care and Third Party Payers \(PDF\)](#)

Refer to the **Documentation Requirements for Therapy Services** in the [Medicare Benefit Policy Manual \(PDF\)](#) when providing treatment to a member who is dually eligible for Medicare and Medicaid.

## **Plan of care**

Provide rehabilitation and therapeutic services, specialized maintenance therapy and audiology services only under a written plan of care (POC). The services must be specified in the member's plan of care that the member's attending physician or licensed practitioner of the healing arts reviews and revises as medically necessary at least once every 90 days. If the service is provided to a member who is also eligible for Medicare and the service is a Medicare covered service, review the POC in compliance with federal regulations.

The POC must specifically state the following:

- The member's medical and treatment diagnosis and any contraindications to treatment
- A description of the member's functional status or limitations
- The objectives of the rehabilitation and therapeutic service
- A description of the member's progress toward the objectives
- The treatment plan, including interventions to be provided
- Outcomes of the rehabilitation and therapeutic service, which include treatment goals that are:
  - Functional
  - Measurable
  - Time-specific
  - Projected frequency and duration of treatment
  - Plans for discharge from treatment
- A description of the member's progress, as applicable, toward the outcomes for subsequent POC:
  - Home program teaching
  - Collaboration with other professionals and services
  - Progress toward goals with updating as indicated
  - Modifications to the initial plan of care
  - Plans for continuing care

## **Record of service**

The member's record of service must show the following:

- Date, type, length and scope of each service
- Name and title of each person providing the service
- Name and title of each person supervising or directing the care
- Documented evidence of progress at least every 10th treatment day by the therapist providing or supervising the services. The evaluation counts as the first treatment day. A separate progress note is not required if there is written evidence throughout the documentation.

Refer to documentation requirements specified in [Authorization](#).

## **Therapy students providing care**

When appropriate supervision is provided, qualified therapists may bill and be paid for services provided by students of the following: physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants and speech language pathologists if the service would have otherwise been eligible for payment if performed directly by the supervising therapist.

Qualified therapists must follow state licensure requirements for student supervision in addition to these MHCP guidelines. They must use their professional judgment to determine whether a service is billable.

**Student:** a person in a professional educational program (approved by the appropriate accrediting body) who is satisfying supervised clinical education requirements.

Supervision must be on-site. On-site supervision means the supervising therapist is immediately available in the same building or campus for student instruction. Telecommunication, except within the facility, does not meet the requirement of on-site supervision.

The supervising therapist is responsible for delegating specific duties to the student to establish competency and ensure patient safety. The supervising therapist determines the decision to delegate after establishing proficiency in functions performed by the student and is supported by sufficient academic and clinical preparation.

The supervising therapist is responsible for all functions performed by the student, including completing the documentation or co-signing the student's documentation. In signing the documentation, the therapist indicates he or she has read it and is responsible for its contents. Documentation must clearly indicate the student provided the services under the therapist's direction. The student may also sign the documentation, but it is not required for payment.

### **Noncovered Services**

The following are not covered under rehabilitation services:

- Physical or occupational therapy that is provided without an order from a physician or other licensed [practitioner of the healing arts](#)
- Speech-language or audiology services provided without a written referral from a physician or other licensed [practitioner of the healing arts](#)
- Services for physical or occupational therapy provided by a person who was issued a temporary permit for physical therapy or a temporary license for occupational therapy and the temporary permit or license has expired
- Services for speech-language pathology or audiology services provided by a person whose temporary license has expired
- Specialized maintenance therapy for MHCP members age 21 and older
- Art and craft activities for the purpose of recreation
- Services that are not:
  - Medically necessary
  - Documented in the member's health care record
  - Part of the member's plan of care
  - Designed to improve or maintain the functional status of a member's with a physical impairment or a cognitive or psychological deficit
- Services specified in a plan of care that is not reviewed and revised as medically necessary by the member's attending physician or [practitioner of the healing arts](#) as defined in this section
- Services by more than one provider of the same type for the same diagnosis unless the school district provides the service as specified in the member's Individual Education Plan (IEP)
- A rehabilitation and therapeutic service for which Medicare denies payment because of the provider's failure to comply with Medicare requirements
- Vocational or educational services, including functional capacity evaluations, except as provided under IEP-related services
- Services provided by a therapy aide or therapy student (refer to [Therapy Students Providing Care](#))
- Psychosocial services
- Record keeping, documentation and travel time (the time taken to wait for and transport a member to and from therapy sessions)
- Services provided by a rehabilitation agency that take place in a sheltered workshop, Day Training and Habilitation (DT&H) center, Day Activity Center (DAC) or a residential or group home that is an affiliate of the rehabilitation agency

