

# Medical Assistance Provider Bulletin

**Attention:** All Title XIX Certified Rehabilitation Agencies, PTs, OTs and STs  
**Subject:** Therapy School Services, Expanded DME, PA by Substitute Therapists, and DD Therapy Evaluations  
**Date:** August 10, 1990  
**Code:** MAPB-090-021-D

Department of Health and Social Services, Division of Health,  
Bureau of Health Care Financing, P.O. Box 308, Madison, Wisconsin 53701

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# I. COVERAGE OF MEDICALLY NECESSARY SERVICES PROVIDED IN SCHOOL

## A. Introduction

Federal law, P.L. 100 - 360, "The Medicare Catastrophic Coverage Act", Section 411 (k) (13), (effective July 1, 1988) clarifies that Medical Assistance (MA) agencies are financially responsible for any covered, medically necessary services which are included in the Individualized Education Plan (IEP) of a handicapped child who is a MA recipient. Services such as speech pathology, occupational therapy, and physical therapy, are examples of covered therapy services that may be identified as needed in a child's IEP.

Whether or not services in a handicapped child's IEP are covered is determined by the Wisconsin Medical Assistance Program (WMAP) in accordance with statutes, rules, and policy guidelines. Please note that prior authorization is required after 35 treatment-days, and that prior authorization may be requested for the entire school year. Please refer to provider specific handbooks and bulletins for a description of covered services in individual therapy areas.

## B. Certification for Services Provided in the Schools

No additional certification is necessary if a provider is already certified to provide WMAP services. Qualified therapists employed by or under contract to schools may become certified by the WMAP and bill for covered services for eligible children. Please refer to provider specific handbooks and bulletins for certification requirements. School districts may obtain a therapy group billing number which, when billed in conjunction with a performing provider number, can be used to centralize the billing for therapists in the district. Claims submitted for services provided by noncertified providers are denied.

## C. Billing for Services Provided in the Schools

All claims for reimbursable services provided in the schools must be submitted to EDS for payment even if the child is enrolled in a WMAP-contracted HMO (indicated by a yellow MA identification card). Services provided to a recipient enrolled in a WMAP-contracted HMO, which are billed POS "0," are reimbursed on a fee-for-service basis by the WMAP. Providers in Milwaukee, Dane, and Eau Claire counties should pay particular attention to this. Please refer to Section IX-E of Part A of the WMAP Provider Handbook, for more information.

## D. Place of Service Code

The appropriate place of service (POS) code for all therapy services provided in the school is "0" (Zero). The service may be provided in the school by a therapist directly employed by the school or by a therapist under separate contract with the school.

II. EXPANDED COVERAGE OF DURABLE MEDICAL EQUIPMENT PROVIDED BY THERAPISTS

As part of the conversion to the HCFA Common Procedure Code System (HCPCS), the WMAP has reviewed and revised its current Durable Medical Equipment (DME) Index. This Index expands DME coverage of services by occupational, physical, and speech therapists. The WMAP has also revised DME policies for prior authorization, life expectancy, and purchase or rental restrictions, as they apply to each HCPCS procedure code. Please review the attached DME Index pages carefully for a detailed listing and coverage information of items allowed for specific therapy types.

A printed copy of the complete Maximum Allowable Fee Schedule for all DME procedures (item #1054-1) may be purchased for \$6.50 plus the appropriate sales tax, by sending a written request to:

Document Sales  
202 S. Thornton Avenue  
P.O. Box 7840  
Madison, WI 53707

The following procedure codes are listed by provider type and indicate changes and newly covered services effective with dates of service on or after October 1, 1990. They are described briefly below to identify the types of additions or changes. For full descriptions and coverage information refer to the attached index.

