

Application of CPT codes in Assistive Technology Centers

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Objectives

1. Describe the difference between 3 or more CPT codes.
2. Identify how to use timed billing codes.
3. Report 2 examples of when to use combination of CPT codes.
4. Explain the difference between a timed and untimed code.

CPT Codes

- A code set that describes clinically recognized and accepted services provided by health care professionals to individualized patients and populations
- Communicate uniform information about services and procedures to accurately describe services provided.
- Can be used for consistent and reliable communication among the health care team

More on CPT codes

- CPT codes *not tied to specific profession*
- PT and OT services can also be provided by physicians, non-physician practitioners (NPPs), or incident-to the services of physicians/NPPs when provided by PT or OT in the office or the home.

Ingredients

- CMS
- HCPCS
- ADMERC
- NCD
- LCD
- CPT
- DMEPOS
- VA Prosthetic and Sensory Aids Services (PSAS) Handbooks
- Clinical Practice Recommendations
- External Evidence
- Business Models, Plans and Strategies

CMS

- Centers for Medicare and Medicaid Services (CMS)
- Social Security Act Established both Medicare and Medicaid in 1965
- CMS makes the rules for Medicare and Medicaid
- CMS determines Medicare reimbursement (fee schedule)

HCPSC

Healthcare Common Procedure Coding System.

- This coding system was developed in 1983 by CMS for the purpose of standardizing the coding systems used to process Medicare claims.
- The HCPSC coding system is primarily used to bill Medicare for supplies, materials and injections and for certain services and procedures that are not defined in the Common Procedure Terminology (CPT).
- HCPSC codes must be used when billing Medicare carriers.

MAC & PSC

- The Medicare Program is organized into 4 regions.
 - Each region has a contracted MAC and PSC
 - Medicare Administrator Contractor
 - Program Safeguard Contractor
- PSCs determine who qualifies for certain equipment by establishing medical policies.
- Wheelchair Suppliers and Clinical Services submit claims to MAC

NCD:

National Coverage Determination

- Describe the criteria for Medicare coverage nationwide for medical services, procedures and devices.
- NCD guides the Local Coverage Determination (LCD).
 - *The LCD is written to further clarify the NCD and providers must follow the LCD for reimbursement.*

DME MAC Supplier Manuals

- [Cigna Government Services](#) (Jurisdiction C)
- [National Government Services](#) (Jurisdiction B)
- [National Heritage Insurance Company \(NHIC\)](#) (Jurisdiction A)
- [Noridian Administrative Services](#) (Jurisdiction D)

<http://www.cms.gov/center/dme.asp>

LCD – Clinical Services

- Describes the coverage limits of outpatient PT and OT services
 - Medicare Part B, billed to either the Medicare Fiscal Intermediary (FI)
 - Part A MAC, or Medicare Carrier
 - Part B MAC when services are provided under a therapy plan of care.
- These limits include specific conditions under which certain PT and OT services ***may be considered*** covered by Medicare.

LCD: Clinical Services

Section 522 of the Benefits Improvement and Protection Act (BIPA) ***defines an LCD as a decision by a fiscal intermediary (FI) or carrier whether to cover a particular service*** on an intermediary-wide or carrier-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (e.g., a determination as to whether the service or item is reasonable and necessary).

LCD – Clinical Services

- LCD Outpatient Physical and Occupational Therapy Services:
 - (L 26884)
- LCD Physical Therapy for Home Health
 - (L31542)
- LCD for Swallow Evaluation and Dysphagia Treatment
 - (L27364)

Therapy CPT Codes

- PT Evaluation: 97001
- PT Re-evaluation: 97002
- OT Evaluation: 97003
- OT Re-evaluation: 97004
- Assistive Technology Assessment: 97755
- Physical Performance Test or Measure: 97750

"Evaluation" codes can not bill these together on same day

Therapy CPT Codes

- Wheelchair Management and Training: 97542 (2006 the word "assessment" was added)
- Self-care/home mgmt. training: 97535
- Therapeutic Activities: 97530
- Therapeutic Procedures: 97112
- Community work re-entry: 97537
- Check out for orthotics/prosthetics: 97762

"treatment" codes. Can bill these together.

