



Date: January 19, 2022

To: Community Living Assistance and Support Services Providers  
Deaf Blind with Multiple Disabilities Providers  
Home and Community-based Services Program Providers  
Texas Home Living Program Providers

Subject: Information Letter No. 2022-08  
HB4: Physical Therapy, Occupational Therapy, Speech Therapy  
Services Delivered by Synchronous Audio-Visual

This letter identifies procedure codes that providers are authorized to submit for reimbursement for the provision of physical therapy (PT), occupational therapy (OT) and speech therapy (ST) to individuals receiving waiver services through a telehealth modality. It also indicates certain therapy procedures that are not allowed to be delivered through telehealth modalities because the service requires in person delivery.

## **Requirements of Telehealth Services**

For the following PT, OT, and ST services, per standards of care, telehealth must be clinically appropriate, safe, and agreed to by the client receiving services or the legally authorized representative (LAR). Telehealth requires consent from the client or the client's parent or LAR. Verbal consent is permissible and should be documented in the client's medical record. Telehealth may require participation of a parent or caregiver to assist with the treatment. Providers must be able to defer to the needs of the person receiving services, allowing the mode of service delivery (audio-visual or in-person) to be accessible, person and family-centered, and primarily driven by the person in service's choice and not provider convenience.

**The use of telephone (audio-only) delivery is not permitted for PT, OT or ST services.**

## **Synchronous Audio-Visual PT, OT, and ST Evaluation and Treatment**

Effective February 1, 2022, the Health and Human Services Commission authorizes providers to submit claims for reimbursement of the following services by synchronous audio-visual technology.

Evaluation, re-evaluation, and treatment for the following allowable procedure codes may be delivered by telehealth as determined clinically appropriate by the rendering therapist and in compliance with each discipline's rules:

| <b>Description of Service</b>  | <b>Procedure Codes</b> |
|--|------------------------|
| Physical Therapy Evaluations- Low, Moderate, and High Complexity         | 97161, 97162, 97163    |
| Physical Therapy Evaluation- Re-evaluation                               | 97164                  |
| Occupational Therapy Evaluation- Low, Moderate, and High Complexity      | 97165, 97166, 97167    |
| Occupational Therapy Re-evaluation                                       | 97168                  |
| Therapeutic Exercises  | 97110                  |
| Neuromuscular Re-education   | 97112                  |
| Gait Training  | 97116                  |
| OT or PT Group Therapy   | 97150                  |
| Therapeutic Activities   | 97530                  |
| Self-care/Home Management Training                                       | 97535                  |
| Community Reintegration- use only with other therapeutic procedure codes | 97537                  |
| Physical Performance Test or Measurement                                 | 97750                  |

| Description of Service  | Procedure Codes                   |
|---|-----------------------------------|
| Speech Evaluations  | 92521, 92522, 92523, 92524, 92610 |
| Speech Therapy Re-evaluation  | S9152                             |
| Services for speech, language, voice, communication, auditory processing disorder treatment | 92507                             |
| Speech Group Therapy  | 92508                             |
| Swallowing/Oral Dysfunction Treatment   | 92526                             |

Texas licensure rules for speech-language pathology, occupational therapy, and physical therapy address the provision of telehealth by two-way audio-visual platforms. Telehealth therapy services must be delivered within the provision of current licensure requirements found in [Occupational Therapy Rules](#), [Physical Therapy Rules](#), and [Speech-Language Pathologists and Audiologists Administrative Rules](#).

Therapy assistants may provide telehealth and receive supervision within limits outlined in each discipline's rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.

**Note: Providers must use modifier 95 to indicate remote delivery. Providers are reminded to use the required modifiers GP, GO, and GN on all claims for physical, occupational, or speech therapy treatment. Treatment notes should indicate that remote delivery of the service is clinically appropriate per the rendering therapist's professional judgement.**

### **PT, OT and ST Benefits where Telehealth is Not Allowed**

Specialized evaluations required for the provision of new complex rehabilitation technology, such as power mobility and adaptive seating systems, or augmentative communication devices, require the physical presence of the speech-language

pathologist, the occupational therapist, or physical therapist and should not be delivered by telehealth.

The following procedure codes will not be a benefit by synchronous audio-visual or audio-only technology.

| <b>Description of Service</b>  | <b>Procedure Codes</b> |
|--|------------------------|
| Wheelchair assessment  | 97542                  |
| Orthotic management and training, initial encounter  | 97760                  |
| Prosthetic training of either or both upper extremity and lower extremity; initial encounter | 97761                  |
| Orthotic/prosthetic management and/or training, subsequent encounter                         | 97763                  |
| Traction   | 97012                  |
| Electrical stimulation (unattended)  | 97014                  |
| Vasopneumatic Device   | 97016                  |
| Paraffin Bath  | 97018                  |
| Whirlpool  | 97022                  |
| Diathermy  | 97024                  |
| Infrared   | 97026                  |
| Ultraviolet  | 97028                  |
| Electrical stimulation   | 97032                  |
| Iontophoresis  | 97033                  |
| Contrast Baths   | 97034                  |
| Ultrasound   | 97035                  |

| Description of Service          | Procedure Codes |
|---------------------------------|-----------------|
| Hydrotherapy                    | 97036           |
| Ultrasound                      | 97035           |
| Aquatic therapy                 | 97113           |
| Massage                         | 97124           |
| Manual Therapy                  | 97140           |
| Unlisted Rehabilitation Service | 97799           |

## Contact Information

If you have any additional questions about this information letter, please contact [LTSS\\_Policy@hhs.texas.gov](mailto:LTSS_Policy@hhs.texas.gov).

Sincerely,

*[signature on file]*

Michelle Erwin  
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Medicaid and CHIP Services