Questions:
- Jot down. Questions may be addressed in the next few sentences or next slide.
- If not addressed. Ask during Q & A time.

Procedure Coding Basics
- Do not learn through suffering.
- Do not rely on telephone advice.
- Have appropriate tools.
  - Up to date CPT, HCPCS Level II & ICD9-CM.

Learn By
- Education.
- Research.
- Written clarification.

HCPCS II Codes
- 17 sections.
- Medical surgical supplies Axxxxx.
- Temporary procedures/prof services Gxxxxx.
- DME, prosthetics, orthotics, supplies, dressings Kxxxxx.
- Orthotic procedures Lxxxxx.

National Correct Coding Initiative
- Policies created by CMS.
  - Adopted by other payers also.
  - Over 200,000 edits (HCPCS I & II).
  - Mutually Exclusive Codes.
  - Comprehensive/Component Codes.
    - Column 1 and Column 2 codes.
**Mutually Exclusive**

- Those codes that cannot reasonably be done in same session
- Based on CPT definition
  - or impossibility/improbability that procedures could be performed at same session
- If both reported, code with the lowest value will be paid
  - Highest valued service will be denied

**Comprehensive / Component**

- Some procedures considered to be component of another procedure
- If reported together
  - Comprehensive code will be paid
  - Component code will be denied

**CCI & Modifiers**

- CCI edit information indicates which codes may billed with a modifier
  - Modifier indicators
    - Status 0 or 1
- Status of 1 indicates modifier usage may lift edits
- Modifier '59 is a commonly used modifier

**Unbundling & Modifier 59**

Modifier 59: Distinct procedural service

- distinct and independent
- different session/encounter
- different site or organ system
- separate injury or illness
- Should NOT be used to bypass an NCCI edit unless the proper criteria for use of the modifier is met.
- Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used.

**Modifiers**

- 2 character indicator attached to CPT/HCPCS II code
- Indicates service has been changed in some way from the code description
- Assists with payment
- Two sources:
  - HCPCS Level I (CPT) numeric
  - HCPCS Level II alpha or alpha-numeric

**HCPCS Level II Modifiers**

- GD - Units of service exceeds medically unlikely edit value and represents reasonable and necessary services.
- GN - Services delivered personally by a speech-language pathologist or under an outpatient speech-language pathology plan of care.
- GO - Service delivered personally by an occupational therapist or under an outpatient occupational therapy plan of care.
- GP - Service delivered personally by a physical therapist or under outpatient physical therapy plan of care.
CPT Progressive Structure

Section: Medicine
Subsection: Physical Medicine & Rehabilitation
Headings: Modalities, Therapeutic Procedures, Active Wound Care Management, Tests and Measurements, Other Procedures
Code: 97001
Description: Physical therapy evaluation

Format of the Terminology

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112 neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113 aquatic therapy with therapeutic exercises
97116 gait training (includes stair climbing)

Symbols have special meaning:
- New procedure code
- Code revision, alteration in procedure description
- New and revised text other than the procedure descriptions
- Add on procedure
- Modifier "51" exempt

PM & R Subsection

- Physical Medicine & Rehabilitation
  - Modalities
    - Supervised - no time assigned
    - Constant attendance - Each 15 minutes
  - Therapeutic Procedures
    - Direct one on one patient contact
    - Each 15 minutes

PM & R Subsection

- Physical Medicine & Rehabilitation
  - Active Wound Care Management
    - Direct one on one patient contact
    - Per session
  - Orthotic Management and Prosthetic Management
    - Each 15 minutes
  - Tests and Measurements
    - Direct one on one patient contact
    - Each 15 minutes

Evaluations & Re-evaluations

97001 Physical therapy evaluation
97002 re-evaluation
97003 Occupational therapy evaluation
97004 re-evaluation
97005 Athletic training evaluation
97006 re-evaluation

Hot ticket basis
Medically necessary for re-evals
General Documentation Guidelines

- Complete & legible
- Reason for encounter, any changes to history/exam, data reviewed, assessment & plan of care
- Relevant risk factors
- Progress and response, any Tx or Dx changes (including patient non-compliance)

Golden Rule: If it wasn’t documented it wasn’t done.

