



OPERATIONAL MEMO

Title: Pediatric Behavioral Therapies (PBT) and Outpatient Speech Therapy (ST), Occupational Therapy (OT) and Physical Therapy (PT) Co-Treatment Operational Memo	Topic: Co-Treatment Billing Guidance
Audience: Pediatric Behavioral Therapists, Outpatient Speech Therapists, Outpatient Physical Therapists, Outpatient Occupational Therapists	Sub-Topic: PBT, Outpatient ST, Outpatient PT, Outpatient OT
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Purpose and Audience:

WHAT AND WHO: Operational Memo for all Pediatric Behavioral Therapy, Outpatient Speech Therapy, Outpatient Physical Therapy, Outpatient Occupational Therapy, and Outpatient Physical Therapy providers.

Example: The purpose of this Operational Memo is to inform PBT, Outpatient PT, Outpatient ST, and Outpatient OT providers on correct co-treatment billing guidance.

Information:

This is a reminder that the billing manual for PBT states that providers who are co-treating with Outpatient Therapies (Occupational, Physical, and Speech therapists) are only allowed to bill for the time interacting with the member and not the total time in the room. This means that if you are not treating the member directly, you cannot bill for that time. Each provider may only bill for the time they directly treat the member during the co-treatment session.

Co-Treatment Matrix:

The following chart represents co-treatment policy providers for PBT:

Home Health Therapist	Pediatric Behavioral Therapist	Outpatient Therapist (Occupational, Physical, and Speech therapists)	Home Health CNA	Personal Care Provider
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<p>Pediatric Behavioral Therapist</p>	<p>Allowable only with joint goals in PAR and with approval</p>	<p>Allowable with clear reason for safety or medical necessity in PAR and with approval only</p>	<p>Providers will only bill for the time interacting with the member, and not the total time in the room. Must have clear, joint goals in PAR and with approval</p>	<p>Must provide and document the need for a multi-modality visit, and services must be documented in the care plan - services must be auditable</p> <p>PBT goals and interventions must be documented in the plan of care with a description of how they are performed with CNA tasks</p>	<p>Must provide and document the need for the multi-modality visit, and services documented in the care plan - services must be auditable</p> <p>PBT goals and interventions must be documented in the plan of care with a description of how they are performed with PC tasks</p>
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The [speech therapy billing manual](#) states that co-treatment sessions between two outpatient therapists (pediatric behavioral therapists, physical therapists,

occupational therapists, and/or speech-language pathologists) are a covered service under the following conditions:

Valid clinical rationale for providing co-treatment must be present. Providers should refer to the Joint Guidelines for Therapy Co-Treatment developed by the [American Speech-Language-Hearing Association \(ASHA\)](#), [American Occupational Therapy Association \(AOTA\)](#), and [American Physical Therapy Association \(APTA\)](#).

Each provider must have an approved Plan of Care (or IFSP for Early Intervention) which includes co-treatment. In addition, each provider must have an approved prior authorization which includes the Plan of Care/ IFSP documentation that co-treatment will be used.

Please note, each provider may only bill for the time they directly treat the member during the co-treatment session. Direct treatment means a one-on-one treatment interaction between the provider and the member and does not include observation. The intent of the Department is to not reimburse twice for the same increments of time the member receives treatment. Direct treatment times are not required to be contiguous spans of time and may be broken-up as the therapists alternate interacting with the member. The providers must then only bill for the total amount of time they individually spent providing direct treatment.

Example:

A child receives one hour of co-treatment involving a Pediatric Behavioral Therapist and a Speech Therapist. While both providers are with the child for the full hour, during that time the Speech Therapist provides direct treatment for 30 minutes and the Pediatric Behavioral Therapist provides direct treatment for 30 minutes.

The Speech Therapist would report one unit of Current Procedural Terminology (CPT) 92507, because CPT 92507 is a visit-based unit regardless of time. The Pediatric Behavioral Therapist would report two units of CPT 97153, because CPT 97153 is billed in increments of 15 minutes.

Educational based services

Outpatient therapies and PBT therapies provided as part of a member's individualized education program (IEP) or other medical necessity document and are in the school setting are not separately reimbursable. These services are paid for by the school district which is reimbursed by the Department. Providers may not submit claims for services performed in the school setting. Refer to the [School Health Services Program](#) web page for details.

Please be aware that providers not following the billing manual are subject to compliance monitoring and review for fraud waste, and abuse in accordance with 10 CCR 2505-10, Section 8.076.

For further information, please reach out to Devinne Parsons at devinne.parsons@state.co.us for outpatient therapies and Gina Robinson at gina.robinson@state.co.us for pediatric behavioral therapies.

Action To Be Taken:

Assure billing practices follow correct guidance.

Definition(s): None

Attachment(s): None

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