# **Chiropractic Coding**

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#### Webinar Outline

- · Fundamental coding rule
- Differentiating chiropractic and osteopathic manipulation
- Proper evaluation of any therapy service
  - Differentiating Modalities and Procedures
- Avoiding bundling traps and post payment liability associated with misuse of modifiers

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# The Fundamental Coding Rule

- HIPAA Coding Standards
  - Diagnosis ICD-9-CM Including Guidelines
  - Physician Services CPT®/HCPCS Level II (no mention of guidelines)
- Official Comments:
  - "national codes are only designed to identify an item or service; ...codes are not established to carry health plan specific information...such information must be used elsewhere and cannot be embedded in the national codes."
  - health plans will have to receive and process all standard codes, without regard to local policies regarding reimbursement for certain conditions or procedures, coverage policies, or need for certain types of information that are part of a standard transaction."



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# Usage Guidelines Applied in this Webinar

- AMA CPT® Editorial Panel guidance
  - Where is it?
  - What does it include?
- Significance...

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# **Manipulation Codes**

- Osteopathic Manipulative Treatment (98925-98929)
- Chiropractic Manipulative Treatment (98940-98943)
- Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes (97140)

WHAT IS THE DIFFERENCE?

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#### **CPT®** Instructions

It is important to recognize that the listing of a service or procedure and its code number in a specific section of this book does not restrict its use to a specific specialty group. Any procedure or service in any section of this book may be used to designate the services rendered by any qualified physician or other qualified health care professional.

#### SIGNIFICANCE?

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# What is Manipulation?

- Commonly defined as causing movement of a joint into the para-physiologic range of motion without exceeding the boundaries of anatomic integrity.
- Physical Therapists call manipulation a Grade 5 mobilization.

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# Osteopathic Manipulation

- Osteopathic manipulative treatment (OMT) is a form of manual treatment applied by a physician to eliminate or alleviate <u>somatic dysfunction</u> and related disorders. This treatment may be accomplished by a variety of techniques.
- Includes pre, intra, and post service E/M work necessary for performance of the manipulation.
- E/M can be billed separately where modifier 25 is justified... When is that?

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# Chiropractic Manipulation

- Chiropractic manipulative treatment (CMT) is a form of manual treatment to <u>influence joint and</u> <u>neurophysiological function</u>. This treatment may be accomplished using a variety of techniques.
- Includes pre, intra, and post service E/M work necessary for performance of the manipulation.
- E/M can be billed separately where modifier 25 is justified ... When is that?

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#### Difference in Outcome?

#### Somatic Dysfunction

- Somatic dysfunction is the impaired or altered function of bodily structures (most often of the musculoskeletal system, nervous system, or lymphatic system).
- A term meaning an alteration in the normal function of a joint that has some effect in the body (soma).
- Disease or bodily organ system dysfunction that can be traced to a impaired or altered joint position.

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#### Difference in Outcome?

- Joint and Neurophysiological Function
  - Serving a neuromuscular reflex system, which drives the perceptual and reflex basis of posture, movement and respiration; of being a prime organ of equilibrium.
  - The relationship between the position of a vertebral body, which impacts the afferent discharge from type I and type II corpuscular mechanoreceptors in the facet joint capsules, which produce reciprocally coordinated reflex effects on vertebral and limb musculature.
  - In short the impact of joint malposition on neurologic function.

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#### Difference in Outcome?

- · Chicken vs. the Egg
  - Chiropractic Principles focus on restoring joint position to influence neurologic function on the premise that normal neurologic function will allow the body to effectively heal itself.
  - The Osteopathic outlook simply looks to influence organ system function through correction of joint dysfunction (less stated emphasis on the neurologic component even though correction of the somatic problem relies on neurologic function).

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# What About Manual Therapy?

- Manual therapy, by CPT® Description includes manipulation...
  - When should this code be used to report manipulation?
  - Can physicians (MD/DO/DC) bill manipulation under this code?
- What About the CPT® Instructions?



## Therapy Code Selection

- · Fundamentals of Modality Coding
  - Modality Definition: "Any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy."
    - Where Physical Agent Causes Change The Physical Agent Defines the Code
    - Level of Contact REQUIRED Supervised/Constant Attendance.

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# Therapy Code Selection

- Fundamentals of Modality Coding
  - Supervision: "The application of a modality that does not require direct (one-on-one) patient contact by the provider." i.e. – stay in the building. Applies to codes 97010-97028.
  - Constant Attendance: "The application of a modality that requires direct (one-on-one) patient contact by the provider." Note: AMA has clarified that you can provide constant attendance to more than one patient in certain circumstances. For constant attendance modalities, there is a <u>need</u> to stay with the patient in order to safely deliver the therapy service. Applies to codes 97032 97039.

