

Coding and Billing for Physical Therapy and Occupational Therapy Services

- CPT Codes-97000 series
- Timed Based Codes
- Service Based Codes
- CMS - "8" Minute Rule
- ICD-9 codes
- CCI edits
- HCPCS(DME)



MODALITIES

- There are 2 types of Modalities
- ***Constant Attendance Modality***
- ***Supervised Modality***

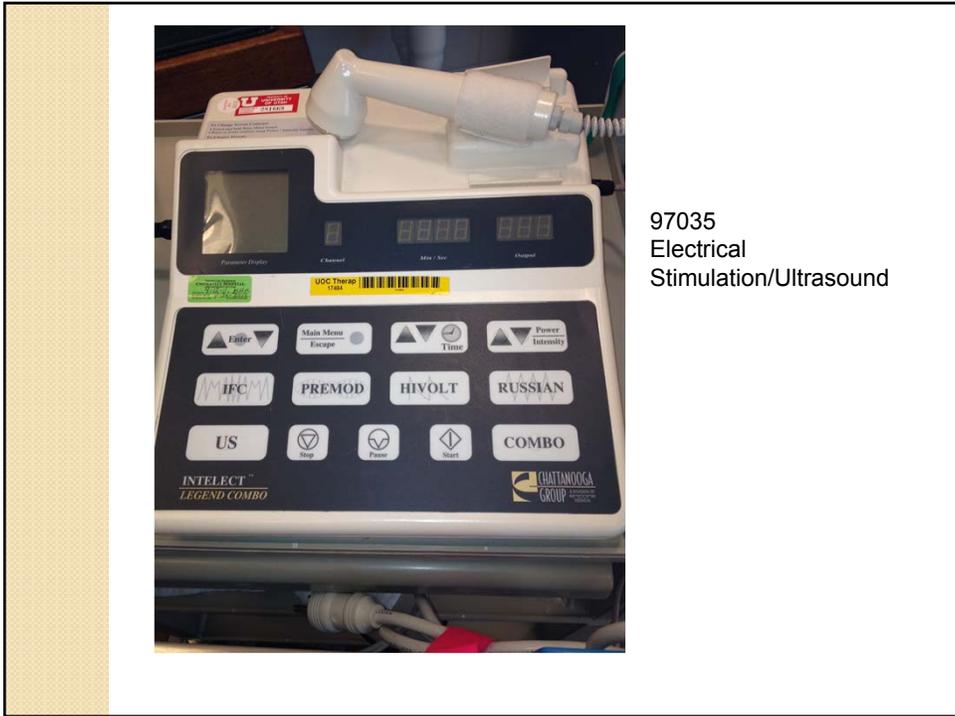


MODALITIES

- ***Constant Attendance Modality***
 - Billed in “15 minutes” increments
 - REQUIRES direct one-on-one provider to patient contact.
 - Can bill multiple units

CONSTANT ATTENDANCE MODALITIES

- 97032 - Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes.
- 97033 - Application of a modality to 1 or more areas; iontophoresis, each 15 minutes (can't bill for the run time of the unit).
- 97035 - Application of a modality to 1 or more areas; ultrasound, each 15 minutes



97035
Electrical
Stimulation/Ultrasound



97033
Iontophoresis

MODALITIES

- ***Supervised Modality***

-Bill one unit per date of service, regardless of number of anatomical body areas.

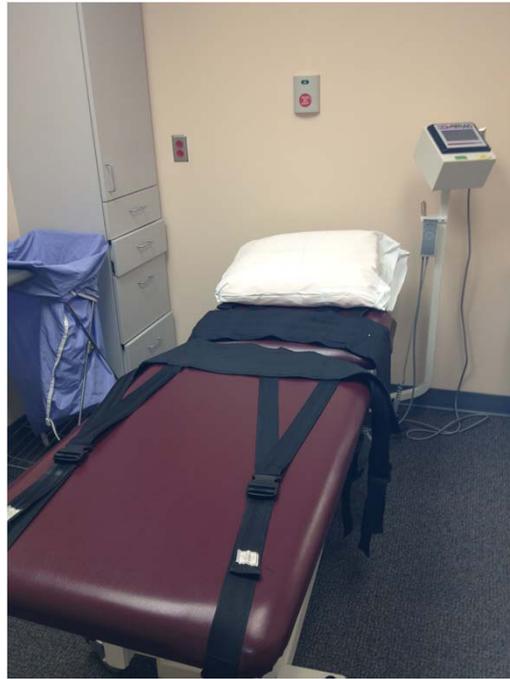
-DOES NOT REQUIRE direct one-on-one provider to patient contact.