Documentation Guidelines

- Be in compliance with:
  - Applicable jurisdictional and regulatory requirements
  - Medicare regulations and local carrier guideline
  - Consistent with patient’s right to privacy
  - Established standards of practice
  - Incorporate acceptable abbreviations

Evaluation

- Exam / physical status
  - Attention and cognition
  - Neuromotor / sensory
  - Range of motion
  - Muscle performance
  - Ventilation, respiration and circulation
  - Posture, gait, locomotion and balance
  - Self-care and home management
  - Community and work

Initial Evaluation / Consultation

- Reason for evaluation
- History
  - HPI, Medical Hx
  - Psychological, social & environmental factors
  - Previous and concurrent services
  - Co-morbidities
  - Patients knowledge of problem and anticipated goals
  - Review of systems
Evaluation

- Diagnosis for therapy
  - Signs, symptoms, syndromes or conditions
  - Medical diagnosis and treatment diagnosis

- Patient prognosis
  - Involve patient & family (if applicable)
  - Use objective, measurable terms to state goals and outcomes
  - Should indicate that patient has rehabilitation potential
  - Describe patient's impairment and project functional outcomes as goals

Treatment is established before treatment begins and includes:

- Diagnoses
- Long term treatment goals
- Type, frequency and duration
- 3X/week
- 6 weeks, 30 sessions
- Link objective/goals to problems identified
- Patient and family/goals to problems identified
- Collaboration / coordination of care
- Signature with credentials

Supervised Modalities

97010 - 97028
- 1 unit of service regardless of time spent or # of body areas

- CCI edits
  - refer to blue sheet

Passive Modalities

- Used in the “warm-up” phase of the patient encounter procedures, and in the “cool-down” phase for reduction of pain, swelling and other post treatment syndromes.
- May also predominate in the earlier phases of rehabilitation when the patient’s ability to participate in therapeutic exercise is more limited.
- Medicare expects modalities will constitute no more than 25 percent of the total service hours of rehabilitative therapy

Coding Guidelines From AMA

- Constant attendance modalities (97032-97039)
- Therapeutic Procedures (97110-97546)

- Services billed based on time, must have time documented to support reporting
- Substantial portion of 15 minutes must be spent in performing pre-, intra-, and post service work in order to report a timed code.

CMS Memorandum

- Billing 15 minute units

- CMS memorandum AB-00-14 March 2000
- CMS memorandum AB-00-39 May 2001
  - Combined memoranda
  - Local Medical Review Policies
  - Rehabilitation resources on the CMS website
  - CMS Benefit Policy Manual
Billing services based on ea 15 minutes

- If > 1 CPT billed on a DOS, total number of units are constrained by total treatment time
- Report code for time actually spent in delivery of modality requiring constant attendance and therapy services
- Pre- and post-delivery services are not counted in determining treatment service time
- Time counted = actual time patient is treated

What if ??

- 7 minutes of 97035 (ultrasound)
- 8 minutes of 97140 (manual techniques)
- 10 minutes of 97110 (therapeutic exercise)
- 24 minutes total

Questions Contact Fiscal Intermediary or Carrier Office
CMS Regional Office

Therapeutic Procedures

- To improve function through application of clinical skills
- One-on-one patient contact
- 15 minute units

Therapeutic Procedures

97110 Therapeutic exercises to develop strength and endurance, range of motion and flexibility
- Performed with patient either actively, active-assisted or passively
- Documentation must show objective loss of joint motion, strength or mobility (e.g. degrees of motion, strength grades, levels of assistance)
- This is a 1:1 code

97112 Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities
- Impairments affecting the body’s neuromuscular system
- Poor dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity

97113 Aquatic therapy with therapeutic exercises
- Do not use when no exercise is performed
- Other forms of exercise therapy may be medically necessary, documentation must support medical necessity

97116 Gait training (stair training)
- Restore functional abilities lost due to neurological, muscular, or skeletal abnormalities or trauma
- Establish maintenance program

97140 Manual therapy techniques
- Will be denied when billed on the same day as osteopathic manipulation

97139 Unlisted therapeutic procedure
- Send in documentation
**97150 Therapeutic procedure group**

- Skilled treatment of 2 or more patients concurrently, or during the same time period
  - Patients in group may or may not be doing same activities
  - Does not apply to supervised modalities or supervision of patient exercising independently
  - Qualified therapist or therapy assistant under the therapist’s supervision may deliver group therapy treatments

