CPT Coding for Outpatient PT

Kathleen Picard PT
MNPTA Spring Conference
St. Paul, Minnesota
April 25, 2014


- Descriptive terms and identifying codes for reporting medical services and procedures performed by physicians and others.
- Provides a uniform language that will accurately describe medical, surgical and diagnostic services.
- Provides an effective means for reliable nationwide communication among physicians, patients and third parties.
- CPT is developed and copyrighted by the American Medical Association

Who Can Use CPT Codes?

“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”

AMA CPT 2002 (Introduction)

CPT Development

- Resource-based, Relative Value Scale (RBRVS) which takes into consideration the resources required to provide the service including:
  - The work involved
  - The practice expense
  - The liability and risk in providing the services or procedure
### Relative Value Units (RVUs)

- Each code is assigned a number of RVUs that reflects the value of the service as compared to the value of other services.
- The Medicare fee schedule is determined by: 
  \[ \text{RVU} \times \text{conversion factor} = \text{allowable charge} \]
- 2014 Medicare conversion factor is $35.8228

### Compliance Pitfalls

- Upcoding
- Unbundling
- Reporting Timed Codes
- Insufficient Documentation
- New Policy under National Government Services (NGS)

### Untimed Codes

- The provider is paid a pre-determined fee regardless of the time of treatment application or the number of body areas being treated.
- These codes can only be billed once per treatment session.
- The time spent on providing these untimed procedures CANNOT be applied to your calculation of timed units, but CAN be billed separately.

### Timed Codes

- Based on the PROVIDER’S time spent one-on-one with the patient (direct contact).
- Time must be spent providing skilled services.
- Time includes Pre-treatment, Intra-treatment, and Post-treatment time.
<table>
<thead>
<tr>
<th>Pre-Treatment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time such as assessment and management, assessing patient progress, inspection of the tissue or body part, analyzing the results of previous treatment, asking the patient questions, and clinical judgment to establish the days treatment. This time begins with the first professional interaction with the patient. This service must be provided by the PT or the PTA, when supervised by the PT, under Medicare.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intra-Treatment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent providing the intervention that is being reported.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post -Treatment Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of analyzing patient response to the intervention, education, counsel, advice, and professional communication with other providers and documentation so long as the patient is present. This service must be provided by the PT or the PTA, when supervised by the PT, under Medicare.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare’s 8 Minute Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different from the MN 8 Minute Rule in that all minutes during which timed interventions are provided (pre-, intra-, and post-treatment time) are summed up regardless of whether those minutes represent the same or different CPT codes.</td>
</tr>
</tbody>
</table>
If more than one unit is reported on a calendar day, then the total number of units that can be billed is constrained by the total treatment time (i.e. 4 timed units in 1 hour)

<table>
<thead>
<tr>
<th>1 unit</th>
<th>≥ 8 min to &lt; 23 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 units</td>
<td>≥ 23 min to &lt; 38 min</td>
</tr>
<tr>
<td>3 units</td>
<td>≥ 38 min to &lt; 53 min</td>
</tr>
<tr>
<td>4 units</td>
<td>≥ 53 min to &lt; 68</td>
</tr>
</tbody>
</table>

Medicare’s 8 Minute Rule

Medicare Documentation of Time

1. Total timed code minutes (the sum of all of the minutes relating to timed interventions)

2. Total treatment time in minutes (includes timed code minutes + minutes for untimed treatments)

Timed Code Reporting in Minnesota

- Health care reform bill 2007
- Uniformity in claims submission
- Applies to all providers in MN and all payers in MN EXCEPT Medicare and the Medicare Advantage plans

“*In the case of time as part of the code definition, more than half the time must be spent performing the service in order to report that code. Follow general rounding rules for reporting more than the code’s time value; if the time spent results in more than one and one half times the defined value of the code and no additional time increment code exists, round up to the next whole number.”*
Timed Code Reporting in Minnesota

“DO not follow Medicare’s rounding rules for speech, occupational, and physical therapy services. Each modality and unit(s) is reported separately by code definition. Do not combine codes to determine total time units.”