- Training or consultation that an audiologist provides to an agency, facility or other institution
- Services provided by a long-term care facility that are included in the costs covered by the per diem payment including:
  - Services for contracture that are not severe and do not interfere with the member's functional status or with completing nursing care as required for licensure of the long-term care facility
  - Ambulation of a member who has an established functional gait pattern
  - Services for conditions of chronic pain that do not interfere with the member's functional status and that can be treated by routine nursing measures
  - Services for activities of daily living when performed by the therapist, therapy assistant or therapy aide
  - Bowel and bladder retraining programs
  - Yearly assessments of long-term care residents to meet the Omnibus Budget Reconciliation Act (OBRA) regulations

### Billing

Refer to the following for billing for rehabilitation services:

- Bill using MN-ITS Interactive 837P or 837I
- Refer to the [Rehab \(837P\) Professional MN-ITS User Guide](#) or the [Outpatient Rehab \(837I\) MN-ITS User Guide](#) for instructions
- X12 Batch users: Refer to [Minnesota Uniform Companion Guide and Best Practices](#) for billing instructions
- Enter the National Provider Identifier (NPI) of the referring or ordering physician or other practitioner of the healing arts on claims for OT, PT, SLP and audiology. Referring or ordering physicians must be enrolled with MHCP

### Codes and Modifiers

MHCP uses outpatient rehabilitation service codes as defined for CPT or HCPCS, billable in timed units (15 minutes, 30 minutes, 1 hour). Bill outpatient rehabilitation services with codes that most closely describe the service provided.

Refer to these rehabilitation services procedure code charts:

- [Audiology Services](#)
- [Rehabilitative Service Codes for OT, PT and SLP](#) (occupational therapy, physical therapy, speech-language pathology)
- [Casting, Strapping Services and Supplies](#)
- [Orthotic Procedures \(L-codes\)](#)

### Timed codes

- Do not bill for services represented by 15-minute timed codes when performed for less than eight minutes on any date of service
- Follow billing guidelines in the Billing guidelines for duration and number of units table only for services spent directly with the member
- Bill only for direct patient contact by the provider as time the patient is treated
- Do not follow Medicare's rounding rules for speech, occupational and physical therapy services. Each treatment method and unit is reported separately by code definition. Do not combine codes to determine total time units.

### Billing guidelines for duration and number of units

If the duration for each	Bill this	Notes:
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service performed equals:	number of units:	
8 minutes through 22 minutes	1	Do not bill for services you perform for less than 8 minutes.  If a service represented by a 15-minute timed code is performed in a single day for at least 8 and through 22 minutes, bill that service as one unit. If you perform the same service for at least 23 minutes, bill that service for at least two units, etc.
23 minutes through 37 minutes	2	
38 minutes through 52 minutes	3	
53 minutes through 67 minutes	4	
68 minutes through 82 minutes	5	
83 minutes through 97 minutes	6	
98 minutes through 112 minutes	7	
113 minutes through 127 minutes	8	Billable units are not determined by total session time.

### Untimed codes

- Bill CPT or HCPCS codes that do not have a timed component or unit assigned as one unit per visit, regardless of the time spent during the session
- Bill only one unit for any date of service that is a “per visit/session” code

Refer to the [Minnesota Uniform Companion Guides](#) for 837 Health Care Claims for more information.

