

To:  
 HMOs and Other  
 Managed Care  
 Programs  
 Hospitals (Offsite  
 Therapy  
 Services)  
 Nursing Homes  
 Occupational  
 Therapists  
 Physical  
 Therapists  
 Rehabilitation  
 Agencies  
 Therapy Groups

## 1999 Physical Therapy and Occupational Therapy CPT and HCPCS Code Changes

*Changes effective March 1, 1999*

### Procedure code changes due to 1999 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 March 1, 1999, Wisconsin Medicaid will make the changes explained below. These procedures and information apply to fee-for-service Medicaid claims only. If you are a Medicaid managed care provider, contact your managed care organization for information about its policies.

#### Physical therapy (PT)

One code is *added* for PT services:

97140 Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

Three codes are *discontinued* for PT:

97122 Therapeutic procedure, one or more areas, each 15 minutes; traction, manual.

97250 Myofascial release/soft tissue mobilization, one or more regions.

97265 Joint mobilization, one or more areas (peripheral or spinal).

### Occupational therapy (OT)

One code is *added* for OT:

97140 Manual therapy techniques (e.g., mobilization, manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

Two codes are *discontinued* for OT:

97250 Myofascial release/soft tissue mobilization, one or more regions.

97265 Joint mobilization, one or more areas (peripheral or spinal).

See Attachment 1 of this Update for a complete list of current Medicaid procedure codes for PT services. See Attachment 2 of this Update for a complete list of current Medicaid procedure codes for OT services. Attachments 1 and 2 replace the attachments in *Medicaid Update 98-11*, dated March 9, 1998. In addition, Attachment 1 replaces Appendix 4 in the PT Handbook (Part P, Division II), and Attachment 2 replaces Appendix 4 in the OT Handbook (Part P, Division I).

**Coverage of discontinued codes included in a current and valid prior authorization or spell of illness**

Wisconsin Medicaid will continue to accept discontinued PT and OT codes that are included in a current and valid prior authorization (PA) or spell of illness with dates of service before and on July 31, 1999.

However, Wisconsin Medicaid will not accept the same service on the same date of service under both the new codes and discontinued codes.

For dates of service on and after August 1, 1999, Wisconsin Medicaid will cover PT and OT services using procedure codes listed in the attachments and will no longer accept discontinued codes.

**What to do for an approved PA that includes deleted or changed codes**

For a valid PA with an expiration date after July 31, 1999, that includes discontinued procedure codes, providers may do one of the following:

- Amend the PA to reflect the code changes.
- Request a new PA reflecting the code changes.

Wisconsin Medicaid will accept requests for amendments and new PAs using the code changes beginning February 1, 1999. Refer to the PT and OT handbooks for instructions on how to amend PAs.

**Continue using Medicaid modifiers**

Continue to use 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 PT and OT 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). See Attachment 1 and Attachment 2 of this Update for a list of procedure codes covered for PTAs and COTAs.

In addition, services and procedures not within the scope of practice of a PTA or COTA are not covered by Wisconsin Medicaid, even if a procedure code is listed as covered in Attachments 1 or 2 of this Update for PTAs or COTAs.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

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

For provider questions, call the Medicaid fiscal agent 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).

Attachment 1  
 MEDICAID PROCEDURE CODES FOR PHYSICAL THERAPY SERVICES  
 EFFECTIVE MARCH 1, 1999  
 ALL CHANGES ARE ***HIGHLIGHTED IN BOLD ITALICS***

<b>Allowable Types and Places of Service for Specific Service Providers</b>	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 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	Daily Service Limit	Procedure Allowable for Therapist 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	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
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

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
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

**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/HCPSCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	\$0.50	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank (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 transfer training and stair climbing)	\$1	Not Applicable	Allowed
<b>Delete 3/1/99</b>	<b>97122</b>	<b>Therapeutic procedure, one or more areas, each 15 minutes; traction, manual</b>	<b>\$1</b>	<b>Not Applicable</b>	<b>Allowed</b>
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	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed

Action	CPT Procedure Code	Description	Copayment for CPT/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapist Assistants
Add 3/1/99	97140	<i>Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes</i>	\$1	Not Applicable	Allowed When Appropriate*
Delete 3/1/99	97250	<i>Myofascial/soft tissue mobilization, one or more regions (15 minutes)</i>	\$1	Not Applicable	Not Allowed
Delete 3/1/99	97265	<i>Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)</i>	\$2	1 per day	Not 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	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

#### 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

\* 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).

Attachment 2  
 MEDICAID PROCEDURE CODES FOR OCCUPATIONAL THERAPY SERVICES  
 EFFECTIVE MARCH 1, 1999  
 ALL CHANGES ARE ***HIGHLIGHTED IN BOLD ITALICS***

<b>Allowable Types and Places of Service for Specific Service Providers</b>	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 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	Daily Service Limit	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 bath (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 (15 minutes)	\$0.50	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	Daily Service Limit	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	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not applicable	Allowed
<b>Add 3/1/99</b>	<b>97140</b>	<b>Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes</b>	<b>\$1</b>	<b>Not applicable</b>	<b>Allowed, When Appropriate*</b>
No change	97150	Therapeutic procedure(s); group (2 or more individuals) (each 15 minutes)	\$0.50	Not applicable	Allowed
<b>Delete 3/1/99</b>	<b>97250</b>	<b>Myofascial release/soft tissue mobilization, one or more regions (15 minutes)</b>	<b>\$1</b>	<b>Not applicable</b>	<b>Not Allowed</b>
<b>Delete 3/1/99</b>	<b>97265</b>	<b>Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)</b>	<b>\$2</b>	<b>1 per day</b>	<b>Not Allowed</b>
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	97535	Self care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment), direct one-on-one contact by the provider, each 15 minutes	\$1	Not applicable	Allowed
No change	97542	Wheelchair management, propulsion training, 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	Daily Service Limit	Procedure Allowable for Therapist Assistants
<b>OTHER PROCEDURES</b>					
No change	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	Not Applicable	Allowed
<b>EVALUATION</b>					
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