Examples:

1) 24 min. neuro re-education (97112)
   23 min. therapeutic exercise (97110)

2) 20 min neuro re-education (97112)
   20 min therapeutic exercise (97110)

3) 33 min therapeutic exercise (97110)
   7 min. manual therapy (97140)

National Government Services (NGS)

- New Medicare Administrative Contractor (MAC) in Minnesota, as of Sept. 2013
- Minnesota is now under J6 jurisdiction
- Minnesota’s Medicare A, B, and for DME
- Local Coverage Determination LCD for Outpatient Rehabilitation Services (PT/OT/SLP) under Medicare B is L26884

97001 Physical Therapy EVALUATION

- Dynamic process
- Clinical judgments and decision-making based on data gathered during examination
- Culminates in a Plan of Care
- Untimed
EVALUATION – Focus on Function

- The reason for referral (what affects patient’s function/PT diagnosis)
- Other Diagnoses
- Past level of function
- Current level of function (with objective measurements)
- Goals and expected functional outcomes
- Potential for return to function (prognosis)
- Plan of care that impacts function

Medical vs. Impairment-based Diagnosis

- Determined as a result of the PT evaluation, by the PT
- Defines what is being treated
- Reflects the functional limitation

POC: Culmination of the Evaluation

- Selected treatment interventions
- Driven, in part, by co-morbidities or issues that may affect length of care or frequency of care
- Functional goals (ST/LT) in measurable terms, with anticipated time frame
- Frequency and duration of care

97002 Physical Therapy RE-EVALUATION

- POC is significantly modified in response to treatment or to something else
- Significant change in patient presentation (adding a diagnosis, adjacent body part)
- Changes in long term goals
- Not justified at each visit (when re-examination and assessment occurs)
- Not justified at arbitrary intervals
Modalities

**97010-97039: Modalities**

Modality is defined as any group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes.

### 97010-97028 “Supervised” Modalities

- Require supervision by the clinician
- Do not require direct patient contact (one-to-one)
- Untimed codes
- Can only be billed once per treatment session regardless of the number of body areas or application times

### 97010-97028 “Supervised” Modalities

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97010</td>
<td>Hot or cold packs</td>
</tr>
<tr>
<td>97012</td>
<td>Traction, mechanical</td>
</tr>
<tr>
<td>97014</td>
<td>E-stim (unattended)</td>
</tr>
<tr>
<td>97016</td>
<td>Vasopneumatic devices</td>
</tr>
<tr>
<td>97018</td>
<td>Paraffin bath</td>
</tr>
<tr>
<td>97022</td>
<td>Whirlpool</td>
</tr>
<tr>
<td>97024</td>
<td>Diathermy</td>
</tr>
<tr>
<td>97026</td>
<td>Infrared</td>
</tr>
<tr>
<td>97028</td>
<td>Ultraviolet</td>
</tr>
</tbody>
</table>

### 97032 – 97036 “Constant Attendance” Modalities

- **Require one to one direct patient contact** by the clinician.
- Are **timed codes**
- Are billed in **15 minute increments** of direct contact
- Medicare 8 minute guideline applies as does the MN 8 minute rule (in MN).
97032 – 97036

“Constant Attendance” Modalities

- 97032 E-stim (manual), each 15 min
- 97033 Iontophoresis, each 15 min
- 97034 Contrast baths, each 15 min
- 97035 Ultrasound, each 15 min
- 97036 Hubbard tank, each 15 min

97032 Electrical Stimulation (manual)

- NGS does not cover 97032 for Bell's palsy, multiple sclerosis, or stroke
- Pelvic Floor mm stimulation: use 97032 for external pulse generator and 97014 (GO283) for stimulation delivered via electrodes
- Includes FES and NMES
- Assumes exercise or activity is included
- Do not bill Therapeutic Exercise, Neuro Re-ed, Gait Training or Therapeutic Activity for the SAME time period.

97033 Iontophoresis

- Provider time vs. Patient time
- Covered by NGS ONLY for diagnosis: focal hyperhidrosis (705.21)

97035 Ultrasound

- Not covered by NGS for pulmonary conditions, wounds, or self-administration
- US + Estim = US
UNLISTED SERVICES

97039  Unlisted modality (Specify type and time, if in constant attendance)
97139  Unlisted Procedure
97799  Unlisted PM&R service/procedure

Documentation For Modalities

- Body part(s)
- Position
- Settings/Time
- Special circumstances (i.e. extra padding)
- Impact on patient’s functional goals

THERAPEUTIC PROCEDURES

- The procedures identified by codes 97110-97546 are used as a manner of effecting change through the application of clinical skills and/or services that attempts to improve function.
- Some are timed and some are untimed codes
- Require direct (one-on-one) patient contact

97110 Therapeutic Exercise

The clinician and/or patient performs therapeutic exercise to one or more body areas to develop **strength, range of motion, endurance, and flexibility**. This code requires direct contact and may be billed in 15-minute units.
Documentation for Therapeutic Exercise

- Reason (strength, ROM, flexibility or endurance)
- Techniques
- Parameters (reps, sets, time, resistance)
- Tie the exercise to functional goals
- Describe provider involvement

97112 Neuromuscular Re-education

The clinician and/or patient perform activities to one or more body areas that facilitate reeducation of movement, balance, coordination, kinesthetic sense, posture and proprioception. This code requires direct contact and may be billed in 15-minute units.