A. Occupational Therapists

Procedure codes for Adaptive Positioning Equipment:

W6801	Ball bearing feeder - including wheelchair bracket, riser and supinator
W6849	Adaptive positioning equipment, unlisted procedure

Codes for home health procedures:

E0179	Bathroom equipment, includes; rails, seats, stools, benches, any type
E0241	Bath tub wall rail, each
E0242	Bath tub rail, floor base
E0243	Toilet rail, each
E0244	Raised toilet seat
E0245	Tub stool or bench

- E0246 Transfer tub rail attachment
- E0746 Electromyography (EMG), biofeedback device
- E1360 Replacement, supply or accessory necessary for effective use of medically necessary medical equipment owned by the beneficiary
- E1399 Durable medical equipment, not otherwise classified (claim must specify complete description of DME)
- W6802 Bath chair (e.g. lounge-type - TLC chair)
- W6814 Grab bars, each
- W6824 Shower hose
- W6827 Transfer tub bench
- W6891 Consultant approved - DME purchase/rental

• Procedure code E0246 was previously described as "Transfer tub bench"

#### B. Physical Therapists

Home Health procedure codes:

- E0111 (Crutch)
- E0115, E0116 (Crutch)
- E0120 (Crutch)
- E0135 (Walker)
- E0140-E0146 (Walkers)
- E0150-E0152 (Crutch accessories)
- E0153-E0158 (Crutch/walker accessories)
- E0730 (TENS)
- E0744 Neuromuscular stimulator for scoliosis
- E0746 Electromyography (EMG), biofeedback device
- E0840-E0890 (Traction)
- W6830 Reverse wheeled walker

Prosthetics:

- E1360 Replacement, supply or accessory necessary for effective use of medically necessary medical equipment owned by the beneficiary
- L8210 Elastic supports, elastic stockings, custom made
- L8470 Stump sock, single ply, fitting. below knee, each
- L8480 Stump sock, single ply, fitting, above knee, each
- W6891 Consultant approved - DME purchase/rental

• Code E0746 replaces code W6804

- C. Orthotic Procedures - Occupational and Physical Therapists may also provide the following orthotic procedure codes:

L0100 - L2999  
L3650 - L4220  
W1832 - W1834  
W1888  
W1975  
W1995  
W2036 - W2038  
W2282 - W2292  
W2296  
W4032 - W4034  
W4140 - W4175  
W6600 - W6634

- D. Speech Therapists - Home Health procedure codes:

E1360	Replacement, supply or accessory necessary for effective use of medically necessary medical equipment owned by the beneficiary
* L8500	Artificial larynx
L8501	Tracheostomy valve
W6891	Consultant approved DME purchase/rental

- \* L8500 replaces W6813 (Electrolarynx)

### III. PRIOR AUTHORIZED SERVICES PROVIDED BY SUBSTITUTE THERAPISTS

The names of all providers indicated in a plan of care should be listed on the same prior authorization request form. If the primary therapist leaves the agency, indicate in a letter the new therapist's name, provider number, a list of the prior authorized patients who will be treated, and their Medical Assistance identification numbers. Send the letter to:

E.D.S. Federal Corporation  
Attn: Prior Authorization, Suite 88  
6406 Bridge Road  
Madison, WI 53784-0088

### IV. ANNUAL THERAPY EVALUATIONS FOR DEVELOPMENTALLY DISABLED CLIENTS

Federal regulations require all persons with a primary diagnosis of developmental disability or mental retardation who reside in a Skilled Nursing Facility (SNF) or in an Intermediate Care Facility for the Mentally Retarded (ICF/MR) to have an annual therapy evaluation. The WMAP had required all therapy services (including evaluations) to be prior authorized beyond the 35 treatment-day threshold per spell of illness.

Effective with dates of service (DOS) on or after January 1, 1990, the WMAP will waive the prior authorization requirement for one evaluation per calendar year for speech, physical and occupational therapy. To qualify for this waiver,

- the level of care authorized for the recipient must be 60 (developmentally disabled)
- a retardation diagnostic code must be indicated (i.e., 317, 318 or 319)
- the place of service (POS) must be nursing home (POS 7) or skilled nursing facility (POS 8)

New procedure codes have been developed for billing these federally required evaluations. The procedure codes are:

- W9540 - Federally required annual speech therapy evaluation
- W9541 - Federally required annual occupational therapy evaluation
- W9542 - Federally required annual physical therapy evaluation

The evaluation should still contain the following:

- A specific composite of the recipient's current level of functioning as it pertains to either physical, occupational or speech therapy.

