

JULY 26, 1995

# WISCONSIN MEDICAID UPDATE

UPDATE 95-25

TO:

Occupational Therapy  
Physical Therapy  
Rehabilitation Agencies  
Speech and Hearing Clinics  
Speech Pathology Therapy  
Therapy Groups

**Therapy Recoding Procedures** - Effective for Dates of Service on and after September 1, 1995

## State of Wisconsin 1995-97 Biennial Budget Provisions

The State of Wisconsin 1995-97 Biennial Budget, passed by the state legislature, included the provision that providers must use CPT and HCPCS procedure codes for therapy services. This is effective for dates of service on and after September 1, 1995.

## New Coding Structure

### New CPT and HCPCS Procedure Codes for Physical Therapy (PT) and Occupational Therapy (OT) Services

Effective for dates of service on and after September 1, 1995, independent physical therapists, occupational therapists, therapy groups and rehabilitation agencies

must use HCPCS and CPT procedure codes to bill OT and PT therapy services. Medicaid procedure codes for therapy services will *now* be updated when national CPT and HCPCS codes change.

Rehabilitation agencies, speech and hearing clinics, and speech pathology therapists continue to use the currently assigned speech therapy codes (92506, 92507, and 92508).

### Deleted Wisconsin Medicaid Procedure Codes

Effective for dates of service on and after September 1, 1995, Wisconsin Medicaid no longer reimburses "local" and obsolete PT and OT procedure codes. See Attachment 1 for deleted procedure codes.

### Therapists Will Use New Codes When Performing Evaluation Services in Facilities for the Developmentally Disabled

Effective September 1, 1995, for evaluation services in facilities for the developmentally disabled, PTs and OTs use HCPCS comprehensive evaluation codes. Speech pathologists use the current CPT evaluation procedure code.

<i>This Update</i>	<i>Page</i>
State of Wisconsin 1995-97 Biennial Budget Provisions .....	1
New Coding Structure .....	1
Changes to Covered Service Policies .....	2
Billing Under the New Coding Structure .....	2
Prior Authorization .....	3
Maximum Fees for OT and PT Services .....	4
Attachment 1 .....	5

The current "local" codes used to bill Wisconsin Medicaid for therapy evaluation services in these facilities are invalid:

Invalid and New Procedure Codes for Therapy Evaluations in Facilities for the Developmentally Disabled Effective September 1, 1995		
Providers	Deleted Codes	New Codes
Physical Therapy	W9542	Q0103 Q0104
Occupational Therapy	W9541	Q0109 Q0110
Speech Therapy	W9540	92506

## Changes to Covered Service Policies

### Therapy Evaluations in Facilities for the Developmentally Disabled Are Now Subject to the Spell of Illness, Prior Authorization, Daily Duration, and Other Limitations

Effective September 1, 1995, therapy evaluations in facilities for the developmentally disabled are subject to the spell of illness, prior authorization, daily duration, and other limitations. This applies to comprehensive therapy evaluations by independent and rehabilitation agency providers.

These changes are made to better implement current federal requirements, which state:

"The facility must assess in developmental areas, but not by professional disciplines unless the functional assessment shows a need for a full professional evaluation."\*

\*Interpretive Guidelines- Intermediate Care Facilities for the Mentally Retarded; Health Care Financing Administration Federal Regulations: State Operations Manual 212 483.440(c)(3)(v).

## Billing Under the New Coding Structure

### No Changes in Billing Except New Procedure Codes

Under the new coding structure, there are:

- ☛ no changes to the claim form or the instructions; and
- ☛ no changes to type of service (TOS), provider type and specialty, or related claim form requirements.

### Submit Claims Using Codes on Approved Prior Authorizations

Submit claims using the codes on the approved prior authorization, or the claim will be denied.

### Providers Must Bill Health Insurance and Medicare First

Wisconsin Medicaid requires providers to bill health insurance and Medicare before billing Wisconsin Medicaid.

### Therapy Crossovers Are Subject to Wisconsin Medicaid Payment Limitations

Payments on therapy crossover claims from Medicare are subject to Wisconsin Medicaid maximum fees and rates. Refer to Section IX of the Part A provider handbook for more detailed information.

### Unit of Service Changed for All PT and OT Services

Under the new coding structure, the unit of service is defined by the procedure code description.

