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Wisconsin Medicaid and BadgerCare Information for Providers

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

Code changes for physical therapy and occupational therapy services

The following changes to procedure codes for physical therapy (PT) and occupational therapy (OT) services are effective for dates of service (DOS) on and after October 1, 2003. Wisconsin Medicaid will no longer allow the discontinued procedure codes for DOS on and after October 1, 2003.

Procedure code changes for physical therapy services

Due to changes in *Current Procedural Terminology* (CPT) and Healthcare Common

Procedure Coding System (HCPCS) codes, effective for dates of service (DOS) on and after October 1, 2003, Wisconsin Medicaid will make changes noted in the table below for physical therapy (PT) services.

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

Discontinued procedure codes		Replacement procedure codes	
CPT procedure code	Description	CPT/HCPCS procedure code	Description
94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	97139	Unlisted therapeutic procedure (specify)
94651	subsequent		
94652	newborn infants		
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
		G0282	Electrical stimulation (unattended), to one or more areas, for wound care other than described in G0281
		G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Prior authorization for physical therapy

Physical therapy providers will not need to submit new or amended prior authorization (PA) requests for previously approved PAs submitted for anticipated DOS on and after October 1, 2003. Wisconsin Medicaid will automatically convert the discontinued codes to the replacement codes for DOS on and after October 1, 2003.

Procedure code changes for occupational therapy services

Due to changes in ch. OT 4.02, Wis. Admin. Code, the following additional procedure codes will be effective for occupational therapy (OT) services for DOS on and after October 1, 2003:

- 97016 (Application of a modality to one or more areas; vasopneumatic devices [15 minutes]).
- 97022 (whirlpool [15 minutes]).
- 97032 (Application of a modality to one or more areas; electrical stimulation [manual], each 15 minutes).
- 97033 (iontophoresis, each 15 minutes).
- 97035 (ultrasound, each 15 minutes).

These services are currently reimbursed by Wisconsin Medicaid when they are provided as a PT service; reimbursement rates will be the same for PT and OT providers. Wisconsin Medicaid will not cover the same procedure when provided for the same recipient as both an OT service and PT service on the same DOS. Refer to Attachment 2 for a complete list of Medicaid procedure codes for OT services.

As noted in ch. OT 4.02(2)(f), Wis. Admin. Code, the application of a physical agent modality must be performed by an experienced therapist with demonstrated and documented

evidence of theoretical background, technical skill and competence. Providers are required to maintain proper documentation showing that the providing therapist meets the necessary qualifications. Refer to Attachment 3 for the American Occupational Therapy Association (AOTA) position paper on physical agent modalities. This position paper has been reprinted with permission from the AOTA.

Prior authorization for occupational therapy

Wisconsin Medicaid will begin accepting the new procedure codes for OT services on PA requests and amendments beginning September 17, 2003, for DOS on and after October 1, 2003. Refer to the Physical Therapy and Occupational Therapy Handbook for instructions on how to amend a PA.

Modifiers

Providers are reminded to use the appropriate Medicaid modifiers on claims and PA requests. Refer to the August 2003 *Update* (2003-118), titled “Effective dates for claims submission and prior authorization changes as a result of HIPAA for physical therapy, occupational therapy, and speech and language pathology services,” for information about modifiers.

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits 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/.

ATTACHMENT 1

Wisconsin Medicaid procedure codes for physical therapy services

Effective for dates of service on and after October 1, 2003

Other procedures					
Action	CPT* procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	\$1	1 per day	Not allowed
No change	93798	with continuous ECG monitoring (per session)	\$2	1 per day	Not allowed
Delete 10/1/03	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation	\$1	1 per day	Not allowed
Delete 10/1/03	94651	subsequent	\$1	1 per day	Not allowed
Delete 10/1/03	94652	newborn infants	\$1	1 per day	Not allowed
No change	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	\$1	1 per day	Not allowed
No change	94668	subsequent	\$0.50	1 per day	Not allowed

Modalities					
Action	HCPCS** procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
Add 10/1/03	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	\$1	1 per day	Allowed
Add 10/1/03	G0282	Electrical stimulation (unattended), to one or more areas, for wound care other than described in G0281	\$1	1 per day	Allowed
Add 10/1/03	G0283	Electrical stimulation (unattended), to one or more areas for indications(s) other than wound care, as part of a therapy plan of care	\$1	1 per day	Allowed

*CPT = Current Procedural Terminology

**HCPCS = Healthcare Common Procedural Coding System

Modalities (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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	\$1	1 per day	Allowed
No change	97012	traction, mechanical	\$1	1 per day	Allowed
Delete 10/1/03	97014	electrical stimulation (unattended)	\$1	1 per day	Allowed
No change	97016	vasopneumatic devices	\$1	1 per day	Allowed
No change	97018	paraffin bath	\$1	1 per day	Allowed
No change	97020	microwave	\$1	1 per day	Allowed
No change	97022	whirlpool	\$1	1 per day	Allowed
No change	97024	diathermy	\$1	1 per day	Allowed
No change	97026	infrared	\$1	1 per day	Allowed
No change	97028	ultraviolet	\$1	1 per day	Allowed
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	iontophoresis, each 15 minutes	\$1	Not applicable	Allowed
No change	97034	contrast baths, each 15 minutes	\$1	Not applicable	Allowed
No change	97035	ultrasound, each 15 minutes	\$1	Not applicable	Allowed
No change	97036	Hubbard tank, each 15 minutes	\$1	Not applicable	Allowed
No change	97039	Unlisted modality (specify type and time if constant attendance)	\$1	1 per day	Allowed

Therapeutic procedures					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$1	Not applicable	Allowed
No change	97113	aquatic therapy with therapeutic exercises	\$1	Not applicable	Allowed

