Coding and Payment Guide for the Physical Therapist

An essential coding, billing, and payment resource for the physical therapist

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American Physical Therapy Association
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Coding and Payment Guide for the Physical Therapist

Contents and Format of This Guide

The Coding and Payment Guide for the Physical Therapist contains chapters that address payment, official Medicare regulatory information, and a glossary.

Payment

The first section of the guide provides comprehensive information about the coding and payment process. It contains four chapters: an introduction, "The Payment Process," "Documentation—An Overview," and "Claims Processing." These chapters are predominantly narrative in nature; however, the claims processing chapter provides step-by-step explanations to complete the CMS-1500 and UB-04 claim forms and a crosswalk for electronic submissions.

Procedure Codes for Physical Therapists

The next chapter, "Procedure Codes," contains a numeric listing of procedure codes most commonly used by a physical therapist. Each page identifies the information associated with that procedure or in some cases, related procedures including an explanation of the service, coding tips, and associated diagnoses. Please note that this list of associated ICD-9-CM codes is not all inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

The procedure code page contains related terms and the CMS Manual System pertaining to the reference is provided in the Medicare official regulatory information appendix. The full text of all of the Internet-Only Manuals (IOM) may be found at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html. The procedure code pages also have a list of codes from the official Centers for Medicare and Medicaid Services National Correct Coding Policy Manual for Part B Contractors that are considered to be an integral part of the comprehensive or mutually exclusive coding system and should not be reported separately. Please note that the CCI edits will be updated quarterly and posted on Optum's website at http://www.optumcoding.com/cciedits. Finally, all relative value information pertaining to the code is listed at the bottom of the page.

Indexes and Appendix

The chapter containing applicable procedure codes is followed by a procedure code index, an index of diagnosis codes commonly reported by physical therapists, and HCPCS Level II definitions and guidelines. An appendix, "Medicare Official Regulatory Information," and a glossary follow.

How To Use This Guide

The chapters: "The Payment Process," "Documentation—An Overview," and "Claims Processing" may be read in their entirety and/or used as references. When using this Coding and Payment Guide for code assignment, follow these important steps to improve accuracy and experience fewer overlooked diagnoses and services:

- Step 1. Carefully read the medical record documentation that describes the patient's diagnosis and the service provided. Remember, more than one diagnosis or service may be documented.
- Step 2. Locate the main term for the procedure or service documented in the CPT index. This will identify the procedure code that may be used to report this service.
- Step 3. Locate the procedure code in the chapter titled "Procedure Codes." Read the explanation and determine if that is the procedure performed and supported by the medical record documentation. The Terms to Know section may be used to ensure appropriate code assignment.
- Step 4. At this time, review the additional information pertinent to the specific code found in the coding tips, IOM reference, and CCI sections or the Medicare physician fee schedule references.
- Step 5. Peruse the list of ICD-9-CM codes to determine if the condition documented in the medical record is listed and the code identified. If the condition is not listed refer to the...
Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)

95869
limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters

Explanation
Needle electromyography (EMG) records the electrical properties of thoracic paraspinal muscles, excluding T1 or T12 (95869) using an oscilloscope. Recordings, which may be amplified and heard through a loudspeaker, are made during needle insertion, with the muscle at rest, and during contraction. Report 95870 for a limited study of muscles in one extremity or non-limb (axial) muscles other than thoracic paraspinal or cranial supplied muscles or sphincters.

Coding Tips
Code 95870 should be used to report a needle EMG study of a limb that has fewer than five muscles tested per limb. Report this code once, or once per each extremity examined. Append modifier 59 Distinct procedural service, to any subsequent codes reported. Report 95870 once when performed on the cervical or lumbar paraspinal muscles, report 95870 only once regardless of the number of levels examined or if performed bilaterally.

When no nerve conduction studies are performed on the same date of service, the appropriate EMG code (95860–95864 and 95866–95870) should be reported. To report nerve conduction studies, see 95907–95913.

Terms To Know
- Electromyography (EMG): Examining and recording the electrical activity of a muscle.
- Technical component: Portion of a health care service that identifies the provision of the equipment, supplies, technical personnel, and costs attendant to the performance of the procedure other than the professional services.

ICD-9-CM Diagnostic Codes
These codes can be used in addition to the standard evaluation.

