Coding and Payment Guide for the Physical Therapist

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

APTA
American Physical Therapy Association
## Contents

**Introduction** ........................................................... 1  
**Coding Systems** ..................................................... 1  
**ICD-9-CM Codes** ..................................................... 1  
**HCPCS Level I or CPT Codes** ......................................... 1  
**HCPCS Level II Codes** ............................................... 2  
**Claim Forms** ........................................................... 2  
**Contents and Format of This Guide** ................................. 2  
**Medicare Official Regulatory Information** ......................... 2  
**Index** .................................................................. 3  
**How to Use the Guide** ............................................... 3  

**The Reimbursement Process** ........................................... 5  
**Coverage Issues** ....................................................... 5  
**Payer Types** ............................................................ 5  
**Payment Methodologies** .............................................. 7  
**Calculating Costs** ...................................................... 9  
**Other Factors Influencing Medicare Payment** ....................... 9  
**Participation in Medicare Plans** .................................... 26  
**Supplemental Medicare Coverage** .................................. 27  
**Medicare and Quality Reporting** ................................... 31  
**Workers’ Compensation** ............................................. 32  
**Collection Policies** ................................................... 32  

**Documentation—An Overview** ........................................ 35  
**General Guidelines for Documentation** .............................. 35  
**Guidelines: Physical Therapy Documentation of Patient/Client Management** ............................ 37  
**Fraud and Abuse** ..................................................... 42  

**Claims Processing** ..................................................... 45  
**What to Include on Claims** .......................................... 45  
**Clean Claims** ........................................................... 46  
**Medicare Billing for Physical Therapists in Private Practice** ..................................................... 46  
**Processing the Claim** .................................................. 49  
**The Appeals Process** ................................................... 50  
**Benefit Notices** ........................................................ 60  
**CMS-1500** ............................................................... 64  
**Step-by-Step Claim Completion** ..................................... 65  
**Electronic Claim Completion** ........................................ 77  
**UB-04** ................................................................ 93  

**CPT Definitions and Guidelines** ...................................... 101  
**Appropriate Codes for Physical Therapists** ......................... 101  
**Definitions and Guidelines: Procedures** ............................... 103  
**10021–69990 Surgical Services and Procedures** .................. 104  
**90281–99607 Medicine** ............................................. 106  
**99201–99499 Evaluation and Management** ......................... 125  
**Category III Codes** .................................................... 125  

**CPT Index** ................................................................ 127  

**ICD-9-CM Definitions and Guidelines** ............................... 131  
**The Structure of ICD-9-CM** ........................................... 131  
**The Structure of the Alphabetical Index** .............................. 131  
**The Structure of the Tabular List** .................................... 131  
**001–139 Infectious and Parasitic Diseases** ......................... 133  
**140–239 Neoplasms** .................................................... 136  
**240–279 Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders** .................. 138  
**320–389 Nervous System and Sense Organs** ......................... 142  
**390–459 Disease of the Circulatory System** ......................... 146  
**460–519 Respiratory System** .......................................... 149  
**680–709 Skin and Subcutaneous Tissue** ............................. 152  
**710–719 Musculoskeletal System and Connective Tissue** ........ 153  
**740–759 Congenital Anomalies** ....................................... 158  
**780–799 Symptoms, Signs, and Ill-defined Conditions** ........... 159  
**800–999 Injury and Poisoning** ......................................... 160  
**Supplementary Classifications** ........................................ 163  

**ICD-9-CM Index** ....................................................... 169  
**ICD-9-CM Coding Conventions** ..................................... 169  
**Coding Neoplasms** ..................................................... 169  
**Manifestation Codes** .................................................... 170  
**Diagnostic Coding and Reporting Guidelines for Outpatient Services (Hospital Based and Physician Office)** .................. 170  
**ICD-9-CM Codes** ....................................................... 171  

