

To:  
Nursing Homes  
Occupational  
Therapists  
Physical  
Therapists  
Rehabilitation  
Agencies  
Therapy Groups  
HMOs and Other  
Managed Care  
Programs

## 2001 physical therapy and occupational therapy CPT and HCPCS code changes

The following changes to HCFA Common Procedure Coding System (HCPCS) codes for physical therapy (PT) and occupational therapy (OT) services are effective for dates of service on and after June 1, 2001. Wisconsin Medicaid will no longer accept the discontinued OT code for dates of service on and after November 1, 2001.

### Procedure code changes due to 2001 CPT and HCPCS code changes

Due to changes in *Current Procedural Terminology* (CPT) and HCFA Common Procedure Coding System (HCPCS) codes, effective for dates of service on and after June 1, 2001, Wisconsin Medicaid will make the following changes.

#### Physical therapy code changes

Two codes are *added* to physical therapy (PT) services:

- 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.
- 97601 – Removal of devitalized tissue from wound; selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors,

scalpel and tweezers), including topical application(s), wound assessment, and instructions(s) for ongoing care, per session.

Refer to Attachment 1 of this *Update* for a complete list of Medicaid CPT procedure codes for PT services.

#### Occupational therapy code changes

Three codes are *added* for occupational therapy (OT) services:

- 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.
- 97601 – Removal of devitalized tissue from wound; selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instructions(s) for ongoing care, per session.

One code is *discontinued* for OT:

- 97770 – Development of cognitive skills to improve attention, memory, problem solving, including compensatory training and/or sensory integrative activities, direct (one-on-one) patient contact by the provider, each 15 minutes.

Refer to Attachment 2 for a complete list of Medicaid CPT procedure codes for OT services.

### **Prior authorization**

#### *New procedure codes*

Wisconsin Medicaid will begin accepting the new procedure codes on prior authorization (PA) requests or on PA amendments beginning May 1, 2001, for dates of service on and after June 1, 2001. Refer to the Physical Therapy or the Occupational Therapy handbook for instructions on how to amend a PA.

#### *Coverage of code 97770 in an approved prior authorization*

Some providers have requested and received PA for the to-be-discontinued OT code 97770. Wisconsin Medicaid will continue to reimburse providers for code 97770 as long as the date of service billed is prior to November 1, 2001.

However, claims submitted for procedure code 97770 for dates of service on and after November 1, 2001, will be denied. Therefore, providers with an approved PA that has an expiration date on and after November 1, 2001, are required to do one of the following:

- Amend the PA to conform to the code change.
- Submit a new PA request.

### **Continue using Medicaid modifiers**

Providers are required to continue using the Medicaid therapy modifiers to request PA and

to submit Medicaid claims for PT and OT services:

- Modifier “PT” for physical therapy.
- Modifier “OT” for occupational therapy.

Refer to the Physical Therapy and Occupational Therapy handbooks for more information on therapy modifiers.

### **Reminder about services provided by therapist assistants**

Wisconsin Medicaid covers only certain services provided by physical therapist assistants (PTAs) and certified occupational therapist assistants (COTAs). Some procedure codes and some procedures *within* a procedure code are not within the scope of practice of a PTA or COTA, and therefore are not covered by Wisconsin Medicaid. Refer to Attachments 1 and 2 for a list of CPT procedure codes covered for PTAs and COTAs.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its PA and billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

**W**isconsin Medicaid will continue to reimburse providers for code 97770 as long as the date of service billed is prior to November 1, 2001.

# ATTACHMENT 1

## Medicaid procedure codes for physical therapy services

Effective June 1, 2001

Allowable Types and Places of Service for Specific Service Providers	
Rehabilitation Agencies (Type of Service = 9)	Independent Therapists, Therapy Groups, and Therapy Clinics (Type of Service = 1)
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapy Assistants
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### OTHER PROCEDURES

No Change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) [15 minutes]	\$1	1 per day	Not Allowed
No Change	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) [15 minutes]	\$2	1 per day	Not Allowed
No Change	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation [15 minutes]	\$1	1 per day	Not Allowed
No Change	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent [15 minutes]	\$1	1 per day	Not Allowed
No Change	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants [15 minutes]	\$1	1 per day	Not Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPSC Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation [15 minutes]	\$1	2 per day	Allowed
No Change	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent [15 minutes]	\$0.50	Not Applicable	Allowed