SUPERVISED MODALITIES

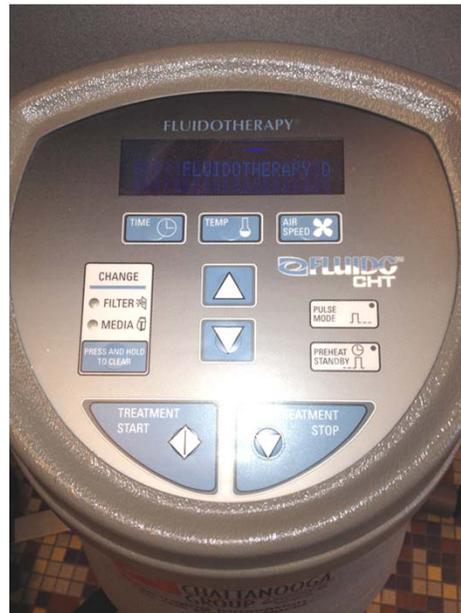
- **97010** - Application of a modality to 1 or more areas; hot or cold packs.
- **97012** - Application of a modality to 1 or more areas; traction, mechanical.
- **97014** - Application of a modality to 1 or more areas; electrical stimulation (unattended).
- **97016** (vasopneumatic device), **97022** (whirlpool), **97018** (paraffin bath).

***** CMS code **G0283** - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Mechanical traction



97032 Fluidotherapy



Whirlpool



THERAPEUTIC PROCEDURES

- Time-Based one or more areas, each 15 minutes
- Require one-on-one provider to patient contact
- Should be “Skilled Care”

Definition of Provider

- PT
 - OT
 - PTA
 - OTA
 - MD
- *not athletic trainer, rehab aide, personal trainer, massage therapist

Definition of skilled care

- Endurance work on bike 15 minutes is not skilled care
- Sustained Activity Tolerance so patient can complete functional activity such as washing dishes is skilled care
- Ambulation 30' with fww is not skilled care
- Ambulation with verbal cueing for step through gate and balance checking on uneven ground is skilled.

RAC Audits

- “Watch your frequency and reasoning. Don't use a cookbook of 3xwk. Instead of treating a guy with 6 PT visits at 3w2 go for 2 in a row to teach a HEP, follow up with a phone call later in the week and explain it is the clients responsibility to be compliant with the HEP and to report back for progression in a week. You dont need a PT to baby sit the ex each and every session. This is what is wrong with our practice. 3 x wk with the same 20 reps or clam shells over and over progressing with an extra set or two each session. That can be done telephonically many times. If a need arises on the phone that needs to be addressed have the client come in. Explain why 8-20 reps was done, use a IRM, don't go over 20 as the best practice states, explain how the form degrades or failure was achieved. Document pain on a scale or RPE. Don't simply write gait 10' with fww and max assist. Explain the needs for the skilled professional intervention of a PT, otherwise a CNA or volunteer at the hospital can do it.”

THERAPEUTIC PROCEDURES

97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

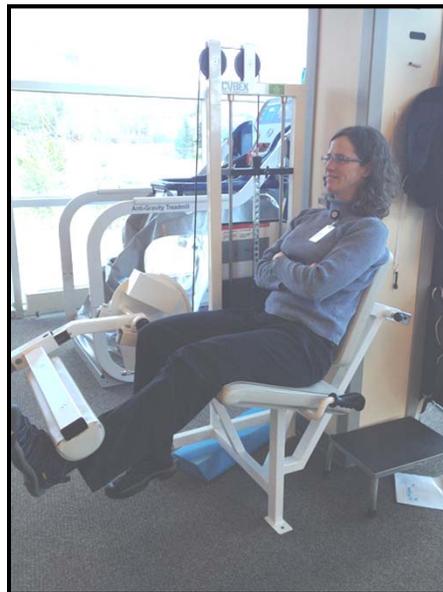
97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

Gait training

- Gait is more than charting distance and the use of an assistive device, verbal cueing, and level of therapist assist.
- It is about stride length, gait speed, symmetry, balance, and what is occurring in the lower extremities (hip, knee, ankle) during the various phases of gait (stance and swing phases).

Knee
Extension





Prone alternate arm/leg extensions (over ball)



Pulleys-
for
shoulder
ROM

Neuromuscular re-education or Therapeutic activities



Alter-G:
Gait training
(unloading)



THERAPEUTIC PROCEDURES

97124 - Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

97140 - Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

97530 - Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

Graston:
soft tissue
mobilization



Manipulation:
Grade 5
mobilization



Taping: McConnel
Tape,
Kinesiotape,
Athletic tape

Taping continued

- Diagnoses: ankles sprains, back pain, neck pain, shoulder impingement, knee pain....
- Codes: determined by the relationship of the taping procedure to the treatment goals.
- Example: 97110 if facilitating patellar tracking during knee strengthening or 97112 if to facilitate reeducation of postural muscles for neck pain as a result of poor cervical posture.