97112 Neuromuscular Re-education

- Balance training
- Stabilization exercise
- Posture training in sitting or standing using cues and/or supports
- Facilitation or inhibition techniques
- Taping (kinesio, McConnell, athletic)
- Desensitization
- Dexterity and manipulation skills
- Proprioceptive training (NDT, Feldenkrais, PNF)
- Plyometrics

Documentation for Neuromuscular Re-education

- Reason why (proprioception, balance, etc)
- Techniques
- Parameters
- Tie the activity to functional goals
- Describe provider involvement
97113 Aquatic Therapy

The clinician directs and/or performs therapeutic exercises with the patient/client in the aquatic environment. The code requires skilled intervention by the clinician and documentation must support medical necessity of the aquatic environment. The code may be billed in 15-minute units.

97113 Aquatic Therapy

- Cannot be “unbundled” into Therapeutic exercise and Whirlpool
- However, if the therapeutic exercise is separate and distinct (in time and location) from the aquatic therapy, then a -59 modifier can be used to bill both on the same date of service.
- Documentation must support separate and distinct services.

97116 Gait Training

- Is NOT the same as ambulation, which is done for endurance (therapeutic exercise)
- The training aspects of gait training must be documented including, but not limited to:
  - Weight bearing status
  - Use of assistive devices
  - Gait sequence

97124 Massage

- Includes effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- This code requires direct contact and may be billed in 15 minute units.
97140 Manual Therapy

- The clinician performs manual therapy techniques including soft tissue and joint mobilization, manipulation, manual traction and/or manual lymphatic drainage to one or more areas.
- This code requires direct contact with the patient and may be billed in 15-minute units.

97150 Group Therapy

- **UNTIMED code**
  - The clinician provides a therapeutic procedure to two or more patients at the same time in either a land or aquatic environment.
  - The need for skilled intervention must be documented.

97150 Group Therapy

- Requires constant attendance, but not one-on-one.
- Payment varies
- Supervised exercise by a NON-qualified provider is not coded as 97150
- Medicare requires documentation of
  - Type of group
  - Number of participants

97530 Therapeutic Activities

- The clinician uses dynamic activities designed to achieve improved functional performance (e.g., lifting, pulling, bending).
- This code requires direct contact and may be billed in 15-minute units.
97530 Therapeutic Activities

- The focus of this code is on function (not on strength, for example)
- This code is not about movement per se, but rather about functional movement, or movement with a purpose
- This code describes the therapist's activity that is one-on-one with the patient (must be present and interacting with the patient when the patient practices the movement)
- The service must be a “skilled” service

97530 Therapeutic Activities

- Lifting
- Bending
- Throwing a ball
- Swinging a golf club
- Climbing stair or negotiating curbs
- Getting in and out of a car

“Training” Codes

- Preparation for life after PT/OT
- Safely return to activity with or without modifications
- NOT used to describe home exercise programs

97535 Self-care/home management training

E.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instruction in use of assistive technology devices/adaptive equipment, direct one-on-one contact by provider, each 15 minutes.
97535 Self-care/home management training

- Wound care/dressing change
- Swelling control
- Positioning for sleep/comfort
- Use of a home TENS unit, traction paraffin, contrast bath
- Signs of infection
- Things to avoid at home

97537 Community/work Reintegration Training

E.g. shopping transportation, money management avocational activities and/or work environment/ modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes.

97542 Wheelchair Management

**Assessment, fitting, and training**

- The clinician performs assessments, fitting, and adjustments, and instructs and trains the patient in proper wheelchair skills (e.g. propulsion, safety techniques) in their home, facility work, or community environment.
- This requires direct contact and may be billed in 15 minute units.

97545 Work Hardening/ Conditioning (initial 2 hrs.)

This code is used for a program where the injured worker is put through a series of conditioning exercises and job simulation tasks in preparation for return to work. Endurance, strength, and proper body mechanics are emphasized. The patient is also educated in problem solving skills related to job task performance and employing correct lifting and positioning techniques.
97546 Work Hardening/Conditioning (each add’l hr.)

Describes additional time over the initial 2 hours (per treatment session) in 1 hour increments

97597 Selective Debridement

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

97598 Selective Debridement

For each additional area of wound surface measuring at least 20 square centimeters.

97602 Non-Selective Debridement

Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g. wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment and instructions(s) for ongoing care, may include use of whirlpool, per session

Medicare considers this code a bundled service, or otherwise included in other services.
97605 Negative Pressure Wound Therapy (NPWT)

Vacuum assisted drainage collection- including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters

Medicare bundles this code and 97606 into selective debridement codes (97597 – 97598).

