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PAYMENT POLICY ID NUMBER: 16-051

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Revised: 09/15/2022

Reporting Habilitative and Rehabilitative Services

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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 <i>(effective 1/1/2018)</i>
97	Rehabilitative Services <i>(effective 1/1/2018)</i>

REFERENCES:

1. Florida Blue Medical Coverage Guidelines, "Speech Therapy", <http://mcgs.bcbsfl.com/>
2. Healthcare.gov, <https://www.healthcare.gov/glossary/>
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.
01/01/2018	Annual Review with updates to the following sections: Reimbursement Information, 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.
09/15/2022	Annual Review – Habilitative Services Description revised to coincide with the Medical Coverage Guideline's definitions. In addition, References were updated.

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