

INGENIX®

Coding *and* Payment Guide for the Physical Therapist

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

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92601–92633 Evaluative and Therapeutic Services

- 92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device
- The assessment for the appropriate non-speech-generating augmentative and alternative communication (AAC) device is highly variable and dependent on the patient's age, ability, and motivation. Motor skills, hearing, vision, cognitive abilities, language comprehension, and general health are evaluated to determine the suitability of either a high-tech or low-tech device. Once these are evaluated, an appropriate AAC device is prescribed.
- MED: 100-3, 50.2; 100-3, 50.3
- 92607 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- + 92608 each additional 30 minutes (List separately in addition to code for primary procedure)
- The patient is evaluated face to face by a specialist to determine the motor skills, hearing, cognitive abilities, comprehension, natural speech, esophageal and pharyngeal air flow, general health, and patient motivation for prescription of speech-generating augmentative and alternative communication (AAC) device. Once these are evaluated, an appropriate speech-generating device is prescribed. Report 92607 for the first hour and 92608 for each additional 30 minutes.
- MED: 100-3, 50.1; 100-3, 50.2; 100-3, 50.3
- 92609 Therapeutic services for the use of speech-generating device, including programming and modification
- This code includes therapeutic services associated with the use of speech generating devices. Services differ according to the device used. Electronic equipment may require routine maintenance, programming, or modification. Speech generating devices may require some patient therapeutic, rehabilitation, or occupational training.
- MED: 100-2, 15, 230.3; 100-3, 50.1; 100-3, 50.2; 100-3, 50.3
- 92610 Evaluation of oral and pharyngeal swallowing function
- The patient is evaluated to determine the oral and pharyngeal swallowing function. Assessment of the oral cavity includes the size, position, resting tone, range of motion and development of the tongue, lips, and palate. Palpation of the thyroid notch or cricoid arch

with swallowing is used to determine elevation of the pharynx. Using a curved probe, sensation of the oral cavity may be assessed. An inventory of cranial nerves must also be included.

MED: 100-3, 50.3

- 92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording
- Motion fluoroscopic examinations are performed of the swallowing function by cine or video recording. The patient is seated upright in a normal eating posture. Small amounts of liquid barium and barium-coated foods of varying consistencies, textures, and flavors are administered allowing visualization of the swallowing function by fluoroscopy. The patient is given liquids, pastes, and solid foods that are visually followed from the oral cavity to the pharynx and the cervical esophagus. A portion of this test is usually repeated with the patient in a horizontal position.

MED: 100-2, 15, 230.3; 100-3, 50.3

Coding Tip

Most payers consider these procedures to be speech pathology services and coverage can vary depending on the patient's contractual agreement with the payer.

The majority of payers break speech pathology coverage into two categories—diagnosis, and evaluation and therapeutic services. In most instances, these services must be reasonable and necessary to the treatment of the individual's illness or injury or must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific disease state.

Speech pathology is considered medically appropriate treatment for mental retardation when disorders such as aphasia or dysarthria are exhibited. The diagnosis and treatment of swallowing disorders (dysphagia) are also medically necessary regardless of the presence of a communication disability.

92950–93799 Cardiovascular Services

Some physical therapists specializing in the area of cardiopulmonary care administer maximum graded exercise tests, rehabilitate acutely ill patients in the intensive care unit, design exercise programs to restore endurance and function for patients with organ transplants, and enable patients with acute and chronic heart or lung problems to resume functional activities. Some of the programs require a team of specialists (cardiac rehabilitation, pulmonary rehabilitation). The patient may be seen for more than an hour a day, progressing in a multiple intervention program including exercise, bronchopulmonary hygiene, and education concerning cardiovascular fitness.

For treatment codes, the physical therapist should select a code based on the outcome of the cane (e.g., therapeutic exercise (97110) for strengthening).

Coding Tip

When the osteoporosis is due to drug use, assign the appropriate drug code and E code in addition to the code for osteoporosis.

Pathological fractures (733.1) are fractures occurring at a site weakened by a pre-existing disease. They are often differentiated from traumatic fractures by clinically assessing the magnitude of the trauma or stress causing the fracture. A relatively minor trauma or stress can cause a pathological fracture in bones diseased by osteoporosis and other metabolic bone disease, disseminated bone disorders, inflammatory bone diseases, Paget's disease, neoplasms, or any other condition that can compromise bone strength and integrity. Other terms used to describe pathologic fractures are spontaneous and secondary fractures.

