



MEDICAL COVERAGE POLICY

SERVICE: Group Therapy Services

Policy Number: 273

Effective Date: 01/01/2021

Last Review: 11/19/2020

Next Review Date: 11/19/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Required.

POLICY: For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

Group therapy services (Physical, Occupational, Speech) may be indicated when **ONE or more** of the following criteria are met:

Request is for initial treatment and ALL of the following criteria are met:

1. Evaluation performed in the last 60 days
2. Plan of care is signed by evaluating therapist
3. The services requested can only be effectively performed by or under the supervision of a licensed occupational, physical, or speech therapist, and requires the skills and judgment of the licensed therapist to perform education and training
4. Functional goals (written in SMART ^[A] format) are designed to improve the health, safety or independence of the member in the context of everyday environments.
5. Objective tests and measures are documented
6. Documentation does not include any non-covered services (*see exclusions list*)
7. Frequency and duration (*see visits per episode*) is considered medically necessary ^[B] as indicated by **ONE or more** of the following criteria are met:
 - High
 - Moderate
 - Low
 - MaintenanceNote: The reference to "maintenance" is applicable to clients who are 20 years of age and younger.
8. Treatment under general supervision of a qualified licensed therapist (Physical, Occupation, or Speech)



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9. Individualized treatment plan that includes intervention, frequency and duration of the prescribed group therapy
10. Specific treatment techniques that will restore function

Request is for continued treatment and ALL of the following criteria are met:

1. Re-evaluation is current within the last 60 days or Progress note is current within last 30 days
2. Plan of care is signed by evaluating therapist
3. The services requested can only be effectively performed by or under the supervision of a licensed occupational or physical therapist, and requires the skills and judgment of the licensed therapist to perform education and training
4. Functional and measurable goals with baseline and current status are provided on unmet goals or is identifiable within the document
5. Caregiver and/or member is compliant with home program
6. Objective tests and measures are documented
7. Documentation does not include any non-covered services (*see exclusions list*)
8. Frequency and duration (*see visits per episode*) is considered medically necessary ^[C], as indicated by **ONE or more** of the following:
 - High
 - Moderate
 - Low
 - MaintenanceNote: The reference to “maintenance” is applicable to clients who are 20 years of age and younger.
9. Treatment under general supervision of a qualified licensed therapist (Physical, Occupation, or Speech)
10. Individualized treatment plan that includes intervention, frequency and duration of the prescribed group therapy
11. Specific treatment techniques that will restore function

Documentation Required for Review:

- Criteria for all individualized therapy has been met
- Treatment under general supervision of a qualified licensed therapist
- Individualized treatment plan that includes intervention, frequency and duration of the prescribed group therapy
- Specific treatment techniques utilized during group therapy session and how the techniques that will restore function

For clients who are under 20 years of age or younger, when physical or occupational group therapy is administered, providers can bill procedure code 97150 (PT/OT) or 92508 (ST) for each member of the group.

OVERVIEW:



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Group therapy consists of simultaneous treatment to two or more clients who may or may not be doing the same activities. If the therapist is dividing attention among the clients, providing only brief, intermittent personal contact, or giving the same instructions to two or more clients at the same time, the treatment is recognized as group therapy. The physician or therapist involved in group therapy services must be in constant attendance, but one-on-one client contact is not required.

The following requirements must be met for group therapy:

- Performance by or under the general supervision of a qualified licensed therapist as defined by licensure requirements.
- The licensed therapist involved in group therapy services must be in constant attendance (in the same room) and active in the therapy.
- Each member participating in group therapy will have an individualized treatment plan, including interventions and short-and long-term goals and measurable outcomes.

There is not a limit the number of clients who can participate in a group therapy session. Providers are subject to certification and licensure board standards regarding group therapy.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	97150 PT/OT Group Therapy 92508 ST Group Therapy
ICD10 codes:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy
Updated	11/19/2020	Title changed to permit use across all plans.

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Texas Medicaid Provider Procedures Manual (April 2019): Volume 2 Provider Handbooks; Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook.
2. HHSC Uniform Managed Care Manual (February 2019): Medicaid and CHIP Contract Operational Guidance.



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH



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