Aquatic Therapy

97113



Group Therapy(2+ people)

97150



Group Therapy-Therapeutic Procedure

- Requires constant attendance of the provider (need to see him/her)
- Does not require one-on-one patient contact by the provider
- What the **provider** is doing determines if it is group therapy, not what the patients are doing.
- Provider is in constant attendance of 2+ patients, not providing significant one-on-one time to any single person

Physical Performance Test

- One-on-One by the Provider
- Can't bill on same day as an evaluation
- Requires Written report

- Examples: BTE, Tenetti, Berg Balance Test, Manual Muscle Testing, ROM testing, Biodex, Cybex, Jump testing with video.

Physical Performance Test

97750

BTE for Functional
Capacity Evaluation
(FCE)



CMS "8" - Minute Rule

1 unit	≥ 8 minutes through 22 minutes
2 units	≥ 23 minutes through 37 minutes
3 units	≥ 38 minutes through 52 minutes
4 units	≥ 53 minutes through 67 minutes
5 units	≥ 68 minutes through 82 minutes
6 units	≥ 83 minutes through 97 minutes

“8 Minute Rule”

- For direct contact codes only
- For any single timed CPT code, providers bill the number of units stipulated by the time intervals outlined
- Do not count minutes of service based codes
- If > than one timed code is billed on a given day, the number of units that can be billed is dictated by the total tx time.

CMS Example I

- Example I
 - 24 minutes of neuromuscular reeducation, code 97112,
 - 23 minutes of therapeutic exercise, code 97110,
 - Total timed code treatment time was 47 minutes.

CMS Example I

- The 47 minutes falls within the range for 3 units = 38 to 52 minutes.
- Appropriate billing for 47 minutes is only 3 timed units. Each of the codes is performed for more than 15 minutes, so each shall be billed for at least 1 unit.
- The correct coding is 2 units of code 97112 and one unit of code 97110, assigning more timed units to the service that took the most time.

CMS Example 2

- *Example 2* -
 - 20 minutes of neuromuscular reeducation (97112)
 - 20 minutes therapeutic exercise (97110),
 - 40 Total timed code minutes.

CMS Example 2

- Appropriate billing for 40 minutes is 3 units. Each service was done at least 15 and should be billed for at least one unit, but the total allows 3 units.

Since the time for each service is the same, choose either code for 2 units and bill the other for 1 unit. Do not bill 3 units for either one of the codes.

CMS Example 3

- *Example 3*
 - 33 minutes of therapeutic exercise (97110),
 - 7 minutes of manual therapy (97140),
 - 40 Total timed minutes

CMS Example 3

- Appropriate billing for 40 minutes is for 3 units. Bill 2 units of 97110 and 1 unit of 97140.
- Count the first 30 minutes of 97110 as two full units.
- Compare the remaining time for 97110 ($33 - 30 = 3$ minutes) to the time spent on 97140 (7 minutes) and bill the larger, which is 97140.

CMS Example 4

- *Example 4*
 - 18 minutes of therapeutic exercise (97110),
 - 13 minutes of manual therapy (97140),
 - 10 minutes of gait training (97116),
 - 8 minutes of ultrasound (97035),
 - 49 Total timed minutes

Appropriate billing is for 3 units. Bill the procedures you spent the most time providing.

Bill 1 unit each of 97110, 97116, and 97140.

You are unable to bill for the ultrasound because the total time of timed units that can be billed is constrained by the total timed code treatment minutes (i.e., you may not bill 4 units for less than 53 minutes regardless of how many services were performed).

You would still document the ultrasound in the treatment notes.

CMS Example 5

- Example 5 –
- 7 minutes of neuromuscular reeducation (97112)
- 7 minutes therapeutic exercise (97110)
- 7 minutes manual therapy (97140)
- 21 Total timed minutes

CMS Example 5

- Appropriate billing is for one unit.
- The qualified professional (See definition in Pub 100-02/15, sec. 220) shall select one appropriate CPT code (97112, 97110, 97140) to bill since each unit was performed for the same amount of time and only one unit is allowed.

ICD-9 Codes

- Guidelines

- Treatment/therapy diagnosis can be the primary diagnosis on the claim form
- Example: MD writes dx as L CVA. Therapists do not treat CVA's. They treat hemiparesis, abnormality of gait, ataxia, etc.. (In Utah, therapists can only provide treatment/therapy diagnosis.
- Bill the most relevant diagnosis and be as specific to the problem being treated as possible. Both a medical diagnosis and impairment diagnosis related to the treatment are relevant.

