

January 1, 2021



Healthfirst Reimbursement Policy Updates

Effective February 1, 2021 | For All Healthfirst Plans

Healthfirst aims to ensure that our reimbursement policy standards are up to date and compliant with state and national industry standards. Effective **February 1, 2021**, several changes will be made to our reimbursement policy to maintain compliance with industry-accepted coding and reimbursement practices, as well as state and national regulatory requirements.

For more details, [click on the links below](#).

- [Physical Medicine and Rehabilitation Service Modifiers](#)
- [Speech Language Pathology, Occupational Therapy, and Physical Therapy Evaluation or Reevaluation](#)
- [Vitamin D Testing](#)

Should you have any questions, you may contact your network representative, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

Physical Medicine and Rehabilitation Service Modifiers

Policy Overview

Effective February 1, 2021, Healthfirst will no longer reimburse physical medicine or rehabilitation services when billed without therapy service modifiers GN, GO, or GP.

Rationale

According to CMS policy, these services are considered “always therapy.” Additionally, a “sometimes therapy” service (when billed by an occupational, physical, or speech and language pathology therapist) also requires these modifiers.

Speech Language Pathology, Occupational Therapy, and Physical Therapy Evaluation or Reevaluation

Policy Overview

Effective February 1, 2021, Healthfirst will no longer reimburse speech language pathology, occupational therapy, or physical therapy evaluations (92521–92524, 92597, 92607, 97161–97163; 97165–97167) or reevaluations (97164, 97168) when billed without modifiers GN, GO, or GP.

Rationale

According to CMS policy, these services are considered “always therapy” and are not considered payable without the required modifier.

Billing Information

This policy applies to the following service codes:

- 92521:** Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522:** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- 92523:** Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524:** Behavioral and qualitative analysis of voice and resonance
- 92597:** Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
- 92607:** Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- 97161:** Physical therapy evaluation; low complexity
- 97162:** Physical therapy evaluation; moderate complexity
- 97163:** Physical therapy evaluation; high complexity

Speech Language Pathology, Occupational Therapy, and Physical Therapy Evaluation or Reevaluation *(continued)*

97164: Reevaluation of physical therapy established plan of care, requiring these components:

- an examination, including a review of history and use of standardized tests and measures
- a revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome

97165: Occupational therapy evaluation; low complexity

97166: Occupational therapy evaluation; moderate complexity

97167: Occupational therapy evaluation; high complexity

97168: Reevaluation of occupational therapy established plan of care, requiring these components:

- an assessment of changes in patient functional or medical status with revised plan of care
- an update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals
- a revised plan of care (a formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required)

Vitamin D Testing

Policy Overview

Effective February 1, 2021, Healthfirst will no longer reimburse vitamin D testing (82306, 82652) when billed without a supporting, medically necessary diagnosis.

Rationale

According to CMS policy, these services require a diagnosis for one of the covered indications to be present on the claim to support medical necessity.

Billing Information

This policy applies to the following CPT codes:

82306: Vitamin D; 25 hydroxy

82652: Vitamin D; 1, 25 dihydroxy