AND

- Specific recommendations for a therapy program including measurable treatment goals.

OR

- Specific current recommendations for active treatment including process and specific instructions for other treatment staff.

OR

- Notation that recipient is at functional level (describe) and that neither therapy nor active treatment are appropriate.

The therapy - DD evaluation should not be separately billed if the recipient is currently receiving a functional therapy (physical, occupational, speech) program either in the nursing home or in some other day services program. The evaluation on file for that current year and for that particular therapy should be sufficient to meet Qualified Mental Retardation Professional (QMRP) federal standards.

Claims for therapy services and evaluations other than the federally required evaluations continue to require a prior authorization number if the therapy service provided is over the 35 treatment-day threshold per spell of illness.

The federally required evaluations do not require a copayment and do not count towards the 35 treatment-day therapy limit.

V. **ADDITIONAL BILLING INSTRUCTIONS**

A. **Procedure code E1350 (repair or nonroutine service):**

1. **Is limited for use in billing the repair of communicators including accessories or the repair of an electrolarynx;**
2. **Must have the specific item being repaired identified in element 24c of the claim form;**
3. **Requires prior authorization when the repair exceeds \$200;**
4. **Is reimbursable for nursing home recipients.**

B. **Billing Increments of Service**

**Each therapy procedure code represents 30 minutes of service or 1 unit. When billing the WMAP for treatment time other than a whole unit of service round up or down to the nearest unit of service (30 minutes). For example, if 25 or 35 minutes of service and preparation time is provided it should be billed as 30 minutes (1 unit). No unit may be billed unless at least 15 minutes of actual face to face service is provided. Preparation time must be actual time and may not exceed 15 minutes per treatment session.**

C. **Series Billing Instructions**

**When billing the WMAP, it is allowable to enter up to four dates of service per line for each procedure if all of the following apply:**

- **all dates of service are in the same calendar month;**
- **all procedures performed are identical;**
- **all procedures were performed by the same provider;**
- **the place and type of service is identical for all procedures;**
- **the same diagnosis is applicable for each procedure; and**
- **the charge for all procedures is identical.**

**Claims submitted with more than four dates of service per line are denied. Please refer to attachment 1 for an example of series billing.**

D. **Preparation Time**

**Preparation time is not billable when doing group therapy. It is only billable when doing individual therapy.**

E. **Bilateral Appliances**

**Bilateral appliances can be provided within the life expectancy of the item without prior authorization if the single appliance does not require PA. The provider should keep in mind that the life expectancy requirements still apply for single appliances. To assure accurate and timely claims processing for bilateral units, the following claims processing requirements should be adhered to:**

1. bilateral appliances billed on the same date of service

If bilateral appliances are billed on the same date of service, Element 24F of the HCFA 1500 claim form must indicate a quantity of two (2).

2. bilateral appliances billed on different dates of service

If bilateral appliances are rendered on different dates of service, the modifier 01 must be placed immediately behind the procedure code (i.e., L3938-01) in Element 24C of the HCFA 1500 claim form. The quantity in Element 24 F would be 1. For example, if a left static dorsal wrist (Code L3938) is billed with an 04/01/90 date of service and a right static dorsal wrist (Code L3938) is billed for the same recipient with a 06/01/90 date of service, the claim for the second appliance will require use of the 01 modifier.

#### F. Crossover Claims

Rehabilitation Agencies should note that in order for EDS to begin processing their automatic crossover claims from Blue Cross, the following items must be indicated on the National UB-82 claim form being submitted to Medicare:

- covered days indicated in item 23;
- "T-19 WI Medicaid" in item 57; and
- the recipient's Medical Assistance identification number in item 68.

Automatic crossovers from Blue Cross will begin processing on claims received on or after September 15, 1990.

#### VI. HOSPITAL THERAPISTS BILLING FOR OFF-SITE SERVICES

Therapists who are providing services in a hospital (to a hospital inpatient or outpatient) are not required to be individually certified by the WMAP. However, if the service is to be provided " off-site " (e.g. school, nursing home, sheltered workshop), each therapist must be individually certified by the WMAP, must follow prior authorization requirements and must also bill using the HCFA 1500 claim form using the following procedure codes:

Occupational Therapy	Speech Therapy	Physical Therapy
W9509	92506	97000
W9512	92507	97100
W9520	92508	97200
W9522		97700
W9523		
W9525		
W9527		
W9529		
W9531		
W9533		

Procedure codes not listed above are denied.