For example, when the description includes the statement "each 15 minutes", then one unit of service is 15 minutes. If the description does not specify a time, the entire procedure, per date of service, equals one unit of service. Use Conversion Tables 1 and 2 to convert actual treatment time provided to Medicaid treatment units, based on the time in the procedure code description.

<b>Conversion Table 1</b> Treatment Time to Treatment Units for Procedure Codes Referencing "15 minutes" in the Procedure Code Description	
Actual Treatment Time Provided, in Minutes	Treatment Units Billed to Wisconsin Medicaid
7.5	0.5
15.0	1.0
22.5	1.5
30.0	2.0
37.5	2.5
45.0	3.0

<b>Conversion Table 2</b> Treatment Time to Treatment Units for Procedure Codes Referencing "30 minutes" in the Procedure Code Description	
Actual Treatment Time Provided, in Minutes	Treatment Units Billed to Wisconsin Medicaid
15.0	0.5
30.0	1.0
45.0	1.5
60.0	2.0
75.0	2.5
90.0	3.0

See Attachment 1 for the procedure code descriptions indicating the treatment unit for each procedure.

The units of service for speech pathology procedure codes are unchanged. One unit of service is still 30 minutes.

**Bill Treatment Time Actually Provided**  
 Bill the treatment time actually provided.

For example, if the procedure code description references 15 minutes of direct treatment, the provider must have furnished 15 minutes of direct treatment to the individual patient to bill one unit of service.

**You May Still Bill for *Part* of a Unit...**  
 You may bill for *part* of a unit by using a number with a decimal point.

**Copayment Amounts Are In Attachment 1**

For applicable copayment, see "Copayment" in Attachment 1.

**Daily Service Limitations**

Wisconsin Medicaid covers some procedures only a limited number of times a day. See "Daily Unit of Service Limit" in Attachment 1 for specific limits.

Wisconsin Medicaid still does not cover therapy beyond 90 minutes per day, per recipient, unless you request coverage of additional medically necessary treatment time through the claims adjustment process. Refer to Section X of the Part A provider handbook for further information. This is monitored independently from the daily unit of service limit.

**Prior Authorization**

**Use New Coding Structure for All Prior Authorization Requests**

Use the new coding structure for all new prior authorization requests for dates of service on and after September 1, 1995.

However, *do not* use the new coding structure when requesting retroactive coverage for dates of service before September 1, 1995.

**Prior Authorizations under the Old Coding Structure with Expiration Dates on and after December 31, 1995**

For prior authorizations approved under the old coding structure with expiration dates after December 31, 1995, providers may either amend the prior authorization to reflect the new coding structure, or request a new prior authorization under the new coding structure.

Beginning August 1, 1995, for grant dates after August 31, 1995, providers may submit requests for amendments and new prior authorizations under the new coding structure.

Services authorized under deleted codes will not be paid for dates of service after December 31, 1995.

Claims for prior authorized services may continue to be submitted under the old coding structure for dates of service on and before December 31, 1995.

### **How to Amend Prior Authorizations**

1. Write a letter to the fiscal intermediary requesting an amendment to the approved prior authorization (see address below).
2. Include the following information in your letter:
  - ▶ The requested effective date of the amendment;
  - ▶ The number of sessions provided under the old coding system before the requested effective date of the amendment; and,
  - ▶ The number of sessions and units of service requested under the new coding system after the requested effective date of the amendment.
3. Attach the following to your letter:
  - ▶ A copy of the approved prior authorization to be amended; and,
  - ▶ Supporting clinical documentation.
4. Forward the above to:

EDS  
Attn: Prior Authorization  
Suite 88  
6406 Bridge Rd.  
Madison WI 53784-0088

## **Maximum Fees for OT and PT Services**

Effective September 1, 1995, Wisconsin Medicaid maximum fees for CPT-4 and HCPCS codes for OT and PT procedures are based on the national standard Medicare RVUs.

### **RRVS and RVUs**

The resource-based relative value scale (RRVS) assigns relative value units (RVUs) based on the complexity of procedures. RRVS takes into account the provider's work for each procedure, practice expenses and liability insurance. The work component includes the physical and mental intensity used to perform the service, the time taken to perform the service, and the non face-to-face work associated with a typical encounter.