IOD References
100-2,15,230.4; 100-4,5,10.2

CCI Version 18.3
Also not with 95869: 90901, 95870, 95887-95904, 95920
Also not with 95870: 95885-95904

Note: These CCI edits are used for Medicare. Other payers may reimburse on codes listed above.
### HCPSC Level II Definitions and Guidelines

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Medicare Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4452</td>
<td>Tape, waterproof, per 18 sq in</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4453</td>
<td>Adhesive remover or solvent (for tape, cement or other adhesive), per ounce</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4456</td>
<td>Adhesive remover, wipes, any type, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4461</td>
<td>Surgical dressing holder, nonreusable, each</td>
<td>MED: Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4462</td>
<td>Surgical dressing holder, reusable, each</td>
<td>MED: Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4465</td>
<td>Nonelastic binder for extremity</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4466</td>
<td>Garment, belt, sleeve or other covering, elastic or similar stretchable</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4490</td>
<td>Surgical stocking above knee length, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4495</td>
<td>Surgical stocking thigh length, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4500</td>
<td>Surgical stocking below knee length, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4510</td>
<td>Surgical stocking full length, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4556</td>
<td>Electrodes (e.g., Apnea monitor), per pair</td>
<td>MED: Pub. 100-2, Chapter 15, Section 100, 130, Pub. 100-3, Section 280.1</td>
</tr>
<tr>
<td>A4558</td>
<td>Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per ounce</td>
<td>MED: Pub. 100-3, Section 270.3</td>
</tr>
<tr>
<td>A4559</td>
<td>Coupling gel or paste, for use with ultrasound device, per ounce</td>
<td>MED: Pub. 100-3, Section 270.3</td>
</tr>
<tr>
<td>A4565</td>
<td>Slings</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4566</td>
<td>Shoulder sling or vest design, abduction retractor, with or without swathes</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
</tbody>
</table>

**Coding Tip**

The initial casting of the fracture is considered part of the fracture care, inherent in the fracture care code. The sling, however, is not included in the global package for fracture care. Some contractors will pay for this additional patient care item; some will not. If the provider ordered the sling secondary to high probability of patient self-harm with a flailing, casted limb, or if the patient is a child who requires immobilization of the casted limb to avert further injury, reimbursement may be considered by some contractors. Clear evidence of these situations must be reflected in the medical documentation and should be submitted with the claim. In any case, it would be prudent to secure an advance beneficiary notice of noncoverage (ABN) from the patient in case a medical necessity denial is received.

| A4570  | Splint                                                                       | MED: Pub. 100-2, Chapter 15, Section 100                |
| A4580  | Cast supplies (e.g., plaster)                                                | MED: Pub. 100-2, Chapter 15, Section 100                |

<table>
<thead>
<tr>
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<th>Medicare Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4590</td>
<td>Special casting material (e.g., fiberglass)</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4595</td>
<td>Electrical stimulator supplies, 2 lead, per month, (e.g. TENS, NMES)</td>
<td>MED: Pub. 100-3, Section 270.3</td>
</tr>
<tr>
<td>A4600</td>
<td>Sleeve for intermittent limb compression device, replacement only, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4630</td>
<td>Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4635</td>
<td>Underarm pad, crutch, replacement, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4636</td>
<td>Replacement, handgrip, cane, crutch, or walker, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4637</td>
<td>Replacement, tip, cane, crutch, walker, each</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
<tr>
<td>A4649</td>
<td>Surgical supply; miscellaneous</td>
<td>MED: Pub. 100-2, Chapter 15, Section 120</td>
</tr>
</tbody>
</table>

**Coding Tip**

Determine if an alternative national HCPSC Level II code better describes the supply being reported. Code A4649 should be used only if a more specific code is unavailable.

| A5113  | Leg strap; latex, replacement only, per set                                 | MED: Pub. 100-2, Chapter 15, Section 120                |
| A5114  | Leg strap; foam or fabric, replacement only, per set                        | MED: Pub. 100-2, Chapter 15, Section 120                |

**Dressings**

Medicare claims fall under the jurisdiction of the durable medical equipment Medicare administrative contractor (DME MAC) unless otherwise noted.

| A6000  | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card | MED: Pub. 100-3, Section 270.2 |

**Coding Tip**

Noncontact normothermic wound therapy (NNWTT) encourages wound healing by warming a wound to a preset temperature. The device consists of a noncontact wound cover that contains a flexible, battery-powered infrared heating card. Benefits are not available under Medicare for this therapy based on a national coverage determination (NCD).

| A6021  | Collagen dressing, sterile, size 16 sq in or less, each                     | MED: Pub. 100-2, Chapter 15, Section 100                |
| A6022  | Collagen dressing, sterile, size more than 16 sq in but less than or equal to 48 sq in, each | MED: Pub. 100-2, Chapter 15, Section 100                |
| A6023  | Collagen dressing, sterile, size more than 48 sq in, each                  | MED: Pub. 100-2, Chapter 15, Section 100                |
| A6024  | Collagen dressing wound filler, sterile, per 6 in                          | MED: Pub. 100-2, Chapter 15, Section 100                |