National Correct Coding Initiatives (NCCI)

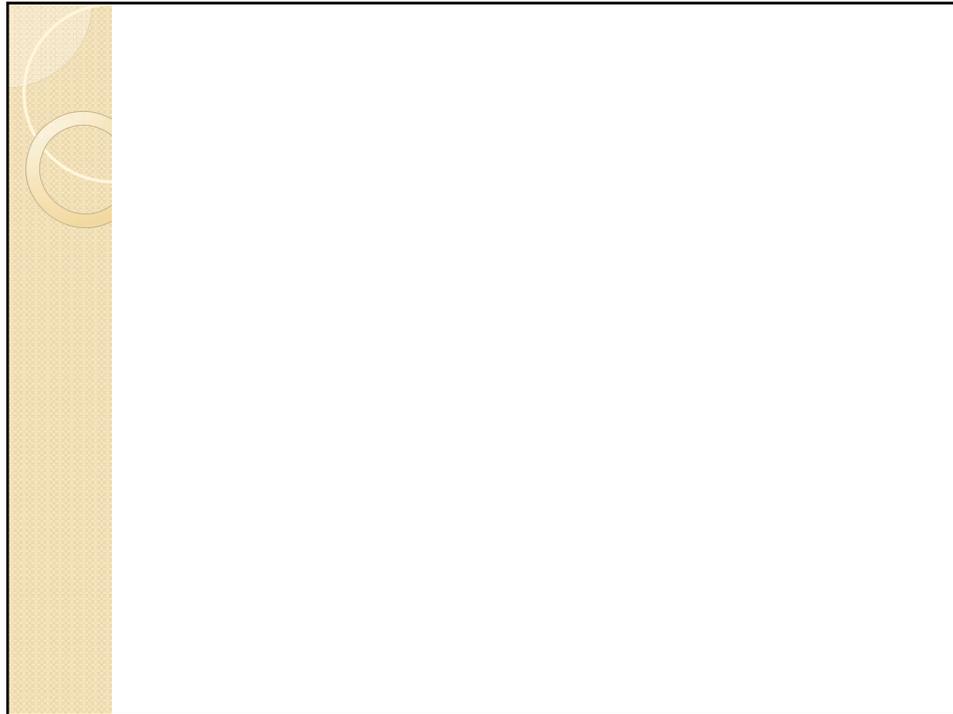
- Instituted to prevent fraud/abuse in private practice (1996).
- Expanded to outpatient hospital clinics in 2000 and Rehab Agencies, SNF, Home Health, CORF's under Part B 2006
- Use for non-Medicare varies by state.
- Modifier -59 is required

CCI Edits and Modifiers-example

- Need a modifier to bill certain codes together or you simply can not bill certain codes together (i.e. the codes are mutually exclusive).
- Example:97002 (re-eval)needs the -59 modifier to bill 97012 (gait training).
- Example: 97750 (physical performance test)
 - Can not bill with 97150 (therapeutic procedures, group)—It is **mutually exclusive!**

HCPCS

- Health Care Financing Administration Common Procedure Coding System
- Refers to certain medical or surgical supplies, certain drugs, certain durable medical equipment, and certain procedures and professional services not listed in CPT (G and L codes).



Orthotics, Prosthetics, Casting, Strapping, Taping

- Orthotics defined: prevent or assist movement of the spine or limbs. Typically used to support weak muscles or joints and provide mobility along with support. Role of PT/OT: prescribe, apply, and/or fabricate orthotic devices.
- Prosthetics: substitutes for a diseased or missing body part

Orthotics continues

- Therapists role: prescribe, apply, fabricate orthotic devices.
- May customize “off the shelf” orthotics, recommend orthotic design to another professional or may fabricate custom orthotics to enhance a patient’s recovery and function.
- Provide instruction in and monitor orthotic use.

Reported codes for Orthotic and Prosthetic Management

- 97760: Orthotics management and training including assessment and fitting when not otherwise reported, (UE, LE, Trunk), each 15 minutes
- 97761: Prosthetic Training, each 15 min. (UE, LE)
- 97762: Checkout for orthotic /prosthetic use, established patient, each 15 min

Hand Therapy



Hand based radial gutter splint

Wrist Cock-up



Latest Splints— pdf (page 7 of 45)



Finger Gutter

Primary Function: To immobilize joint and/or restrict the amount of flexion or extension.