**Alphabetic Index to External Causes of Injury and Poisoning (E Code)** ........................................... 274  
**Railway Accidents (E800–E807)** ..................................... 287  
**Motor/Vehicle Traffic and Nontraffic Accidents (E810–E825)** .................................................. 287  
**Other Road Vehicle Accidents (E826–E829)** ....................... 287  
**Other Nontraffic Accidents (E810–E825)** ............................ 287  
**Water Transport Accidents (E830–E838)** .......................... 287  
**HCPCS Level II Definitions and Guidelines** ......................... 289  
**Introduction** ............................................................ 289  
**HCPCS Level II—National Codes** .................................... 289  
**Structure and Use of HCPCS Level II Codes** ....................... 289  
**HCPCS Level II Codes and the Physical Therapist** ................. 292  

**HCPCS Level II Index** .................................................. 309  
**Medicare Regulatory Information** ................................... 313  
**Glossary** ................................................................. 333  
**Correct Coding Initiative** ............................................. 345  
**Index** .................................................................. 351
Discharge or Discontinuation Summary

Documentation is required following conclusion of the current episode in the physical therapy intervention sequence, to summarize progression toward goals and discharge plans.

I. General Guidelines

- Documentation is required for every visit/encounter.
- All documentation must comply with the applicable jurisdictional/regulatory requirements.
- All handwritten entries shall be made in ink and will include original signatures. Electronic entries are made with appropriate security and confidentiality provisions.
- Charting errors should be corrected by drawing a single line through the error and initialing and dating the chart or through the appropriate mechanism for electronic documentation that clearly indicates that a change was made without deletion of the original record.
- All documentation must include adequate identification of the patient/client and the physical therapist or physical therapist assistant:
  - The patient's/client's full name and identification number, if applicable, must be included on all official documents.
  - All entries must be dated and authenticated with the provider's full name and appropriate designation:
    - Documentation of examination, evaluation, diagnosis, prognosis, plan of care, and discharge summary must be authenticated by the physical therapist who provided the service.
    - Documentation of intervention in visit/encounter notes must be authenticated by the physical therapist or physical therapist assistant who provided the service.
    - Documentation by physical therapist or physical therapist assistant graduates or others physical therapists and physical therapist assistants pending receipt of an unrestricted license shall be authenticated by a licensed physical therapist, or, when permissible by law, documentation by physical therapist assistant graduates may be authenticated by a physical therapist assistant.
    - Documentation by students (SPT/SPTA) in physical therapist or physical therapist assistant programs must be additionally authenticated by the physical therapist or, when permissible by law, documentation by physical therapist assistant students may be authenticated by a physical therapist assistant.
- Documentation should include the referral mechanism by which physical therapy services are initiated. Examples include:
  - Self-referral/direct access
  - Request for consultation from another practitioner
- Documentation should include indication of no shows and cancellations.

Initial Examination/Evaluation

Examination (history, systems review, and tests and measures)

History

Documentation of history may include the following:

- General demographics
- Social history
- Employment/work (job/school/play)
- Growth and development
- Living environment
- General health status (self-report, family report, caregiver report)
- Social/health habits (past and current)
- Family history
- Medical/surgical history
- Current condition(s)/chief complaint(s)
- Functional status and activity level
- Medications
- Other clinical tests

Systems Review

Documentation of systems review may include gathering data for the following systems:

- Cardiovascular/pulmonary
  - Blood pressure
  - Edema
  - Heart rate
  - Respiratory rate
- Integumentary
  - Pliability (texture)
  - Presence of scar formation
  - Skin color
  - Skin integrity
- Musculoskeletal
  - Gross range of motion
  - Gross strength
  - Gross symmetry
  - Height
  - Weight
- Neuromuscular
  - Gross coordinated movement (e.g., balance, locomotion, transfers, and transitions)
- Motor function (motor control, motor learning)

Documentation of systems review may also address communication ability, affect, cognition, language, and learning style:

- Ability to make needs known
97002  Physical therapy re-evaluation

The PT reexamines the patient/client to evaluate progress and to modify or redirect intervention and/or revise anticipated goals and expected outcomes. Reexamination may be indicated more than once during a plan of care. Tests and measures included are limited to those noted in 97001. The PT will modify the plan of care as is indicated and support medical necessity of skilled intervention.

