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**PAYMENT POLICY ID NUMBER:** 16-051

Original Effective Date: 09/01/2016

Revised: 09/12/2024

# **Reporting Habilitative and Rehabilitative Services**

THIS PAYMENT POLICY IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS PAYMENT POLICY APPLIES TO ALL LINES OF BUSINESS AND PROVIDERS OF SERVICE. IT DOES NOT ADDRESS ALL POTENTIAL ISSUES RELATED TO PAYMENT FOR SERVICES PROVIDED TO BCBSF MEMBERS AS LEGISLATIVE MANDATES, PROVIDER CONTRACT DOCUMENTS OR THE MEMBER'S BENEFIT COVERAGE MAY SUPERSEDE THIS POLICY.

### **DESCRIPTION:**

Habilitative services are defined in Florida Blue's medical coverage guidelines as health care services that are short-term and help a person to acquire or attain an age- appropriate bodily function necessary to participate in activities of daily living. Habilitative services help a person keep, learn, or improve skills and functioning for daily living. Examples may include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Rehabilitative services are health care services rendered for the purpose of restoring function lost or impaired after an illness, injury, or surgical procedure.

### REIMBURSEMENT INFORMATION:

Professional and institutional providers are responsible for appropriately reporting services performed. In order to differentiate between habilitative services and rehabilitative services and facilitate proper claim processing, services that may be either habilitative or rehabilitative must be reported with an appropriate modifier appended to the procedure code that represents the service performed.

Habilitative services should be reported with modifier 96. Rehabilitative services should be reported with modifier 97. These modifiers may be used for billing using a CMS 1500 or UB04 claim form or the electronic equivalents.

### **BILLING AND CODING:**

### **Modifier Codes:**

96	Habilitative Services
97	Rehabilitative Services

#### **REFERENCES:**

- 1. Florida Blue Medical Coverage Guidelines, Physical Therapy (PT) and Occupational Therapy (OT) and Speech Therapy, http://mcgs.bcbsfl.com/
- 2. Healthcare.gov, <a href="https://www.healthcare.gov/glossary/">https://www.healthcare.gov/glossary/</a>
- 3. American Medical Association, Current Procedural Terminology (CPT®), Professional Edition

## **GUIDELINE UPDATE INFORMATION:**

09/08/2016	Payment Policy Approved by Payment Policy Committee
02/17/2017	Updated to reflect policy applies regardless of billing entity.
02/11/2011	Annual Review with updates to the following sections: Reimbursement Information,
01/01/2018	Billing & Coding and References.
09/20/2018	Annual Review – minor verbiage change under Description
09/12/2019	Annual Review – no changes
09/10/2020	Annual Review – no changes
09/16/2021	Annual Review – Removed verbiage for modifier SZ.
	Annual Review – Habilitative Services Description revised to coincide with the Medical
09/15/2022	Coverage Guideline's definitions. In addition, References were updated.
09/14/2023	Annual Review – References reviewed and updated.
	Annual Review – Removed effective date 01/01/2018 from modifier descriptors.
09/12/2024	References reviewed and updated.

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