Outpatient Hospital Therapies

Therapy services must be billed with a revenue code along with the appropriate CPT/HCPCS code and therapy modifier to distinguish the discipline under which the service is delivered. In addition, when services are habilitative, they must be billed with the appropriate modifier that represents the nature of the therapy performed.

Occupational Therapy (OT)

- Maximum of 144 units within a calendar year
- The fee for OT includes all services. Hospitals cannot bill a clinic room charge in addition to the therapy, unless the visit is unrelated to OT.

Physical Therapy (PT)

- Maximum of 144 units within a calendar year
- Evaluation or re-evaluation may be billed with other PT services on the same day. Therapy must be provided by the evaluating discipline.

Speech Language (ST)

- Maximum of 36 visits within the first 12 consecutive calendar months of therapy
- Hospitals cannot bill a clinic room charge in addition to the therapy unless the visit is unrelated to speech therapy.

Prior Authorization is required for continuing therapy beyond the initial 12 consecutive calendar months of therapy.

Reimbursement is based on the Multiple Procedure Payment Reduction (MPPR) rate file: **https://www.cms.gov/Medicare/Billing/TherapyServices**

- Michigan uses Locality 99 and Carrier 08202

Medicaid Provider Manual:

Billing & Reimbursement for Institutional Providers - 7.28 THERAPIES (OCCUPATIONAL, PHYSICAL AND SPEECH-LANGUAGE)

Therapy Services - 4.1 Occupational Therapy, 4.2 Physical Therapy, 4.3 Speech-Language Therapy

Beneficiary Eligibility Chapter - Section 9.3.A. DEFINITIONS

Attending/Treating Physician The physician (MD or DO) may be either a primary care doctor or a specialist whose scope of practice enables the interventions necessary to treat the serious condition.