

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-067
Subject: Specific Service Daily Maximum
Effective Date: June 21, 2021 **End Date:**
Issue Date: June 3, 2024 **Revised Date:** June 2024
Date Reviewed: May 2024
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

➔ A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this policy.

PURPOSE:

This policy provides direction on certain specific therapy and manipulation services for which Plan has a daily maximum established. These maximums were applicable effective April 1, 2019, and this policy serves to memorialize this limitation in a broader external facing manner.

REIMBURSEMENT GUIDELINES:

The daily dollar maximum payment for specific therapy and manipulation services is applied by adding the allowable charges for services rendered in one day and capping the allowable charges for those services at the "Daily Dollar Maximum" (*DDM). The services for specific therapy and manipulations are accumulated separately and have two distinct DDMs. The services that accumulate to the maximums are listed within this policy.

Delaware Reimbursement

***Note:** Network providers can find the maximums on the Provider Resource Center by entering DLYPT or DLYSP as the service code on the fee schedule.

Applicable Manipulation Codes:

98940 98941 98942 98943 S8990

Applicable Therapy Codes:

90912	97018	97033	97112	97139	97170	97537	97760	97813	G0329
90913	97022	97034	97113	97140	97171	97542	97761	97814	S8930
97010	97024	97035	97116	97150	97172	97545	97763	G0281	S8940
97012	97026	97036	97124	97164	97530	97546	97799	G0282	S8948
97014	97028	97039	97129	97168	97533	97750	97810	G0283	S8950
97016	97032	97110	97130	97169	97535	97755	97811	G0295	S9056

New York Reimbursement

A daily dollar maximum (DDM) will be applied to select physical and occupational therapy and eligible manipulation procedures that are considered part of the service encounter. A service encounter is inclusive of all evaluation(s), modalities, treatment, or manipulations rendered on the same day. See below for exceptions applied to initial evaluations. Payment for services is determined by applying the allowable charges for services rendered in one day and limiting those charges at the DDM. Network providers can find the current applicable maximums on historical Plan Provider notifications.

Applicable Manipulation Codes:

97012	97026	97035	97113	97140	97170	97535	98925	98940
97014	97028	97036	97116	97150	97171	97537	98926	98941
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97018	97033	97110	97127	97168	97530	97545	98928	G0283
97022	97034	97112	97139	97169	97533	97546	98929	

Note: Code 98943 is not included in the DDM because it is non-covered. Acupuncture codes (97811, 97814) and certain DME and radiology services are separately payable according to Network guidelines.

Note: Evaluation and Management (E/M) codes (99202-99205 and 99211-99215) are applied to the DDM, unless billed with modifier 25 which are separately payable up to four (4) times per year.

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Note: An initial therapy evaluation code (97161, 97162, 97163, 97165, 97166, 97167) is separately payable. Re-evaluation codes (97164 and 97168) are applied to the DDM and are not separately payable.

DEFINITIONS:

Modifier	Definition
25	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day.

RELATED POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Y-9: Manipulation Services
- Y-1: Physical Medicine

Refer to the following Reimbursement Policies for additional information:

- RP-009: Modifiers 25, 59, XE- XP, XS, XU, FT
- RP-035: Correct Coding Guidelines
- RP-041: Services Not Separately Reimbursed
- RP-051: MPPR For Therapy Services
- RP-057: Evaluation and Management Services

REFERENCES:

- State of Delaware Law:
<https://legis.delaware.gov/BillDetail?LegislationId=26735>
- Northeastern and Western New York provider notification: Reimbursement Policy Update

POLICY UPDATE HISTORY INFORMATION:

6 / 2021	Implementation
11 / 2021	Added New York regional direction
4 / 2022	Added Delaware Medicare Advantage applicable to the policy
9 / 2022	Added New York Medicare Advantage applicable to the policy
6 / 2023	Administrative policy review with no changes in policy direction
6 / 2024	Removed the term NaviNet

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-067
Subject: Specific Service Daily Maximum
Effective Date: June 21, 2021 **End Date:**
Issue Date: June 12, 2023 **Revised Date:** June 2023
Date Reviewed: May 2023
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Claim Type	UB	<input type="checkbox"/>	1500	<input checked="" type="checkbox"/>				

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Delaware Reimbursement

***Note:** Network providers can find the maximums on the Provider Resource Center via NaviNet by entering DLYPT or DLYSP as the service code on the fee schedule.

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Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-067
Subject: Specific Service Daily Maximum
Effective Date: June 21, 2021 **End Date:**
Issue Date: September 1, 2022 **Revised Date:** September 2022
Date Reviewed: August 2022
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
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POLICY UPDATE HISTORY INFORMATION:

6 / 2021	Implementation
11 / 2021	Added New York regional direction
4 / 2022	Added Delaware Medicare Advantage applicable to the policy
9 / 2022	Added New York Medicare Advantage applicable to the policy

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-067
Subject: Specific Service Daily Maximum
Effective Date: June 21, 2021 **End Date:**
Issue Date: April 25, 2022 **Revised Date:** April 2022
Date Reviewed: April 2022
Source: Reimbursement Policy

Applicable Commercial Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
Applicable Medicare Advantage Market	PA	<input type="checkbox"/>	WV	<input type="checkbox"/>	DE	<input checked="" type="checkbox"/>	NY	<input checked="" type="checkbox"/>
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REFERENCES:

- State of Delaware Law:
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- Northeastern and Western New York provider notification: Reimbursement Policy Update

POLICY UPDATE HISTORY INFORMATION:

6 / 2021	Implementation
11 / 2021	Added New York regional direction
4 / 2022	Added Delaware Medicare Advantage applicable to the policy

Highmark Reimbursement Policy Bulletin



HISTORY VERSION

Bulletin Number: RP-067
Subject: Specific Service Daily Maximum
Effective Date: June 21, 2021
Issue Date: November 1, 2021
Date Reviewed: August 2021
Source: Reimbursement Policy

End Date:
Revised Date: August 2021

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan. This Policy supersedes direction provided in Bulletins prior to the effective date of this Policy.

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End Date:
Revised Date:

Applicable Commercial Market

PA WV DE NY

Applicable Medicare Advantage Market

PA WV DE NY

Applicable Claim Type

UB 1500

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97012	97026	97036	97124	97164	97530	97546	97799	G0282	S8948
97014	97028	97039	97129	97168	97533	97750	97810	G0283	S8950
97016	97032	97110	97130	97169	97535	97755	97811	G0295	S9056

RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

- Y-9: Manipulation Services
- Y-1: Physical Medicine

Refer to the following Reimbursement Policies for additional information:

- RP-051: MPPR For Therapy Services

REFERENCES:

- State of Delaware Law:
<https://legis.delaware.gov/BillDetail?LegislationId=26735>

POLICY UPDATE HISTORY INFORMATION:

6 / 2021	Implementation
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