### Modifiers

Use the following modifiers when billing to indicate the therapy discipline delivering the outpatient rehabilitation services:

#### Modifier table

Modifier	Description
<b>GN</b>	Speech-language pathology
<b>GO</b>	Occupational therapy
<b>GP</b>	Physical therapy
<b>U7</b>	Required to indicate the service was provided by a physical therapy assistant or occupational therapy assistant when a physical therapist or occupational therapist under whose supervision the assistant was working was not on the premises
<b>59</b>	Follow the <a href="#">Minnesota National Correct Coding Initiative (NCCI)</a> instructions for use of the 59 modifier on claims for codes that may not be billed together unless performed on a different anatomic site or represents a different encounter.
<b>UC</b>	Use only to indicate that the therapy service provided was specialized maintenance therapy. Document specialized maintenance therapy in the patient’s record.
Telehealth modifiers:	Use to indicate service delivery via telehealth applications. Use to bill only those services that are appropriate for delivery via telehealth:
<b>GQ</b> <b>GT</b>	<ul style="list-style-type: none"> <li>• Services delivered via asynchronous telecommunications system (via computer)</li> <li>• Services delivered via interactive audio and video telecommunication system</li> </ul>

Use the correct HCPCS code and appropriate modifier from the [Casting & Strapping Services or Supplies chart](#) to bill therapeutic supplies fabricated by the therapist, such as splints, casts and adaptive aids. Do not bill for ready-made or prefabricated supplies that you can get from a medical supplier.

Include the most relevant ICD diagnosis code for the provided service.

**Co-therapy:** Split the time between therapy disciplines for billing purposes when two or more therapy disciplines deliver services to a member in the same block of time. Total time billed should not exceed the actual length of time spent with the patient.

Follow Medicare guidelines for MHCP members who are dually eligible for Medicare and Medicaid when providing Medicare covered services.

### **Therapists in Private Practice**

Bill only for services you provide using your individual NPI number.

### **Rehabilitation Billing Entities**

Use the organization's NPI as the pay-to-provider and report the individual NPI of the therapist providing the service as the rendering or treating provider on the claim. [Enroll as a Rehabilitation Billing Entity](#).

### **Rehabilitation Services Provided in Facility Settings**

- Enter the NPI of the facility (physician clinic, outpatient hospital, rehabilitation agency, or Comprehensive outpatient rehabilitation facility) as the pay-to-provider when billing rehabilitation services provided in these settings
- The pay-to-provider's NPI and the rendering or treating provider's NPI must be the same on the claim; do not enter an individual therapist's NPI as the rendering or treating provider when billing for services provided in these types of facilities

### **Rehabilitation Services Provided in a Long-Term Care Facility**

Long-term care (LTC) facilities may provide rehabilitation services to both residents and members of the community, using either therapists the LTC employs or those they contract with through an outside vendor, such as a rehab agency or a therapist in private practice.

- Therapists must provide services on the LTC premises
- Rehabilitation services included in the LTC per diem rate may not be billed as an outpatient service
- LTC facilities located in Minnesota no longer include rehabilitation services in their per diem
- Bill services provided to members who are also eligible for Medicare following Medicare's requirements
- The LTC facility must bill for services provided by its employees
- Either the vendor or the LTC facility may bill for services provided by contracted outside vendors; however, the provider billing for and receiving payment for services is responsible for the accuracy of the claims and for maintaining patient records that fully disclose the extent of the benefits provided
- The pay-to-provider's NPI and the rendering or treating provider's NPI must be the same on the claim; do not enter the therapist's NPI as the rendering or treating provider when billing for services provided in a nursing home

### **Definitions**

**Audiologic evaluation:** An assessment administered by an audiologist or otolaryngologist to evaluate communication problems caused by hearing loss.

**Delegation of duties:** The actions of a physical or occupational therapist or speech-language pathologist who delegates specific duties to the physical therapy assistant or occupational therapy assistant, monitors the services while the therapy assistant is providing the service, and meets the supervisory requirements of [Minnesota Statutes, 148.706](#) and [148.6432](#).

**Functional status:** The ability to carry out the tasks associated with daily living.

**Long-term care facility (LTC):** Nursing facility (NF), skilled nursing facility (SNF), or intermediate care facility for persons with developmental disabilities (ICF/DD).

**Otolaryngologist:** A physician specializing in diseases of the ear and larynx who is certified by the American Board of Otolaryngology or eligible for board certification.

**Practitioner of the healing arts:** For the purposes of this section, a practitioner of the healing arts includes any person who engages in the practice of medicine or surgery, the practice of osteopathy, or a practitioner whose scope of practice under state law includes the diagnosis of disease or health condition and prescribing treatment. For rehabilitation services, these practitioners are limited to physicians, physician assistants, nurse practitioners, podiatrists, dentists, clinical nurse specialists, optometrists and certified nurse midwives.