MED: 100-3, 20, 10

Coding Tip

A therapeutic procedure may be reported on the same day as an evaluation or re-evaluation (97001–97002) when the medical record documentation supports the medical necessity of both services.

MED: 100-3, 20, 10

97003  Occupational therapy evaluation

The provider evaluates the patient. Various movements required for activities of daily living are examined. Dexterity, range of movement, and other elements may also be studied.

MED: 100-3, 20, 10

97004  Occupational therapy re-evaluation

The provider re-evaluates the patient to gauge progress of therapy. Various movements required for activities of daily living are examined. Dexterity, range of movement, and other elements may also be studied.

MED: 100-3, 20, 10

Coding Tip

A therapeutic procedure may be reported on the same day as an evaluation or re-evaluation (97003–97004) when the medical record documentation supports the medical necessity of both services.

MED: 100-3, 20, 10

97005  Athletic training evaluation

The provider examines the patient, which includes taking a comprehensive history, systems review, and obtaining tests of range of motion, motor function, muscle performance, joint integrity, and neuromuscular status. The provider formulates an assessment, prognosis, and notes the anticipated intervention.

MED: 100-2, 15, 230.4, 100-4, 5, 10

97006  Athletic training re-evaluation

The provider re-examines the patient to obtain objective measures of progress toward stated goals. Tests include, but are not limited to, range of motion, motor function, muscle performance, joint integrity, and neuromuscular status. The provider modifies the treatment plan as is indicated to support medical necessity of skilled intervention.

MED: 100-2, 15, 230.4, 100-4, 5, 10

Coding Tip

A therapeutic procedure may be reported on the same day as an evaluation or re-evaluation (97005–97006) when the medical record documentation supports the medical necessity of both services.

MED: 100-2, 15, 230.4, 100-4, 5, 10

97010–97039  Modalities

Modality is defined as any group of agents that may include thermal, acoustic, radiant, mechanical, or electrical energy to produce physiologic changes in tissues for therapeutic purposes. Codes included in this section do not include specific time increments as a requirement.

97010–97028  Supervised

The modalities identified by codes 97010–97028 require supervision by the provider but do not require direct patient contact (one-to-one).

According to the AMA (CPT Coding Assistant, August, 2002), codes from range 97010–97028 (application of a modality to one or more areas) are intended to be reported only one time per modality, per treatment session. If two separate treatment sessions are provided on the same date of service (e.g., a.m. and p.m.), then both may be reported but would require modifier 76 to indicate that the service-based code (with not time descriptors) is being reported for two separate sessions on the same date. Check with third-party payers as their guidelines may differ.

97010  Application of a modality to one or more areas; hot or cold packs

The provider applies heat or cold to alleviate pain, decrease muscle spasms, prepare or cool down from exercise, or to promote tissue healing. The provider may apply a moist or dry hot pack, encased in sufficient padding to the area to be treated, monitoring progress. If a standard heating pad is applied, the control is given to the patient with instructions. The provider applies cold packs directly to the skin or over a towel, depending on the patient’s tolerance to cold. This code may be billed only once regardless of the number of body areas or application times.

MED: 100-2, 15, 60.3, 100-2, 15, 230, 100-2, 15, 230.1, 100-2, 15, 230.2, 100-2, 15, 230.4, 100-4, 5, 10, 100-4, 5, 20
333 Other Extrapyramidal Disease and Abnormal Movement Disorders

This category contains codes which describe such conditions as athetoid cerebral palsy and dystonia. Dystonia is defined as a condition in which muscle tone is abnormal and may be either excessive or inadequate. Involuntary movements and prolonged muscle contractions occur, with resultant abnormality in posture, tremors, and twisting body motions that may affect an isolated area or may involve the whole body. There are multiple forms, and dystonia may be genetic or acquired.

333.71 Athetoid Cerebral Palsy

Athetoid, or dyskinetic cerebral palsy is a form of acquired torsion dystonia that is manifested by abnormal, uncontrolled movements that are slow and writhing, usually affecting the extremities. The muscles of the tongue and face may also be affected, resulting in drooling or grimacing. Symptoms may be exacerbated during times of stress, and often disappear during sleep. Dysarthria may also be present.