Timed vs Untimed codes

- Timed CPT Codes: Many CPT Codes for therapy specify that direct (one-on-one) time spent in patient contact is 15 minutes.
- Untimed CPT Codes: When a therapy treatment is not defined in the AMA CPT code as a specific time frame (such as 15 minutes) the modality or procedure is considered an untimed service. Untimed services are billed based on the number of times the procedure is performed, often once per day.

Evaluation vs Treatment Codes

- CMS indicates certain codes that can not be used the same day. PT eval and AT Assessment can not be used the same day.
- Treatment codes can be used in any combination. W/C management and Therapeutic Activities can be used together.
- You can add treatment codes the same day as evaluation codes. PT evaluation and Therapeutic Evaluation can be used the same day.

Case Study

- During an evaluation you interview and gather information on the medical history and abilities and needs of the patient. You assess ROM, MMT, and complete a supine evaluation. You then have time to trial a manual wheelchair that you find they are really struggling with propelling. You end your session and plan on further evaluating the reason why they cannot at the next session.
- What would you charge?

97001; 97003 PT or OT Evaluation-
This is an **untimed code, billed as one unit.**

- Comprehensive Musculoskeletal and Neuromuscular Evaluation.
- The examination is to include: comprehensive history, performing a systems review and conducting tests and measures, (ROM, motor function, muscle performance, joint integrity, neuromuscular status, and review of orthotic or prosthetic devices).
- The PT or OT will review the exam findings, determine a PT or OT diagnosis, determine prognosis and develop a Plan of Care that includes goals and expected outcomes, interventions to be used, and anticipated discharge plans.

Include the following to support medical necessity:

- Presenting condition/ complaint
- Diagnosis and description of specific problem to be evaluated.
- Subjective complaints and date of onset
- Relevant Medical history
- Prior diagnostic imaging/ testing results
- Prior therapy history for the same diagnosis, illness or injury
- Social support/ environment
- **Prior Level of Function**
- Functional Testing
- Objective Impairment Testing
- Assessment
- Plan

97001; 97003 PT or OT Evaluation cont

- If there are multi site or multi system involvement then all conditions should be assessed at the initial eval.
- Evals that span over more than one day should be charged when the eval is completed.
- **DO NOT COUNT AS "THERAPY TREATMENT" THE ADDITIONAL MINUTES TO COMPLETE THE EVAL AT A DIFFERENT SESSION**

97002; 97004 PT or OT

Re evaluation-

(This is an untimed code, billed as one unit).

- The PT or OT reexamines the patient to evaluate progress and to modify or redirect intervention and/or revise anticipated goals and expected outcomes.
- This code may be used more than once during a plan of care. Tests and Measures include but are not limited to those in a PT or OT Evaluation.
- The PT or OT must modify the plan of care as is indicated and support medical necessity of skilled intervention. Documentation must show significant change in the patient's condition that supports the need to perform a re-eval.
- If a patient is hospitalized during the therapy interval, a re-evaluation may be medically necessary if there has been significant change in the patient's condition which has caused a change in function, long-term goals, and/or treatment plan.

Case Study

- You have seen an individual for a power wheelchair. While you are waiting for the equipment to get shipped you find out that they have now acquired a pressure sore.
- They are scheduled to see you to determine if the cushion is protecting their skin.

Case Study

- You have worked with an individual that has a power chair on order but the manufacture indicates they can not get your combination of set up. You want to switch manufacturers but need to bring the patient in to show them the new chair that will be ordered.

97542 Wheelchair Management (Assessment, fitting, training), each 15 minutes-

- Provider performs assessments, fitting, and adjustments, and instructs and trains the patient in proper wheelchair skills (propulsion, safety techniques) in their home, facility, work, or community environment.
- Typically 3-4 sessions are sufficient to teach the patient and/or caregiver these functional skills unless the patient is severely impaired or presents with another condition requiring additional treatment sessions.
- Those with progressive neurological diseases (ALS, MS, and Parkinson's) may need re-evaluation or modifications of the wheelchair management or propulsion of the wheelchair.
- Documentation must relate the training to expected functional goals that are reasonably attainable by the patient and caregiver.

