



# **Billing for Physical, Occupational, and Speech Therapies Criteria**

## **Quick Reference Guide**

### **For TRICARE West Region Providers**

#### **Key Points**

- When billing, all providers must complete only one of the following: obtain a Primary Care Manager (PCM) referral with TriWest approval, include the referring provider on the claim, or fax or mail the physician's orders to PGBA.



## Introduction

This guide explains the procedure codes for each therapy type, who can write the order or script, and how to bill for physical, occupational, and speech therapy services.

## Therapy Types

### 1. Physical Therapy

A. Procedures: 93668, 96000 - 96004, 97010 - 97530, 97533, 97535, 97542 - 97750, 97799

### 2. Occupational Therapy

A. Procedures: 97127, 97150, 97165 - 97168, 97533, 97535, 97799

### 3. Speech Therapy

A. Procedures: 92507, 92508, 92521 - 92524

## Who can write the order/script for each type?

### 1. Physical Therapy and Occupational Therapy

- A. Physician (MD/DO)
- B. Certified Physician Assistants (PAs) working under the supervision of a physician
- C. Certified Nurse Practitioners (NPs)
- D. Podiatrists

**Note:** For more information, reference [TPM Chapter 7, Section 18.2, Paragraph 3.2](#) and [TPM Chapter 7, Section 18.3, Paragraph 3.1](#).

### 2. Speech Therapy

- A. Physician (MD/DO)
- B. Nurse Practitioner (NP)
- C. Physician Assistant (PA)

**Note:** For more information, reference [TPM Chapter 7, section 7.1, Paragraph 3.1](#).



## How to Bill

Providers MUST complete ONE of the following:

1. Obtain a PCM referral with TriWest approval (if billing for a service rendered after the PCM referral waiver ends on June 30, 2025)

2. Include the referring provider on the claim.

**Note:** *This is the recommended approach to minimize claim payment delays.*

A. Paper submission: box 17 on the CMS 1500 form

B. Electronic Data Interchange (EDI) submission: Loop 2310A – NM101: DN qualifier

- NM103 Referring provider's last name
- NM104 Referring provider's first name
- NM105 Referring provider's middle name
- NM107 Referring provider's name suffix

3. Fax or mail the physician's orders to PGBA:

A. Address: PGBA T5 West

ATTN: Therapy

P.O. Box 20165

Florence, SC 29502

B. FAX: 877-989-0047 ATTN: Therapy