97606 Negative Pressure Wound Therapy (NPWT)

Vacuum assisted drainage collection - including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters

Medicare bundles this code and 97605 into selective debridement codes (97597 – 97598).

97610 Low Frequency, non-contact, non-thermal US

Includes topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

NEW IN 2014

97750 Physical Performance Test or Measurement

(e.g. musculoskeletal, functional capacity), with written report, each 15 minutes

The therapist performs a test of physical performance determining function of one or more body areas or measuring an aspect of physical performance, including functional capacity evaluation. A written report is part of this service. This code may be billed in 15-minute increments.
97750 Physical Performance Test or Measurement

- Functional Capacity Evaluations (FCE)
- Functional Assessments
- Cybex tests
- Sensory/Pinch/Grip tests
- Functional Sport-specific tests
- Gait/running or throwing video analysis
- Exertional Testing

97755 Assistive Technology Assessment

e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility, direct one-on-one contact by the provider, with written report, each 15 minutes.

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

The provider fits and/or trains the patient in the use of the orthotic device for one or more body parts. This includes assessment as to type of orthotic when appropriate. This does NOT include fabrication time, if appropriate, or cost of materials.

Written Reports must include:
- Collected data
- Impact of the findings on the plan of care, if applicable
- Time taken to perform the test, in minutes.
- This code requires direct one-on-one patient contact and should NOT be billed in addition to an initial evaluation or re-evaluation if provided on the same day.
97761 Prosthetic Training

Prosthetic training, upper extremity and/or lower extremity(s), each 15 minutes

The provider fits and/or trains the patient in the use of a prosthetic device for one or more body parts. This includes assessment for the appropriate type of prosthetic device. This does NOT include fabrication time, if applicable, or cost of materials.

97762 Checkout for orthotic/prosthetic use

Established patient, each 15 minutes

The provider evaluates the effectiveness of an existing orthotic or prosthetic device and makes recommendations for changes, as appropriate.

90901 Biofeedback training by any modality

- This code applies to any of several modalities used for biofeedback training, except for EMG and manometry.
- Covered by Medicare for Muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, incapacitating muscle spasm, or weakness, and after more conventional treatments have not been successful.
- It is an untimed code.

90911 Biofeedback training - anal/urethral (incl. EMG and/or)

- This code applies to biofeedback training that includes the monitoring of the anus and/or rectum or urethra – including electromyography (measures muscle contractions) and manometry (measures pressure).
- This code is untimed.
Biofeedback for Incontinence

- Medicare covers biofeedback for treatment of stress and/or urge incontinence to cognitively intact patients who have failed a documented trial of pelvic mm. exercise training.
- Can be used as an initial treatment ONLY WHEN, in the opinion of the physician, that approach is most appropriate and is documented as such.
- When reporting biofeedback for urinary incontinence, use 90901 when EMG and/or manometry are NOT performed.

Biofeedback

NGS does NOT cover biofeedback for:

- Pelvic floor congestion
- Pelvic floor pain not of spinal origin
- Hypersensitive clitoris
- Prostatitis
- Cystourethrocele
- Enterocoele
- Rectocele
- Vulvodynia
- Vulvar vestibulitis syndrome (VVS)

95992 Canalith Repositioning

- Canalith Repositioning procedure(s) [eg, Epley maneuver, Semont maneuver], per day
- Covered by NGS for BPPV (386.11) ONLY

Application of multi-layer venous wound compression systems

- 29581 Below knee, incl. ankle and foot
- 29582 Thigh and leg, incl. ankle and foot
- 29583 Upper arm and forearm
- 29584 Upper arm, forearm, hand and fingers
"A" Codes

A4000 – A8999
Medical and Surgical Supplies

Includes such items as dressings, bandages, and stockings.

"E" Codes

E0100 – E9999
Durable Medical Equipment

Includes such items as canes, crutches, walkers, dynamic splints, and TENS units

Must be able to withstand repeated use.
Must be primarily and customarily used to serve a medical purpose.
Must be generally not useful to a person in the absence of an illness or injury.
Must be appropriate for use in the home.

"L" Codes

Orthotic Procedures and Devices

L codes include braces, splints, corsets, and shoe inserts.
Includes the fabrication/fitting time and materials, where applicable
“G” Codes

- **Temporary** G codes are assigned to services and procedures that are under review before being included in the CPT coding system.
- Payment for these services is under the jurisdiction of the local carriers.
- Also includes the Functional Limitation Reporting codes required by Medicare as of July 1, 2013.

Thank You!

Kathleen Picard PT
Health Policy and Practice Consulting
612-868-7473
kathleenpicard28@gmail.com