97542 Wheelchair Management (Assessment, fitting, training), each 15 minutes-

- This code is used to show the skilled intervention that is provided related to the assessment, fitting and/or training for patients who must use a wheelchair for mobility.
- Use this code to train the patient, family, and/or caregiver in functional activities that promote safe wheelchair mobility and transfers. May also be for positioning to avoid pressure points.
- In some instances there may be a patient that is seen for a one time visit for a wheelchair assessment, which is only an assessment related to their wheelchair needs. The therapist will bill 97542 with the units reflecting the time spent in the assessment.

97542 Wheelchair Management (Assessment, fitting, training), each 15 minutes-

- There may be circumstances where a patient may be seen for one time for a wheelchair assessment. *If it is not necessary to complete a full patient evaluation, but only as assessment related to specific wheelchair needs*, this one-time only session may be billed under 97542 with appropriate units reflecting time in the session. (Region B Future LCD: Outpatient Physical and Occupational Therapy services, page 49 of 101 printed 7-9-08. www.ngsmedicare.com).

97542 Wheelchair Management (Assessment, fitting, training), each 15 minutes-

- At some times an eval may be needed along with the wheelchair fitting and training.
- In this case the eval is billed and then only the time spent with 97542 should be billed for that assessment.
- Typically 3-4 visits should be sufficient to train the patient/caregiver.

SUPPORTIVE DOCUMENTATION

- The recent event that prompted the need for a skilled wheelchair assessment.
- Any previous wheelchair assessments that have been completed
- Most recent prior functional level
- If applicable any previous interventions that have been tried and failed by any caregiver
- Functional deficits due to poor seating and positioning

SUPPORTIVE DOCUMENTATION

- Objective assessments of applicable impairments such as ROM, strength, sitting balance, skin integrity, sensation, and tone
- Response of the patient or caregiver to the fitting and training
- Documentation must relate the training to expected functional goals that are attainable by the patient and/or caregiver
- Describe the interventions to show that the skills of a therapist were required

Case Study

- You are seeing a patient for the first time and they report they have a T10 SCI and are interested in a ultra lightweight manual chair. They are not on any medication and have no complications of the injury. You do a quick screening of the shoulders, confirm that they are flexible through a supine evaluation and spend the majority of time on manual wheelchair set up, propulsion and discussion of frames.

97750 Physical Performance Test or Measurement, each 15 minutes-

- (Musculoskeletal, functional capacity) The provider performs a test of physical performance (BTE, Gait analysis, Tinetti, Berg) determining function or one or more body areas or measuring and aspect of physical performance, including functional capacity evals. This is usually beyond the usual eval service performed.

97750 Physical Performance Test or Measurement

- This code goes beyond the evaluation and a written report is required with this code.
- Examples of uses for this code include isokinetic testing, Functional Capacity Evaluation, and Tinetti (Smart Wheel Propulsion Analysis)
- It is not reasonable and necessary for the test to be performed and billed on a routine basis

There must be written evidence documenting

- the problem requiring the test,
- the specific test performed and
- a measurement report which a description of the test performed,
- purpose for the test,
- outcome of the test,
- how the information obtained from the test impacts the plan of care.

SUPPORTIVE DOCUMENTATION

- Problem requiring the test and the specific test performed
- Separate measurement report, including any graphic reports
- Application to functional activity
- How these impacts the plan of care
- **This code cannot be used with another evaluation code. Must have a written report.**

Case Study

- You and your client are working on justification and understanding of an ultralight weight chair. During your session you complete either a Smart wheel propulsion or a Wheelchair Propulsion Test.

97755 Assistive Technology Assessment, each 15 minutes-

- To restore, augment, or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility
- The provider performs an assessment for the possibilities and benefits of acquiring assistive technology device that will help restore, augment, or compensate for existing functional ability in the patient; or that will optimize functional tasks and/or maximize the patient's environmental accessibility and mobility.
- Coverage is specifically for assessment of mobility and seating systems that require high level adaptations, not for routine seating and mobility systems.

97755 Assistive Technology Assessment

- **This code cannot be used with another evaluation code. Must have a written report.**
- Report codes **92605 and 92607** for augmentative and alternative communication.
 - 92605-92607 used to report speech generating and non speech generating AAC devices.