**VII. LATE BILLING REMINDER**

Providers are reminded that federal regulations require that all claims be submitted, correct and complete, within one year of the date of service. The only exceptions to this requirement, are identified in Section IX-F of Part A of the WMAP Provider Handbook.

**VIII. PAPERLESS CLAIMS**

Submit your claims electronically. Experience shows that electronic billers get quicker results with fewer errors than conventional paper billers. EDS offers free software and consultation services to get you started right. Simply fill out Attachment 2 of this bulletin and mail it to EDS, or call (608) 221-4746 and ask for the Electronic Media Claims (EMC) Unit. Experience the advantages of paperless claims!

**IX. ATTACHMENTS**

As noted earlier Attachment 1 is an example of series billing and the attached DME Index presents the expanded DME coverage of services by occupational, physical, and speech therapists.

HEALTH INSURANCE CLAIM FORM

(CHECK APPLICABLE PROGRAM BLOCK BELOW)

<input type="checkbox"/> MEDICARE (MEDICARE NO.)	<input checked="" type="checkbox"/> MEDICAID (MEDICAID NO.)	<input type="checkbox"/> CHAMPUS (SPONSOR'S SSN)	<input type="checkbox"/> CHAMPVA (VA FILE NO.)	<input type="checkbox"/> FECA BLACK LUNG (SSN)	<input type="checkbox"/> OTHER (CERTIFICATE SSN)
--	---	--	--	--	--

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

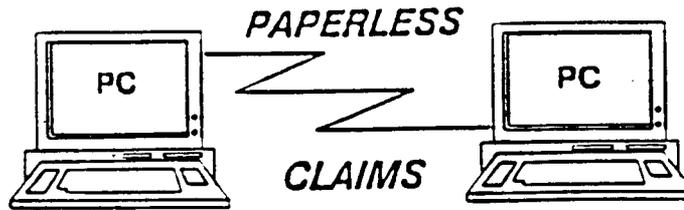
1 PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) <b>Recipient, I. M.</b>		2 PATIENT'S DATE OF BIRTH MM   DD   YY		3 INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)	
4 PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>609 Willow St. Anytown, WI 53725</b>		5 PATIENT'S SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		6 INSURED'S ID NO. IF OR PROGRAM CHECKED ABOVE (INCLUDE ALL LETTERS) <b>1234567890</b>	
TELEPHONE NO.		7 PATIENT'S RELATIONSHIP TO INSURED SELF <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		8 INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.)  <input type="checkbox"/> INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN	
9 OTHER HEALTH INSURANCE COVERAGE (ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER)  <b>OI-D</b>		10 WAS CONDITION RELATED TO A PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B ACCIDENT AUTO <input type="checkbox"/> OTHER <input type="checkbox"/>		11 INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)  <b>M-5</b> TELEPHONE NO.	
12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING). I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW.  SIGNED _____ DATE _____		13 I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW.  SIGNED (INSURED OR AUTHORIZED PERSON) _____		11a CHAMPUS SPONSOR'S STATUS: <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIRED. BRANCH OF SERVICE _____	

PHYSICIAN OR SUPPLIER INFORMATION

14 DATE OF ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15 DATE FIRST CONSULTED YOU FOR THIS CONDITION	16 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES	18 IF EMERGENCY CHECK HERE <input type="checkbox"/>
17 DATE PATIENT ABLE TO RETURN TO WORK	18 DATES OF TOTAL DISABILITY FROM _____ THROUGH _____	DATES OF PARTIAL DISABILITY FROM _____ THROUGH _____	
19 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (OR PUBLIC HEALTH AGENCY) <b>I. M. Referring 87654321</b>		20 FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED _____ DISCHARGED _____	
21 NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE) <b>I. M. Nursing Home 98765432</b>		22 WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES <input type="checkbox"/> NO <input type="checkbox"/> CHARGES	