333.79 Other Acquired Torsion Dystonia

Various underlying factors may contribute to acquired torsion dystonia. Underlying factors for other acquired forms of torsion dystonia may include trauma, infection, exposure to toxins, or certain environmental elements.

Coding Tip
If the acquired torsion dystonia is due to drugs, assign code 333.72.

337.01 Idiopathic Peripheral Autonomic Neuropathy

Code 337.01 reports carotid sinus syndrome (a.k.a., carotid sinus syncope [CSS], carotid sinus hypersensitivity [CSH]), which is an exaggerated vagal response of dizziness and syncope due to carotid sinus baroreceptor stimulation. Specialized nerve cells near baroreceptors detect changes in pressure and tension in the large vessels of the body, such as the carotid arteries. The carotid sinus reflex plays an integral part in regulating normal blood pressure. This vagal response is a result of transient diminished cerebral perfusion resulting in dizziness or syncope. CSH attributes to 0.5-9.0 percent of patients with recurrent syncope, and is associated with an increased risk of falls, drop attacks, bodily injuries, and fractures in elderly patients. CSH is more common in males than in females, is predominantly a disease of elderly people, and is rarely identified in patients less than 50 years of age. Symptoms of CSH may include recurrent dizziness, syncope or near syncope, unexplained falls, symptoms associated with head turning or constriction of the neck, and possible amnesia related to the event. Physical signs observed with CSH include hypotension, bradycardia and astylose.

Coding Tip
Code 337.01 includes fifth-digit subclassification codes for unspecified (337.00) and other (337.09) idiopathic peripheral neuropathies, and a specific code to report carotid sinus syndrome (337.01).

Complex regional pain syndrome is reported with the appropriate code from subcategory 337.2 Reflex sympathetic dystrophy, by anatomic site (e.g., upper limb, lower limb, unspecified, or other specified site).

338 Pain, Not Elsewhere Classified

Until fiscal year 2007, there have been no specific codes to identify encounters for pain management, or for specific types of pain such as central or chronic pain syndrome or postoperative pain.

Coding Tip
Category 338 contains an instructional note to coders to use an additional code (307.99) to identify pain associated with psychological factors. It also contains an exclusions note for generalized and localized pain, as well as pain disorder exclusively attributed to psychological factors.

338.0 Central Pain Syndrome

Central pain syndrome is a neurological state caused by injury or dysfunction of the central nervous system (CNS) and may have multiple etiologies, including stroke, multiple sclerosis, tumors, epilepsy, brain or spinal cord trauma, or Parkinson’s disease. The CNS consists of the brain, brainstem, and spinal cord. Pain characteristics of the CNS may vary widely among affected individuals, in part because of the large number of potential causes. This syndrome may be restricted to certain areas, such as the hands or feet, or may affect a large portion of the body. The extent of pain is often related to the underlying cause of the CNS injury or damage. Pain is characterized constant, may be moderate to severe in intensity, and is frequently made worse by touch, movement, emotions, and changes in temperature. Pain sensations vary, and may consist of “pins and needles” sensations, pressing, lacerating, or aching pain; and brief, excruciating bursts of sharp pain. Numbness or burning may occur in the pain-affected areas and are often most severe on the distant parts of the body, such as the hands or feet. Central pain syndrome often starts soon after the causative injury or damage, but may also be delayed by months or years, particularly if it is related to poststroke pain.

338.1 Acute Pain

Acute pain is a sensation generated in the nervous system that may be an alert to possible injury, as a response to trauma, or as a postoperative sequela. Analgesics are often prescribed to treat acute pain. Other treatment options may include application of heat or cold, massage, therapeutic touch, transcutaneous electrical nerve stimulation (TENS), relaxation techniques, guided imagery, hypnosis, music distraction, or cognitive therapies such as art and activity therapy.

Coding Tip
A fifth digit should be assigned to indicate the cause of the acute pain as follows:

338.11 Acute pain due to trauma
338.12 Acute post-thoracotomy pain
338.18 Other acute postoperative pain
338.19 Other acute pain