97755 Assistive Technology Assessment

- An assessment is performed for the suitability and benefits of acquiring any assistive technology device or equipment that will help restore, augment, or compensate for existing functional ability in the patient.
- Coverage is specifically for assessment of mobility, seating and environmental control systems that require high level adaptations, not for routine seating and mobility systems.

97755 Assistive Technology Assessment

- This assessment may require more than one visit due to the complexity of the patient's condition
- Training for the use in assistive technology in the home environment should be coded as 97353 and for use in the community as 97537
- 97755 is not covered on the same day as evaluations or re-evaluations.

SUPPORTIVE DOCUMENTATION

- The goal of the assessment
- The technology/component/system involved
- A description of the process involved in assessing the patient's response
- The outcome of the assessment
- Documentation of how this information affects the treatment plan

Case Study

Individual wants the exact replica of chair he is in and his current chair is 10 years old. You spend the session trialing some chairs but mainly measure his chair while you are filling out the order form for a new chair

MANUFACTURER: _____
 MODEL: _____
 AGE OF EQUIPMENT: _____
 OBTAINED FROM: _____
 HOW W/C IS TRANSPORTED: _____

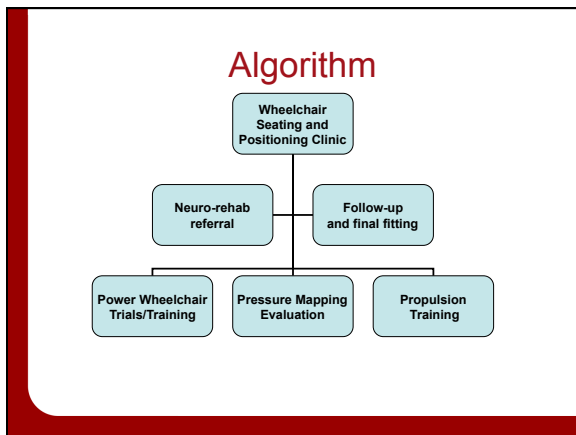
CLIENT/FAMILY GOALS WITH NEW EQUIPMENT:
 1. _____
 2. _____
 3. _____

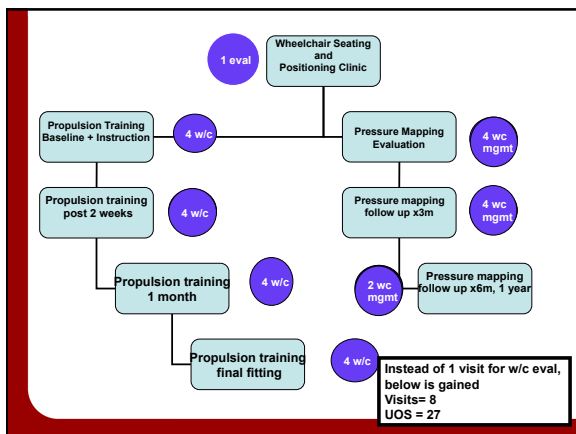
OVERALL DIMENSIONS: 'W x _____ 'L x _____ 'H
 SEAT-TO-FLOOR HEIGHT: Rail _____ Cushion --- _____ sling/board

ARMRESTS:
 FIXED HEIGHT _____ ADJ. HEIGHT _____ TUBULAR T-ARM _____
 NON-REMOVABLE _____ REMOVABLE _____ FLIP-BACK _____
 DESK LENGTH PAD _____ FULL LENGTH PAD _____

LEGRESTS:
 HANGER ANGLE: 60° 70° 80° 90° OTHER: _____
 FIXED SWINGAWAY _____ ELEVATING CONTRACTURE PLATFORM _____

FOOTPLATES:
 COMPOSITE _____ ALUMINUM OTHER: _____
 FLIP UP _____ ANGLE ADJ. SOLID FOOTBOARD _____
 HEEL LOOPS _____ INSTEP STRAPS _____ ANKLE HUGGERS _____ SHOE HOLDERS _____





Resources

- <http://www.prosthetics.va.gov/>
- <http://www.prosthetics.va.gov/psas/CPR.asp>
- http://www.prosthetics.va.gov/psas/PSAS_Handbooks.asp
- <https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?Date=01/05/2015&DocID=L31886>

Questions

Thank you.

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