

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc. (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

Timed Therapeutic Intervention Reimbursement Policy	
Type	Reimbursement
Number	0048
Approved by	
Reimbursement and Technology Committee Quality Improvement Committee	Approval Date May 10, 2007 July 13, 2007

Description
This policy describes OptumHealth Physical Health reimbursement for timed therapeutic services (CPT codes 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542, 97750, 97755, 97760, 97761, 97762).

Audience	
Targeted Population	This policy applies to all products, all network and non-network rehabilitation providers. This includes non-network authorized, and percent of charge contract providers.*

*Fee schedule/provider contract/client contract may supersede

Policy

Overview

Timed Therapeutic Services

OptumHealth Physical Health policy is to allow reimbursement for codes from the list above, in any combination, up to a maximum of four timed units (equivalent to one hour of therapy), per specialty, per date of service.

There may be situations in which a member's condition warrants therapeutic services that exceed the limit of four timed units per date of service. In such cases, OptumHealth Care Solutions will allow additional reimbursement if records are provided which document the services provided.

Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic CPT code payment policy methodology to methodologies used and recognized by third party authorities. The sources used to determine if a CPT code is reimbursable are:

Current Procedural Terminology book (CPT) from the American Medical Association (AMA)

Centers for Medicare and Medicaid (CMS) National Coverage Policy and current Centers for Medicare and Medicaid (CMS) Policy Manual(s) <http://www.cms.hhs.gov>

ChiroCode DeskBook, 18th ed., 2010. <http://www.chirocode.com>

Background Summary

Because multiple PM&R codes may be billed by a provider per day so that an entire time-related treatment session may be represented appropriately, the 97000 series can be a challenge for both the payer and the provider billing the services.

Consistent with the definition of a "usual" therapy treatment session duration, reimbursement of the timed-therapeutic services CPT codes will be aligned with CMS and local Medicare carrier policy.

Examples of local carrier determination language:

(Please note subject to change and not reflective of every local carrier)

- For all PM&R modalities and therapeutic procedures on a given day, it is usually not medically necessary to have more than one treatment session per discipline. Treatment times per session may vary based upon the patient's medical presentation. Treatment time, typically, should be a minimum of 45-60 minutes in order to provide full, optimal care to the Medicare beneficiary. Additional time may be required for the more complex and slow to respond patients. In these cases, documentation of these exceptional services must be maintained in the patient's medical record and available

upon request.

- Depending on the severity of the patient's condition, the usual treatment session provided is from 15 to 60 minutes. The medical necessity of services for an unusual length of time must be documented in the medical record

Coding	
CPT Code Section	
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one 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) one 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
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training) direct (one-on-one) patient contact by the provider, each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use

	of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes
97537	Community/work reintegration training (eg, 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 (eg, assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by 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
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

References and Resources

References

1. American Medical Association, *Current Procedural Terminology (CPT), Professional Edition 2010*
2. Centers for Medicare and Medicaid Services (CMS), *Medicare Benefit Policy Manual, Chapter 15* <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>
2. Centers for Medicare and Medicaid Services (CMS), *Medicare Claims Processing Manual, Chapter 5* <http://www.cms.hhs.gov/manuals/downloads/clm104c05.pdf>
3. American Physical Therapy Association (APTA) *Issues and Insights: CPT Coding Transcript*, 2004.
4. Select Medicare Local Carrier Determinations (LCD)

History/Updates

Approval Date: 7/13/07

Revision History: 5/7/07, 2/26/09, 4/8/10