Pricing is budget-neutral, so total payment to therapy providers is *not* affected.

The work RVUs for services are based on the expectation that the code's definition represents exactly how the service will be furnished when billed to Wisconsin Medicaid.

**ATTACHMENT 1  
1995 THERAPY PROCEDURE CODE CHANGES FOR OCCUPATIONAL THERAPY PROVIDERS**

**Allowed Places of Service** = 0,3, 4, 7, 8  
**Type of Service 9** = Rehabilitation Agencies  
**Type of Service 1** = Independent Therapists and Groups  
**Daily Unit of Service Limit** = A daily limit on the number of units per day, per recipient, covered by Medicaid, where applicable (up to the 90 minutes per day coverage limit)

**MODALITIES**

Deleted Codes	New Codes	Description	Copayment	Daily Unit of Service Limit
W9523	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (30 minutes)	\$3.00	1 per day
W9523	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1.00	1 per day
W9523	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1.00	1 per day
W9523	97034	Application of a modality to one or more areas; contrast baths, (15 minutes)	50¢	Not Applicable

**THERAPEUTIC PROCEDURES**

W9523	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1.00	Not Applicable
W9523	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1.00	Not Applicable
W9523	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1.00	Not Applicable
W9523	97139	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility, unlisted therapeutic procedure (specify)	\$1.00	Not Applicable
W9512 W9522	97150	Therapeutic procedure(s), group (2 or more individuals) (each 45 minutes)	\$1.00	2 per day
W9523	97250	Myofascial release/soft tissue mobilization, one or more regions (30 minutes)	\$2.00	1 per day
W9523	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2.00	1 per day
W9533	97520	Prosthetic training; initial 30 minutes, each visit	\$1.00	1 per day

Deleted Codes	New Codes	Description	Copayment	Daily Unit of Service Limit
W9533	97521	Prosthetic training, each additional 15 minutes	\$1.00	Not Applicable
W9520 W9525 W9527	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1.00	Not Applicable
W9529 W9531	97540	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit	\$2.00	1 per day
W9529 W9531	97541	Training in activities of daily living (self care skills and/or daily life management skills); each additional 15 minutes	\$1.00	Not Applicable

#### OTHER PROCEDURES

W9525 W9527	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	\$1.00	Not Applicable
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#### COMPREHENSIVE EVALUATION

W9509 W9541	Q0109	Occupational therapy evaluation, initial (90 minutes)	\$2.00	1 per day
W9509 W9541	Q0110	Occupational therapy reevaluation, periodic (30 minutes)	\$1.00	1 per day

**1995 THERAPY PROCEDURE CODES CHANGES FOR PHYSICAL THERAPY PROVIDERS**

**MODALITIES**

<b>Deleted Codes</b>	<b>New Codes</b>	<b>Description</b>	<b>Copayment</b>	<b>Daily Unit of Service Limit</b>
97000 97200	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1.00	1 per day
97000 97200	97012	Application of a modality to one or more areas; traction, mechanical (15 minutes)	\$1.00	1 per day
97000 97200	97014	Application of a modality to one or more areas; electrical stimulation (unattended) (15 minutes)	\$1.00	1 per day
97000 97200	97016	Application of a modality to one or more areas; vasoneumatic devices (15 minutes)	\$1.00	1 per day
97000 97200	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1.00	1 per day
97000 97200	97020	Application of a modality to one or more areas; microwave (15 minutes)	\$1.00	1 per day
97000 97200	97022	Application of a modality to one or more areas; whirlpool (15 minutes)	\$1.00	1 per day
97000 97200	97024	Application of a modality to one or more areas; diathermy (15 minutes)	\$1.00	1 per day
97000 97200	97026	Application of a modality to one or more areas; infrared (15 minutes)	\$1.00	1 per day
97000 97200	97028	Application of a modality to one or more areas; ultraviolet (15 minutes)	\$1.00	1 per day
97000 97200	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1.00	Not Applicable
97000 97200	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1.00	Not Applicable
97000 97200	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	50¢	Not Applicable
97000 97200	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1.00	Not Applicable

