

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:

| 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 |
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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 |
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| 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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| 97018 | 97028 | 97035 | 97112 | 97129 | 97150 | 97533 | 97750 | 97799 |

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

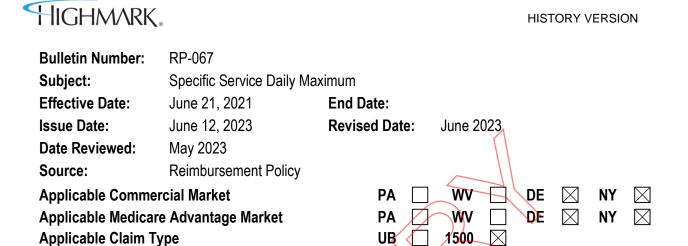
• RP-057: Evaluation and Management Services

REFERENCES:

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

Northeastern and Western New York provider notification: Reimbursement Policy Update

| 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 |



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

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Delaware Reimbursement

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• RP-041: Services Not Separately Reimbursed

• RP-051: MPPR For Therapy Services

RP-057: Evaluation and Management Services

REFERENCES:

State of Delaware Law:
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| 6 / 2021 | Implementation |
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| 11 / 2021 | Added New York regional direction |
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| 9 / 2022 | Added New York Medicare Advantage applicable to the policy |
| 6 / 2023 | Administrative policy review with no changes in policy direction |



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 Claim Type UB 1500

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Delaware Reimbursement

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RELATED HIGHMARK POLICIES:

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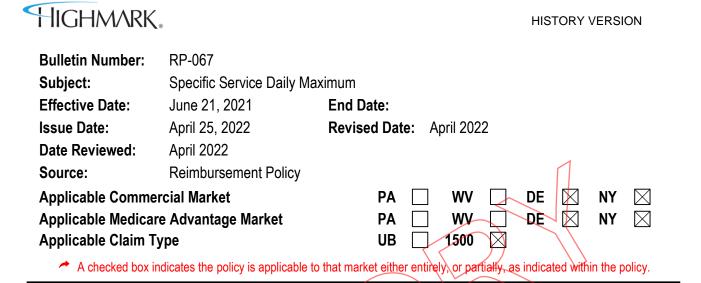
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RELATED HIGHMARK POLICIES:

Refer to the following Commercial Medical Policies for additional information:

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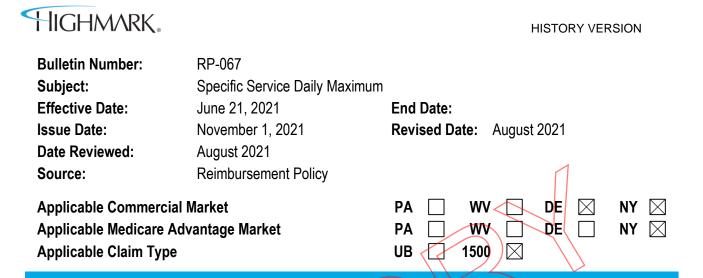
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| 6 / 2021 | Implementation |
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Northeastern and Western New York provider notification: Reimbursement Policy Update

| 6 / 2021 | mplementation |
|-----------|-----------------------------------|
| 11 / 2021 | Added New York regional direction |



Bulletin Number: RP-067

Subject: Specific Service Daily Maximum

Effective Date: June 21, 2021 End Date: Issue Date: June 21, 2021 Revised Date:

Date Reviewed:

Source: Reimbursement Policy

Applicable Commercial Market

Applicable Medicare Advantage Market

PA WV DE NY DE N

Applicable Claim Type UB 1500 🔀

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