Indications:

- P2 fracture
- Dorsal/volar PIP dislocation
- Volar plate injury
- Central slip injury
- Digital nerve repair
- Zone III, IV extensor tendon injury
- Boutonniere deformity
- PIP joint arthroplasty

Materials: 1/16th or 3/32nd low temperature plastic perforated or non-perforated OR plaster cast for PIP immobilization for central slip injuries

PEARLS

- ◆ Depending on injury, splint can be either dorsal or volar and DIP can be included or excluded
- ◆ PIP extension splint can be used as a DIP blocking exercise splint

6

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Splints— pdf (page 3 of 45)



Mallet Splint/DIP extension splint

Primary Function: To immobilize DIP joint

- Zone 1 extensor tendon injury and/or repair
- Bony mallet
- Partial fingertip amputation
- Crush injury to distal phalanx
- Nailbed injury or repair
- DIP joint osteoarthritis and/or pinning
- Distal phalanx fracture

Materials: Quickcast or 1/16th low temperature plastic with perforations



PEARLS

- ◆ Mallet in slight hyperextension
- ◆ Dorsum on dorsal DIP joint to prevent red area
- ◆ Coban over Quickcast during showers makes it last longer
- ◆ If making splint, can be dorsal or volar

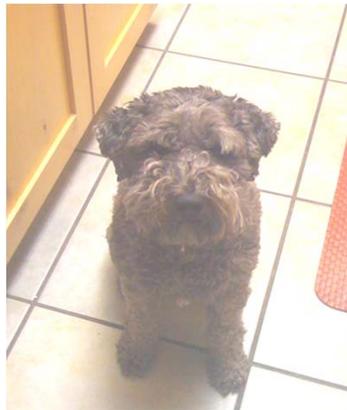
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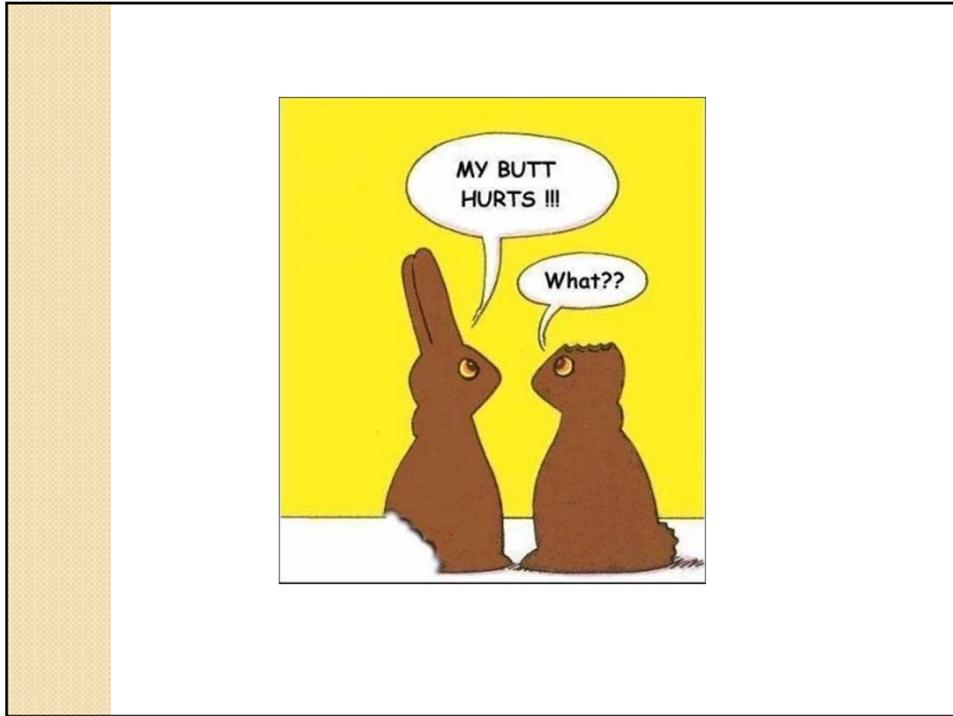
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Therapy Cap

- Must be implemented no later than October 1st, 2012 in hospital-based outpatient facilities.
- PT and SLP are combined, OT has its own cap as a result of a clerical error (left out a comma)

Animal Therapy





Additional References

From CMS Website [11 Part B Billing Scenarios for PTs and OTs](#)

Medicare Claims Processing Manual [Chapter 5 - Part B Outpatient Rehabilitation and CORF/OPT Services](#)

Read the OIG (Office of the Inspector General) Report ~

["QUESTIONABLE BILLING FOR MEDICARE OUTPATIENT THERAPY SERVICES"](#) (December 2010 OEI-04-09-00540)