**Rehabilitation and therapeutic services:** Restorative therapy, specialized maintenance therapy and rehabilitation nursing services.

**Rehabilitation nursing services:** Nursing homes must have an active program of rehabilitation nursing care directed toward helping each resident to achieve and maintain the highest practicable physical, mental and psychosocial well-being according to the comprehensive resident assessment and plan of care.

**Restorative therapy:** A health service specified in the member's plan of care, ordered by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law, who has certified that the service is designed to restore the member's functional status to a level consistent with the member's physical or mental limitations.

**Specialized maintenance therapy:** A health service specified in the member's plan of care and certified by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice under state law. The physician must certify that the service is designed to maintain a member's functional status to a level consistent with the member's physical or mental limitations.

## **Legal References**

[Minnesota Statutes, 256B.0625](#), subdivisions 3(b), 8, 8(a), 8(b), 8(c) and 31(a) (Covered Services)

[Minnesota Statutes, 148.514](#) (General License Requirements SLPs and Audiologists)

[Minnesota Statutes, 148.515](#) (Qualifications for Licensure)

[Minnesota Statutes, 148.516](#) (Licensure by Equivalency)

[Minnesota Statute, 148.5161](#) (Clinical Fellowship License or Doctoral Externship Licensure)

[Minnesota Statutes, 148.517](#) (Licensure by Reciprocity)

[Minnesota Statutes, 148.5175](#) (Temporary Licensure Speech-language pathologists and Audiologists)

[Minnesota Statutes, 148.6410](#) (Licensure Qualifications for Occupational Therapy Assistants)

[Minnesota Statutes, 148.6418](#) (Occupational Therapists - Temporary Licensure)

[Minnesota Statutes, 148.6430](#) (Occupational Therapists - Delegation of Duties; Assignment of Tasks)

[Minnesota Statutes, 148.6432](#) (Supervision of Occupational Therapy Assistants)

[Minnesota Statutes, 148.706](#) (Physical Therapist Assistants, Aides and Students )

[Minnesota Statutes, 148.71](#) (Physical Therapists - Temporary Permits)

[Minnesota Statutes, 148.65](#) (License requirement for physical therapist assistants)

[Minnesota Rules, 4658.0525](#) (Rehabilitation Nursing Care)

[Minnesota Rules, 9505.0175](#) (Definitions)

[Minnesota Rules, 9505.0195](#) (Provider Participation)

[Minnesota Rules, 9505.0210](#) (Covered Services: General Requirements)  
[Minnesota Rules, 9505.0220](#) (Health Services Not Covered by Medical Assistance)  
[Minnesota Rules, 9505.0385](#) (Rehabilitation Agency Services)  
[Minnesota Rules, 9505.0386](#) (Comprehensive Outpatient Rehabilitation Facilities)  
[Minnesota Rules, 9505.0390](#) (Rehabilitation and Therapeutic Services)  
[Minnesota Rules, 9505.0391](#) (Therapists Eligible to Enroll as Providers)  
[Minnesota Rules, 9505.0392](#) (Compliance With Medicare Requirements)  
[Minnesota Rules, 9505.0410](#) (Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Residents)  
[Minnesota Rules, 9505.0411](#) (Long-Term Care Facilities; Rehabilitative and Therapeutic Services to Nonresidents)  
[Minnesota Rules, 9505.0412](#) (Required Documentation of Rehabilitation and Therapeutic Services)  
[Minnesota Rules, 9505.5010](#) (Prior Authorization Requirement)  
[Code of Federal Regulations, title 42, section 440.110](#) (Physical Therapists, Occupational Therapists and Services for Individuals with speech, hearing and language disorders)  
[Code of Federal Regulations, title 42, subpart B, 485.50 – 485.74](#) (Conditions of Participation: Comprehensive Outpatient Rehabilitation Facilities)  
[Code of Federal Regulations, title 42, subpart H, sections 485.701 – 485.729](#) (Conditions of Participation for Clinics, Rehabilitation Agencies and Public Health Agencies)