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# Therapy Code Selection

- Fundamentals of Procedure Coding
  - Procedure Definition: "A manner of effecting change through the application of clinical skills and/or services that attempt to improve function. Physician or therapist required to have direct (one-on-one) patient contact." Applies to codes 97110-97546.
    - Clinical skill is necessary to achieve the specific therapeutic change and must be applied during the entirety of the service; hence, the direct oneon-one contact requirement.
    - The Primary Therapeutic Outcome Intended Defines the Code
      - How do we determine the intended therapeutic outcome?
    - What about the Summer 1995 CPT® Assistant examples?

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# Therapy Code Selection

- Analysis Steps
  - Is the service a modality or procedure?
    - Look at what is causing the therapeutic change.
      - Physical agent?
        - » Light, Thermal, Electrical, Mechanical Force, etc.
      - Clinical Skill of the Physician or Therapist?
        - » Evidence that clinical direction is necessary to achieve a particular therapeutic result.

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# Therapy Code Selection

- Analysis Steps
  - If a modality, what is the physical agent and what level of contact is required?
    - Match the physical agent and level contact within the appropriate modality section of CPT®. If there is no match, report 97039.
  - If a procedure, what is the primary therapeutic outcome and what level of contact was provided?
    - If 1-on-1, match the primary outcome with a code within the range of 97110-97546. If there is no match, code 97139.
    - If not 1-on-1 but skilled and constant attendance was provided, bill 97150.
  - What if only supervision is provided?

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## Modality / Procedure Coding Exercise

- Laser Therapy
- Electric Stimulation
- Hands Free Ultrasound
- Phonopheresis
- Kinesiotaping
- Decompression Traction
- Static Head Weight/Fulcrum Traction

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#### Modality/Procedure Coding Exercise

- · Pneumatic Traction (Posture Pump)
- · Vibratory Massage
- · Balance Boards
- Exercise Machines (Isotonic/Isometric/Isokinetic)
- Swiss Balls
- Neuromuscular Massage
- PNF/PIR Stretching

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#### 97110, 97112, 97530

- 97110: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
  - CPT® Assistant (Summer 1995, Vol 7): Therapeutic exercise incorporates one parameter (strength, endurance, range of motion or flexibility) to one or more areas of the body. Examples include, treadmill (for endurance), isokinetic exercise(for range of motion), lumbar stabilization exercises (for flexibility), and gymnastic ball (for stretching or strengthening).

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#### 97110, 97112, 97530

- 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.
  - CPT® Assistant (Summer 1995, Vol 7): Examples include, Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP'S Boards, and desensitization techniques).

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#### 97110, 97112, 97530

- More on 97112:
  - Clinical Vignette:

A woman has a right **CVA** resulting in a left **spastic hemiplegia**. Although she can move her left arm, she has **no functional use** of it, as her increased muscle tone results in a flexion synergy in which she adducts her shoulder, flexes her elbow, and pulls her hand into a tight fist. In order to diminish the spasticity during her daily activities, the provider applies deep pressure to the patient's biceps. The provider then internally rotates the patient's upper arm, extends the elbows, pronates the forearm and extends the patient's fingers and thumb. This combination of movements releases the spasm, and with manual guiding from the provider, the patient is able to practice grasping, holding and releasing large objects.

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#### 97110, 97112, 97530

- More on 97112:
  - Aetna Policy (as an example):

Neuromuscular Re-education - This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception to a person who has had muscle paralysis and is undergoing recovery or regeneration. Goal is to develop conscious control of individual muscles and awareness of position of extremities. The procedure may be considered medically necessary for impairments which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity) that may result from disease or injury such as severe trauma to nervous system, cerebral vascular accident and systemic neurological disease. [Emphasis Added]

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#### 97110, 97112, 97530

- 97530: Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
  - CPT® Assistant (Summer, 1995, p.9) Dynamic activities include the use of multiple parameters, such as balance, strength, and range of motion, for a functional activity. Examples include lifting stations, closed kinetic chain activity, hand assembly activity, transfers (chair to bed, lying to sitting, etc), and throwing, catching, or swinging: Functional activities specifically related to work (hardening/conditioning) should be coded using 97545

# **Understanding Contact**

#### What is Contact?

- Modalities: "Constant attendance involves visual, verbal, and/or manual contact with the patient during provision of the service." AMA, CPT® Assistant, p. 13 (July, 2004)
  - The level of contact provided Must Be REQUIRED!
- Procedures: "From a CPT® coding perspective, ... Therapeutic procedure, one or more areas, each 15 minutes; ... requires the therapist to maintain direct patient contact (ie, visual, verbal and/or manual contact) during provision of the service." AMA, CPT® Assistant, p. 11 (December, 1999)
  - Contact must be sufficiently skilled to assure that the procedure will cause the intended specific therapeutic change. e.g. having an unskilled therapist simply watch a patient do an exercise incorrectly is insufficient.