### MODALITIES

No Change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs [15 minutes]	\$1	1 per day	Allowed
No Change	97012	Application of a modality to one or more areas; traction, mechanical [15 minutes]	\$1	1 per day	Allowed
No Change	97014	Application of a modality to one or more areas; electrical stimulation (unattended) [15 minutes]	\$1	1 per day	Allowed
No Change	97016	Application of a modality to one or more areas; vasopneumatic devices [15 minutes]	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath [15 minutes]	\$1	1 per day	Allowed
No Change	97020	Application of a modality to one or more areas; microwave [15 minutes]	\$1	1 per day	Allowed
No Change	97022	Application of a modality to one or more areas; whirlpool [15 minutes]	\$1	1 per day	Allowed
No Change	97024	Application of a modality to one or more areas; diathermy [15 minutes]	\$1	1 per day	Allowed
No Change	97026	Application of a modality to one or more areas; infrared [15 minutes]	\$1	1 per day	Allowed
No Change	97028	Application of a modality to one or more areas; ultraviolet [15 minutes]	\$1	1 per day	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97039	Unlisted modality (specify type and time if constant attendance) [15 minutes]	\$1	1 per day	Allowed

### THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
No Change	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
No Change	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	\$1	Not Applicable	Allowed
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97139	Unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
No Change	97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not Applicable	Allowed when Appropriate*
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	<i>97533</i>	<i>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</i>	<i>\$1</i>	<i>Not Applicable</i>	<i>Allowed</i>
No Change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	<i>97601</i>	<i>Removal of devitalized tissue from wound; selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session.</i>	<i>\$2</i>	<i>1 per day</i>	<i>Not Allowed</i>

\* Therapist assistants are never allowed to perform a myofascial release/soft tissue mobilization, one or more regions. They are also never allowed to perform a joint mobilization, one or more areas (peripheral or spinal).

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
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**EVALUATION**

No Change	97001	Physical therapy evaluation [15 minutes]	\$1	Not Applicable	Not Allowed
No Change	97002	Physical therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not Allowed

## ATTACHMENT 2

### Medicaid procedure codes for occupational therapy services

Effective June 1, 2001

Allowable Types and Places of Service for Specific Service Providers	
Rehabilitation Agencies (Type of Service = 9)	Independent Therapists, Therapy Groups, and Therapy Clinics (Type of Service = 1)
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT Procedure Code	Description	Copayment for CPT/HPCPS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
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#### MODALITIES

No Change	90901	Biofeedback training by any modality [15 minutes]	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs [15 minutes]	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath [15 minutes]	\$1	1 per day	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	\$1	Not Applicable	Allowed

#### THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed



Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
No Change	97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$1	Not Applicable	Allowed when Appropriate*
No Change	97150	Therapeutic procedure(s); group (2 or more individuals) [each 15 minutes]	\$0.50	Not Applicable	Allowed
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	<i>97532</i>	<i>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</i>	<i>\$1</i>	<i>Not Applicable</i>	<i>Allowed</i>
<i>Add 6/1/01</i>	<i>97533</i>	<i>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</i>	<i>\$1</i>	<i>Not Applicable</i>	<i>Allowed</i>
No Change	97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider, each 15 minutes	\$1	Not Applicable	Allowed

\* Therapist assistants are never allowed to perform a myofascial release/soft tissue mobilization, one or more regions. They are also never allowed to perform a joint mobilization, one or more areas (peripheral or spinal).

Action	CPT Procedure Code	Description	Copayment for CPT/ HCPCS Code	Procedure Code Limit per Day	Procedure Allowable for Therapist Assistants
No Change	97542	Wheelchair management/propulsion training, each 15 minutes	\$1	Not Applicable	Allowed
<i>Add 6/1/01</i>	97601	<i>Removal of devitalized tissue from wound; selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session</i>	\$2	1 per day	Not Allowed

## OTHER PROCEDURES

<i>Delete 6/1/01</i>	97770	<i>Development of cognitive skills to improve attention, memory, problem solving, includes compensatory training and/or sensory integrative activities, direct (one-on-one) patient contact by the provider, each 15 minutes</i>	\$1	<i>Not Applicable</i>	<i>Allowed</i>
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## EVALUATION

No Change	97003	Occupational therapy evaluation [15 minutes]	\$1	Not Applicable	Not Allowed
No Change	97004	Occupational therapy re-evaluation [15 minutes]	\$0.50	2 per day	Not Allowed