23 A DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.						B EPST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FAMILY PLANNING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PRIOR AUTHORIZATION NO <b>1234567</b>	
A	B	C	D	E	F	G	H
DATE OF SERVICE FROM TO	PLACE OF SERVICE	PROCEDURE CODE (IDENTIFY)	EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES	DIAGNOSIS CODE	CHARGES	DAYS OR UNITS	LEAVE BLANK
09/03, 05, 07/89	7	97200	Combination 30min.	1	XXXX	6.0	1
09/09/89	7	97200	Combination 30 min.	1	XXXX	1.0	1
			I. M. Performing				
			12345678				

25 SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS); (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF)  <b>MM/DD/YY I. M. Provider</b>		26 ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY); (SEE BACK) YES <input type="checkbox"/> NO <input type="checkbox"/>		27 TOTAL CHARGE <b>XX.XX</b>		28 AMOUNT PAID <b>XX.XX</b>		29 BALANCE DUE <b>XX.XX</b>	
32 YOUR PATIENT'S ACCOUNT NO.		30 YOUR SOCIAL SECURITY NO.		31 PHYSICIAN'S SUPPLIER'S AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO. <b>I. M. Billing 123 W. Williams Anytown, WI 53725 ID NO 23456789</b>					
33 YOUR EMPLOYER ID NO.									



## EXPERIENCE THE DIFFERENCE

Now is the time to explore the many advantages of "paperless" claims. EDS provides the information and technology to assist you in implementing electronic claims for the Wisconsin Medical Assistance Program (WMAP). Join the thousands of providers using electronic claims and experience the difference:

- Improved Cash Flow
- Reduced Clerical Effort
- Fewer Claim Rejections
- Flexible Submission Methods
- Adaptability to Existing Systems

EDS publishes specifications for the following three forms of electronic claims:

- 
 - Tape-to-tape allows EDS to receive billing information through magnetic tape. The specifications are available to you upon request.
- 
 - Electronic claims submission (ECS) uses personal or other computers to transmit billing information over the telephone line.
- 
 - 3780 Protocol is an IBM standard protocol that several IBM mini or main frame systems have installed for a communication link.

EDS offers free software and consultation services to get you started right. To receive the software and/or specifications, complete the reverse side of this document and return to EDS.

Come Experience the Difference with ECS  
CALL EDS (608-221-4746) TODAY!

Please complete this form if you want additional information on electronic billing.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Service(s) Provided: \_\_\_\_\_

Estimated Monthly Medicaid Claims Filed: \_\_\_\_\_

.....

1. Do you currently submit your Medicaid claims on paper?  YES  NO

2. Are your Medicaid claims computer generated on paper?  YES  NO

3. Do you use a billing service?  YES  NO

If the answer is YES to #2 or #3, please complete the following:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

4. Do you have an in-house computer system?  YES  NO

If YES, type of computer system:

- a. Large main frame Manufacturer: \_\_\_\_\_  
(e.g., IBM 360, Burroughs 3800) Model #: \_\_\_\_\_
- b. Mini-Computer Manufacturer: \_\_\_\_\_  
(e.g., IBM System 34, or 36 TI 990) Model #: \_\_\_\_\_
- c. Micro-Computer Manufacturer: \_\_\_\_\_  
(e.g., IBM PC, COMPAQ, TRS 1000) Model #: \_\_\_\_\_

5. Please send the paperless claims manual for:

  magnetic tape submission

  telephone transmission (EDS free software)  3-1/2"  5-1/2"  
(NOTE: EDS does not supply the 3-1/2" diskette. If you need this size, please send a blank formatted diskette with your request.)

  telephone transmission (3780 protocol transmission)

Return To: EDS  
Attn: EMC Department  
6406 Bridge Road  
Madison, WI 53784-0009

ATTACHMENT 3

Durable Medical Equipment (DME) Billable by  
Occupational, Speech and Physical Therapists  
Rehabilitation Agencies

An updated version of the DME index is attached to a more recently  
published Medical Assistance Provider Bulletin.