Code the underlying disease in addition to the appropriate code from subcategory 733.1. Sequencing of the codes depends on whether only the fracture or the fracture and the underlying disease were treated. Code the fracture first if the treatment was toward the fracture only. If treatment of the underlying disease was addressed then code the underlying disease first.

Coding Tip

Ensure appropriate reporting by assigning fifth digits identifying the site of pathological fractures:

- 0 Unspecified site
- 1 Humerus
- 2 Distal radius and ulna
- 3 Vertebrae
- 4 Neck of femur
- 5 Other specified part of femur
- 6 Tibia or fibula
- 9 Other specified site

Major osseous defects, a primary concern in many types of surgeries on the bones, occur as a result of extensive bone loss. Underlying causes are associated with conditions such as previous joint replacement, and may include osteomyelitis, osteoporosis, pathological fractures, trauma, or benign or malignant neoplasms. However, one of the most common causes is periprosthetic osteolysis from a prior joint replacement, which can affect patient outcome.

Coding Tip

Major osseous defects (731) should be reported secondary to the underlying disease, if known, such as:

170.0–170.9	Malignant neoplasm of bone
730.00–730.29	Osteomyelitis
733.00–733.09	Osteoporosis
733.40–733.49	Aseptic necrosis
996.45	Peri-prosthetic osteolysis

Flat foot (734) is a condition in which one or more of the arches of the foot has flattened. The conditions included in this category are acquired pes planus and talipes planus.

Congenital flat foot, rigid flat foot, and spastic flat foot are all classified to category 754.

Acquired hallux valgus, hallux varus, hallux rigidus, hallux malleus, hammer toe, and claw toe are classified to category 735.

740–759 Congenital Anomalies

Congenital anomalies are certain physical traits that are present at the moment of birth. They include diseases, malformations, atresias, agenesis, hypoplastic or hyperplastic conditions, and any other condition that is a deviation from the norm. Congenital anomalies may be due to hereditary defects such as Down syndrome, to intrauterine events such as intrauterine pressure causing deformities, or teratogenic effects on the developing fetus that cause deformities such as in thalidomide phocomelia.

There are certain conditions that occur as either congenital or acquired. The medical record should contain documentation necessary to make the distinction between congenital and acquired. There is no age limit for assigning codes from the congenital anomaly chapter. For example, an individual with congenital spina bifida will be coded to this chapter regardless of age.

Anomalies that arise due to the birth process are considered injuries due to the birth process, not congenital anomalies, and are classified to category 767 Birth trauma, in chapter 15, "Conditions in the Perinatal Period."

Many congenital anomalies are patterns of multiple malformations that are considered to be pathogenetically related, meaning the cellular events and mechanical reactions occurring during the development of the disease are linked. These symptom complexes are called syndromes. When syndromes are not specifically indexed in ICD-9-CM, a code is assigned for each presenting manifestation of the syndrome that occurs as a set of symptoms or as multiple malformations.

This chapter classifies conditions present at birth including neurological problems, anomalies of the senses, heart anomalies, respiratory anomalies, and digestive system anomalies. The chapter is organized by organ system or anatomical site affected by the congenital anomaly. There are no subchapters, only categories present in this chapter.

Anencephalus (740.0) is a brain defect in which the cranial vault is absent, the cerebral hemispheres are completely missing or are just small masses attached to the base of the skull, or the size and shape of the brain are abnormal in other ways. Caused by a defect in the closure of the neural groove early in the first trimester of pregnancy, anencephalus is incurable and results in death soon after birth.

Spina bifida (741) is a defect of the neural tube characterized by defective closure of the bony encasement of the spinal cord. The spinal cord may or may not protrude through the skin. When the condition is associated with a hernial cyst containing meninges (meningocele), spinal cord (myelocoele), or both (myelomeningocele), the condition is called spina bifida cystica.

A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6259	Transparent film, more than 48 sq. in., each dressing MED: Pub. 100-2, Chapter 15, Section 100
A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard MED: Pub. 100-2, Chapter 15, Section 100
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce MED: Pub. 100-2, Chapter 15, Section 100	A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size MED: Pub. 100-2, Chapter 15, Section 100	A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard
A6257	Transparent film, 16 sq. in. or less, each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard
A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing MED: Pub. 100-2, Chapter 15, Section 100	A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard
		A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard
		A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard
		A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to three inches and less than five inches, per yard