Therapeutic procedures (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97116	gait training (includes stair climbing)	\$1	Not applicable	Allowed
No change	97124	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	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
No change	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	\$1	Not applicable	Allowed
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 assistive technology devices/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
No change	97601	Removal of devitalized tissue from wound(s); 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	\$2	Not applicable	Not allowed

Evaluation					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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

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

ATTACHMENT 2

Wisconsin Medicaid procedure codes for occupational therapy services

Effective for dates of service on and after October 1, 2003

Modalities					
Action	CPT* procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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	\$1	1 per day	Allowed
Add 10/1/03	97016	vasopneumatic devices	\$1	1 per day	Allowed
No change	97018	paraffin bath	\$1	1 per day	Allowed
Add 10/1/03	97022	whirlpool	\$1	1 per day	Allowed
Add 10/1/03	97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$1	Not applicable	Allowed
Add 10/1/03	97033	iontophoresis, each 15 minutes	\$1	Not applicable	Allowed
No change	97034	contrast baths, each 15 minutes	\$1	Not applicable	Allowed
Add 10/1/03	97035	ultrasound, each 15 minutes	\$1	Not applicable	Allowed

Therapeutic procedures					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$1	Not applicable	Allowed

*CPT = Current Procedural Terminology

Therapeutic procedures (continued)					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
No change	97124	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
No change	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	\$1	Not applicable	Allowed
No change	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	\$1	Not applicable	Allowed
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 assistive technology devices/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
No change	97601	Removal of devitalized tissue from wound(s); 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	\$2	Not applicable	Not allowed

Evaluation					
Action	CPT procedure code	Description	Copayment	Limit per day	Allowable for therapist assistants
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

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

ATTACHMENT 3

Physical Agent Modalities Position Paper from the American Occupational Therapy Association

(A copy of the "Physical Agent Modalities Position Paper" from the American Occupational Therapy Association is located on the following pages.)

PHYSICAL AGENT MODALITIES

POSITION PAPER

The American Occupational Therapy Association, Inc. (AOTA) asserts that "physical agent modalities may be used by occupational therapy practitioners when used as an adjunct to or in preparation for purposeful activity to enhance occupational performance and when applied by a practitioner who has documented evidence of possessing the theoretical background and technical skills for safe and competent integration of the modality into an occupational therapy intervention plan" (AOTA, 1991a, p. 1075). The purpose of this paper is to clarify the parameters for the appropriate use of physical agent modalities in occupational therapy. Physical agent modalities are defined as those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity. Physical agent modalities include, but are not limited to paraffin baths, hot packs, cold packs, Fluidotherapy, contrast baths, ultrasound, whirlpool, and electrical stimulation units (e.g., functional electrical stimulation [FES]/neuromuscular electrical stimulation [NMES] devices, transcutaneous electrical nerve stimulator [TENS]) (AOTA, 1991b).

Physical agent modalities can be categorized as "adjunctive methods" (Pedretti, 1996, pp. 8-9; see also Pedretti & Pasquinelli, 1990). An adjunctive method is one that is used in conjunction with or in preparation for patient involvement in purposeful activity. Adjunctive methods support and promote the acquisition of the performance components necessary to enable an individual to resume or assume the skills that are a part of his or her daily routine. As such, the exclusive use of physical agent modalities as a treatment method during a treatment session without application to a functional outcome is not considered occupational therapy. Physical agent modalities can be appropriately integrated into an occupational therapy program only when they are used to prepare the patient for better performance and prevention of disability through self-participation in work, self-care, and play and leisure activities (AOTA, 1979).

The safe selection, application, and adjustment of physical agent modalities, however, is not considered entry-level practice. The specialized learning necessary for proper use of these modalities typically requires appropriate postprofessional education, such as continuing education, in-service training, or graduate education. Documentation of the theoretical and technical education necessary for safe and appropriate use of any physical agent modalities should include, but not be limited to: course(s) in human anatomy; principles of chemistry and physics related to specific properties of light, water, temperature, sound, or electricity, as indicated by the selected modality; physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of the selected modality; the response of normal and abnormal tissue to the application of the modality; indications and contraindications related to the selection and application of the modality; guidelines for treatment and administration of the modality; guidelines for preparation of the patient, including education about the process and

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possible outcomes of treatment (i.e., risks and benefits); and safety rules and precautions related to the selected modality. Education should also include methods for documenting the effectiveness of immediate and long-term effects of treatment and characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care. Supervised use of the physical agent modality should continue until service competency and professional judgment in selection, modification, and integration into an occupational therapy program are assured (AOTA, 1991b). As with all media, when a registered occupational therapist delegates the use of a physical agent modality to a certified occupational therapy assistant, both shall comply with appropriate supervision requirements and ensure that their use is based on service competency (AOTA, 1991c).

The Occupational Therapy Code of Ethics (AOTA, 1994) supports safe and competent practice in the profession and provides principles that can be applied to physical agent modality use. Principle 3 (Competence) states that "occupational therapy personnel shall achieve and continually maintain high standards of competence" (p. 1037) and places expectations on practitioners to demonstrate competency by meeting competency-based standards. Principle 3C states that "occupational therapy personnel shall take responsibility for maintaining competence by participating in professional development and educational activities" (p. 1037), which obliges practitioners to maintain competency by involvement in continuing education. In particular, therapists who choose to use physical agent modalities must stay abreast of current research findings regarding the efficacy of physical agent modality use. In addition, Principle 4A states that "occupational therapy personnel shall understand and abide by applicable Association policies; local, state, and federal laws; and institutional rules" (p. 1038), and requires practitioners to comply with all rules, regulations, and laws. All state laws and regulations related to physical agent modality use have precedence over AOTA policies and positions.

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Note: This document replaces the 1992 position paper of the same name.

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