**Therapeutic Procedures**

97530 Therapeutic activities
- Improve functional performance
- Includes multiple parameters
- Examples: lifting stations, hand assembly activity
- See blue sheet with CCI edits

**97532 Development of cognitive**
- AMA CPT Changes states, intended for focus of occupational therapy
- Psychiatric disorders, brain injury, CVA
- Independence, return to work, function safely

**97533 Sensory integrative techniques**
- Usually associated with pediatric populations
- Patients with autism, developmental disorders, attention deficit disorders, CP, motor apraxia

**97535 Self care/home management training**
- When requires skills of physical/occupational therapist
  - Patient/caregiver must have capacity to learn from instructions
  - Services provided concurrently by OT/PT may be covered if separate and distinct goals documented in Tx plan

**97537 Community/work reintegration training** (e.g. shopping, transportation.....)
- Not covered by Medicare if related solely to employment, work skills or settings
- Rarely coded by physical therapist

**97542 Wheelchair management** (eg assessment, fitting, training)
- Train patient in functional activities, optimal safety, mobility and transfers
- Occasionally need skilled input
- 3-4 sessions may be allowed

**Active Wound Care Management**

- Goals
  - Debride
  - Cleanse
  - Promote coverage of dermal defect
  - Restore function to tissue and surrounding area
Wound Care Documentation

Must include, at a minimum:

- Current wound volume (surface dimensions and depth).
- Presence (and extent of) or absence of obvious signs of infection.
- Presence (and extent of) or absence of necrotic, devitalized or non-viable tissue.
- Other material in the wound that is expected to inhibit healing or promote adjacent tissue breakdown.

Wound Care

- 97597
  Removal of devitalized tissue from wound(s) selective debridement, without anesthesia (eg. high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters.

- 97598
  Removal of devitalized tissue from wound(s) selective debridement, without anesthesia (eg. high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters.

Debridement

- 97602
  Removal of devitalized tissue from wound(s) non-selective debridement, without anesthesia (eg. wet to moist dressings, enzymatic, abrasion) including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
  - Medicare Status B on physician fee schedule

Tests and Measurements

Requires direct one-on-one patient contact

- 97750
  Physical performance test or measurement
  - Multi-varied tests and measurements of physical performance
  - Extremity testing for strength, dexterity, stamina
  - Muscle testing with torque curves during isometric and isokinetic exercise (mechanized or computerized)
  - Includes creation of a report
  - 95831-95852 included in 97750
### Tests and Measurements

97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental assessibility), direct one-on-one contact by provider, with written report, each 15 minutes

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### Ex: Patient with a spinal cord injury recently discharged from rehab hospital with a manual, reclining back, rental chair.

- Client/technology interface is assessed.
- The client’s voluntary motion (eg, oral motor strength, head/neck range of motion and strength, ocular motor control, quality of voice output and client’s ability to use the accessibility components and systems) are identified and assessed.
- Multiple systems/components are tested to determine optimal interface between client and technology applications.
- Appropriateness of commercial (off-the-shelf) components/systems is determined.
- The need for modification of commercial components/systems is determined.
- The need for custom components/systems is determined. Custom components/system are designed for the client.
- Environmental constraints including home, work and transportation are evaluated.
- The findings of the client, technology and environment are integrated to determine and design modifications to the existing environment or technology to assure the client’s optimal functioning.

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### Orthotic Management and Prosthetic Management

- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
  - Assessment and management of patient using an orthotic
  - Prefabricated or custom made
  - Includes assessment of patient, determining most appropriate device, designing, selecting and fabricating orthotic
  - Also includes orthotic training during follow-up visits including exercises performed in orthotic, instruction in skin care and wearing time
- 97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes
  - Assessment for determination of an established patient’s response to orthotic including redness and/or pressure areas and making any necessary adjustments.