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# **Understanding Contact**

- Levels of Contact:
  - Supervision
  - Constant Attendance / Group
  - Direct One-on-One
- Level of Contact Required/Performed for Rehab?
  - Documenting Contact

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# **Understanding Contact**

- Procedures Performed In a Group
- CPT® 97150 Therapeutic procedure(s), group (2 or more individuals)
  - CPT® Assistant (Summer 1995) Group therapeutic procedures include CPT® codes 97110-97139. If any of these procedures are performed with two or more individuals, then only 97150 is reported. Do not code the specific type of therapy in addition to the group therapy code.

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# Reporting Time Based Services

- · AMA Approach
  - 1<sup>ST</sup> UNIT 50% (See Instructions 2011 CPT®)
  - More than One Unit
  - Modifier 52
  - Concurrent Performance of Time Based Therapies
- CMS Rule
  - Part 1 Individual time analysis under the 8 minute rule.
  - Part 2 Total time analysis (where more than one time based service is performed).

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# **Understanding Time Rules**

- AMA
  - Single Service Analysis
  - 1st Unit Billable if 50% of Service Performed
    - Report whole unit for 15 or more minutes.
    - If less than whole 15 minutes, but 8 minutes or more, report single unit.
    - What to do when service is performed for less than 8 minutes?
    - When to report the 2<sup>nd</sup> Unit?
  - Follow Carrier Policy!

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# **Understanding Time Rules**

- CMS
  - Two Part Analysis
    - Each Service: 8 Minute Rule
      - -8-22 = 1 Unit
      - -23-37 = 2 Units
      - -38-52 = 3 Units
      - -53-67 = 4 Units
    - Where Multiple Time Based Services are Performed Evaluate Total Time vs. Total Units

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# **Understanding Time Rules**

- CMS Special Rules
  - Less than 8 Minutes
    - Can't Bill but Save the Time...
  - Bundling Services of Same Time
    - · Lower Value Bundles to Higher Value
  - Bundling Services of Different Time
    - Lower Time Bundles to Higher Time

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#### Practical Exercise - AMA

- 97012 15 minutes 97012 x 1 unit
- 97032 5 minutes
   ~97032 -52 x 1 unit?
- 97140 10 minutes 97140 x 1 unit
- 97110 12 minutes 97110 x 1 unit



# Practical Exercise – CMS – Step 1

- 97012 15 minutes 97012 x 1 unit
- 97032 5 minutes No code (save time)
- 97140 10 minutes 97140 x 1 unit
- 97110 12 minutes 97110 x 1 unit

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# Practical Exercise – CMS – Step 2

- 97012 15 minutes
- 97032 5 minutes
- 97140 10 minutes
- 97110 12 minutes
- Total Time =?
  - a. 22 Min
  - b. 27 Min
  - c. 42 Min
- Total Units = ?
  - a. 2 Units
  - b. 3 Units
  - c. 4 Units



### Practical Exercise - CMS - Result

- 97012 1 Unit
- 97140 1 Unit
- 97110 1 Unit

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# Practical Exercise – CMS – Step 1

- 97012 15 minutes 97012 x 1 unit
- 97140 10 minutes 97140 x 1 unit
- 97110 12 minutes 97110 x 1 unit

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# Practical Exercise – CMS – Step 2

- 97012 15 minutes Total Time =?
- 97140 10 minutes
- a. 22 Min
- 97110 12 minutes
- Total Units = ?
  - a. 2 Units

Is it Enough? - No

Now What?

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## Practical Exercise - CMS - Result

- 97012 1 Unit
- 97110 1 Unit
  - Since there was not enough total time (in time-based services) to justify 2 total time-based units, the lower time service bundles into the higher time service. As 97110 was the service with higher time, 97140 bundles into 97110.



# **Bundling and Modifiers**

Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date.

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# **Bundling and Modifiers**

• Modifier 59: Distinct Procedural Service: Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures or services, other than E/M services, that are not normally reported together but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.

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# Common Unbundling Concerns

- E/M (-25) + CMT/OMT
- E/M (-25) + Therapy (routinely)
- CMT/OMT + Manual Therapy (97140)
- Manual Therapy (97140) + Therapeutic Activities (97530-59)
- One-on-one Procedure (e.g. 97110-59) + Group Therapy (97150)

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# Group and One-on-One - CCI

- Under CCI, all direct one-on-one contact procedures are considered excluded by the group code (97150) but can be reported separately when a one-on-one contact procedure is performed separate in time from the exercises performed in a group.
- Where appropriate to bill both a one-on-one procedure (e.g. 97110) and a group code (97150) the one-on-one procedure gets the modifier 59.

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# Common Modifier Reporting Errors

- · Modifier used where not necessary.
  - It takes two!
    - E/M Only no need for 25
    - Manual Therapy Only need 59?
  - CCI Applicable?
  - What rule creates the bundling relationship?
    - Carrier Medical Policy?
- · Modifiers pre-loaded to code in billing system
- When it doubt whip it out?
- · Documentation Necessary to Justify Use.
- · Post payment Risk Implications

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# Thank you

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