Deleted Codes	New Codes	Description	Copayment	Daily Unit of Service Limit
97000 97200	97036	Application of a modality to one or more areas; Hubbard tank (15 minutes)	\$1.00	Not Applicable
97000 97200	97039	Unlisted modality (specify type and time if constant attendance) (15 minutes)	\$1.00	1 per day
97100 97200	90900	Biofeedback training; by electromyogram application (e.g., in tension headaches, muscle spasms) (30 minutes)	\$3.00	1 per day

#### THERAPEUTIC PROCEDURES

97100 97200	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$1.00	Not Applicable
97100 97200	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, proprioception	\$1.00	Not Applicable
97100 97200	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1.00	Not Applicable
97100 97200	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training	\$1.00	Not Applicable
97100 97200	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1.00	Not Applicable
97100 97200	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1.00	Not Applicable
97100 97200	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1.00	Not Applicable
97100 97200	97250	Myofascial/soft tissue mobilization, one or more regions (30 minutes)	\$2.00	1 per day
97100 97200	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2.00	1 per day
97100 97200	97520	Prosthetic training; initial 30 minutes, each visit	\$1.00	1 per day
97100 97200	97521	Prosthetic training; each additional 15 minutes	\$1.00	Not Applicable

Deleted Codes	New Codes	Description	Copayment	Daily Unit of Service Limit
97100 97200	97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes	\$1.00	Not Applicable
97100 97200	97540	Training in activities of daily living (self care skills and/or daily life management skills); initial 30 minutes, each visit	\$2.00	1 per day
97100 97200	97541	training in activities of daily living (self care skills and/or daily life management skills); each additional 15 minutes	\$1.00	Not Applicable

#### OTHER PROCEDURES

97100 97200	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) (15 minutes)	\$1.00	1 per day
97100 97200	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) (15 minutes)	\$2.00	1 per day
97100 97200	94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (30 minutes)	\$1.00	1 per day
97100 97200	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent (30 minutes)	\$1.00	1 per day
97100 97200	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation (15 minutes)	\$1.00	1 per day
97100 97200	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent (15 minutes)	\$1.00	1 per day
97100 97200	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants (15 minutes)	\$1.00	1 per day

#### COMPREHENSIVE EVALUATION

97700 W9542	Q0103	Physical therapy evaluation; initial (90 minutes)	\$2.00	1 per day
97700 W9542	Q0104	Physical therapy re-evaluation; periodic (30 minutes)	\$1.00	1 per day

**1995 THERAPY PROCEDURE CODE CHANGES FOR SPEECH THERAPY PROVIDERS**

**COMPREHENSIVE EVALUATION**

<b>Deleted Codes</b>	<b>New Codes</b>	<b>Description</b>	<b>Copayment</b>	<b>Daily Unit of Service Limit</b>
W9540	92506	Federally required annual speech therapy evaluation	\$1.00 per 30 minutes	Not Applicable

Tommy G. Thompson  
Governor



**State of Wisconsin**  
Department of Health and Social Services

**DIVISION OF HEALTH**  
1 WEST WILSON STREET  
P. O. BOX 309  
MADISON WI 53701-0309

**MEMORANDUM**

**DATE:** October 18, 1995

**TO:** Medicaid Occupational Therapy, Physical Therapy, and Therapy Group Providers

**FROM:** K. B. Piper, Director  
Bureau of Health Care Financing

**SUBJECT:** Medicaid Maximum Fees for Therapy Services

Attached are the Medicaid maximum fees for Occupational Therapy, Physical Therapy, and Therapy Group Providers, effective for dates of service on and after September 1, 1995, for the new CPT and HCPCS coding structure for therapy services.

Your fees for occupational and physical therapy services were based on Medicare's resource-based relative value scale (RBRVS), which assigns national relative value units (RVUs) based on the complexity of procedures. Reimbursement based on RBRVS take into account the provider's work for each procedure, practice expenses and liability insurance. The work component includes the physical and mental intensity and time taken to perform the service, and the non face-to-face work associated with a typical encounter. The work RVUs for services are based on the clear expectation that the code's definition represents exactly how the service will be furnished when billed to Medicaid.

Your fees and procedure codes for speech pathology services are unchanged.

Please refer to the recent Medicaid Update 95-25, Therapy Recoding Procedures, dated July 26, 1995, for further information about the new procedure codes and related changes.

KBP:dd  
CH08107.MF

Attachment