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### Daily Treatment Progress Notes

- Describe services provided
- Separate progress note each encounter
- Checklist, flow sheet, graph or narrative
- Must include
  - Patient status (progress or regression & patient compliance)
  - Treatments & equipment provided
  - Changes in objective & measurable terms (functional
  - Adverse reactions to treatment
  - Patient/family education, coordination communication
  - Signature

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### CMS Best Documentation

- Specific forms not required.
- Providers may use any form they choose
- Document in precise, concise, objective measurable and functional terms
- Quality not quantity of documentation

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### CMS Best Documentation

- Vague descriptions “less pain” or “better range” do not give clear indication of patient’s status.
- Describe in measurable terms
  - “Shoulder pain decreased to 3/10. Patient reports sustained relief for minimum of 2 days allowing independent grooming and basic meal prep with minimum difficulty.”
**CMS Best Documentation**

- When progress is slower than expected or not being made, document the reason.
- Explain thought process in relation to expected progress.
- When Tx plan is adjusted/changed it must be documented including changes to goals, objectives/treatment interventions.

**Biofeedback & Muscle Testing**

- **Biofeedback** 90901 & 90911
  - Muscle testing manual with report
    - 95831-95834
    - Testing muscle strength
    - Comparison of these values to standardized grading scale, verbal/numerical
    - Requires provider to isolate specific muscles and test them with/without gravity eliminated and with/without manual assistance
    - Automated muscle testing included in 97750
    - Separate report identifying specific muscles and their grades
    - Documentation should support the need for testing same day as an E/M service or therapy evaluation

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**Range of Motion Measurements**

- 95851 – 95852
  - Measures degrees of passive and active movement at joint.
  - Provider compares measurements to expected normal ranges of movement.
  - Contralateral testing may be included and indicated.
  - Goniometer or inclinometer is used.
  - Provider measures degree of movement in multiple planes of motion, assesses capsular end feel of the joint, observes muscle substitution patterns due to weakness of surrounding muscles and notes pain, tonus and crepitus at specific places in the arc of motion.
  - Separate report of findings is required.

**Central Nervous Systems Assessments/Tests**

- **Standardized cognitive performance testing** per hour of qualified health care professional's time
  - Face to face time
  - Time interpreting test results and preparing report
  - Patients with compromised functioning abilities due to acute neurological events such as traumatic brain injury or cerebrovascular accident (CVA)
  - Assessment to determine if function abilities such as orientation, memory, and high-level language function have been compromised and to extent.
  - SLP or OT perform battery of test procedures called standardized cognitive performance testing in order to make these important determinations. These tests evaluate different aspects of neurocognitive function.
    - Memory (short-term, long-term, and organizational), reasoning, sensory processing, visual perceptual status, attention, right hemisphere processing for temporal and spatial organization, social pragmatics, and elements of decision making and executive function.

- **Central Nervous Systems Assessments/Tests**
  - 96105 Assessment of aphasia with interpretation and report, per hour
  - 96110 Developmental testing; limited with interpretation and report
  - 96111 Developmental testing; extended with interpretation and report

**Application of Casts, Splinting & Strapping**

- Fully stabilize / protect fracture, injury, dislocation or afford patient comfort.
- For replacement of cast.
- Initial casting included in fracture or dislocation care performed by MD.
- Removal not separately billable.
- Report supplies separately A4454-A4595 or 99070.
GOOD NEWS!!!
- Casting supplies were removed from practice expense for all HCPCS
- CPT code includes work and practice expense for creation of cast or splint
- Temporary Q codes established to report supplies

Fiscal Intermediaries Only:
- Hospital outpatient departments, ambulatory surgery centers are unchanged by this PM
- Home Health Agencies and hospice patients reimbursement is unchanged
- This PM applies to CORFs bill type 75X, ORFs bill type 74X

HCPCS Level II Supply Codes
- A4565  Slings
- A4570  Splint
- A4580  Cast supplies
- A4590  Special casting material

L - Codes
- HCPCS Level II, subsection
- Developed by AOPA, CMS and BCBS Association
- Two main categories:
  - Orthotics (braces)
  - Prosthetics (artificial limbs)

Orthosis & Prosthesis Evaluation
NOTE:
- Evaluation of the patient for orthosis or prostheses, measurement, casting and fitting is included in allowance for orthosis or prostheses.
Other Orthotic Procedures

- Occupational Therapy Splints
- Ankle-Foot Orthoses
- Spinal Orthoses
- Foot Orthoses
  - Not usually covered
- Therapeutic Shoes for Diabetic
- Knee Orthoses