

## Reporting Habilitative and Rehabilitative Services: Modifiers 96 and 97

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A wide variety of services are provided by many different medical specialties for either habilitative or rehabilitative purposes. When an assessment, evaluation, or treatment is focused on skills and functioning for daily living that the patient has not yet developed, it is known as a habilitative service. This may include situations in which a patient must adopt a new mode of performing a functional activity requiring the acquisition of skills that were not required for that functional activity previously. When an assessment, evaluation, or treatment is focused on skill and functioning for daily living that the patient developed previously, and can regain either in full or with some modification or adaptation of previously existing skills, the service is known as a rehabilitative service. In 2018, modifiers 96 and 97 were established in the Current Procedural Terminology (CPT®) code set to clearly identify when a service or procedure is performed for habilitative or rehabilitative purposes. There may be times when both rehabilitative and habilitative services are being performed. In these instances, it would be appropriate to report both modifiers, which is demonstrated below.

#### 96

**Habilitative Services:** When a service or procedure that may be either habilitative or rehabilitative in nature is provided for habilitative purposes, the physician or other qualified health care professional may add modifier 96 to the service or procedure code to indicate that the service or procedure provided was a habilitative service. Habilitative services help an individual learn skills and functioning for daily living that the individual has not yet developed, and then keep and/or improve those learned skills. Habilitative services also help an individual keep, learn, or improve skills and functioning for daily living.

#### 97

**Rehabilitative Services:** When a service or procedure that may be either habilitative or rehabilitative in nature is provided for rehabilitative purposes, the physician or other qualified health care professional may add modifier 97 to the service or procedure code to indicate that the service or procedure provided was a rehabilitative service. Rehabilitative services help an individual keep, get back, or improve skills and functioning for daily living that have been lost or impaired because the individual was sick, hurt, or disabled.



This article addresses the intents and uses of modifiers 96 and 97 to distinguish between reporting habilitation and rehabilitation services. HCPCS Level II modifier SZ, which was reported to differentiate between habilitative and rehabilitative services, has been deleted.

## **Distinguishing Habilitative and Rehabilitative Services**

Prior to 2018, there was no adequate way to identify or differentiate between habilitative and rehabilitative services in the CPT code set. The same procedure code was reported for both services, regardless whether it was provided for habilitative or rehabilitative purposes. Since 2018, however, modifiers 96 and 97 have provided a clear CPT coding mechanism to identify and distinguish between habilitative and rehabilitative services. Both modifiers should be reported with a service or procedure code(s) to identify the service as either habilitative or rehabilitative in nature. Appending either modifier to a procedure code informs the payer(s) that the service was provided specifically for habilitative (to learn new skills) or rehabilitative (to keep, get back, or improve skills) purposes. Refer to the following examples, which highlight both types of services and the telling distinction between them.

### **Example 1**

A 2-year-old female presents with difficulty producing intelligible speech due to a bilateral cleft palate that was surgically repaired when she was 11 months old. The child is referred for speech-language services. Treatment focuses on learning techniques for speech intelligibility at an age-appropriate level. The child is having therapy because she is not talking intelligibly at the expected age. This clinical example would be reported with code 92507, Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual, with modifier 96 appended to report a habilitative service for a skill(s) that was never demonstrated previously.

### **Example 2**

A 30-year-old male presents with traumatic brain injury sustained in a vehicular accident resulting in memory problems, distractibility, depression, inappropriate social interaction, inability to self-monitor, and impaired organizational skills for executive function. He is seen for cognitive function intervention. Goals of intervention include strengthening intact cognitive function and developing compensatory strategies to manage deficits. This scenario would be reported with code 97127, Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact, with modifier 97 appended because the services rendered are rehabilitative in nature.

### **Example 3**

A 26-year-old male presents with a complete spinal cord lesion resulting in paraplegia. The patient presents with paralysis of the lower extremities and bilateral upper-extremity (UE) weakness secondary to prolonged immobility, as well as decreased core strength and postural control. Therapeutic exercises focused on restoring and increasing UE strength for



compensatory strategies would be reported with code 97110, Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility, with modifier 97 appended because the procedure is rehabilitative in nature. Therapeutic activities focused on skill acquisition for wheelchair management and mobility, including transferring to and from the wheelchair, would be reported with code 97530, Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes, with modifier 96 appended because these services are habilitative in nature.

Modifiers are essential tools in the coding process because they provide a means by which a physician or other qualified health care professional (QHP) can indicate if a service or procedure was altered by specific circumstances, even though the service definition or code description is unchanged. They are used to enhance a code narrative by further describing the circumstances of each service or procedure and how it individually applies to the patient. Modifiers 96 and 97 will facilitate effective communication between physicians and QHPs and payers to ensure appropriate benefit allotment in accordance with the requirements of the Affordable Care Act<sup>1</sup> are met. These modifiers provide a better coding-structure solution to assist in clearly identifying the distinction of services provided by the physician and QHP when they submit their claim to payers. ♦

#### **Reference**

HealthCare.gov. Read the Affordable Care Act. [www.healthcare.gov/where-can-i-read-the-affordable-care-act](http://www.healthcare.gov/where-can-i-read-the-affordable-care-act). Accessed September 21, 2018.