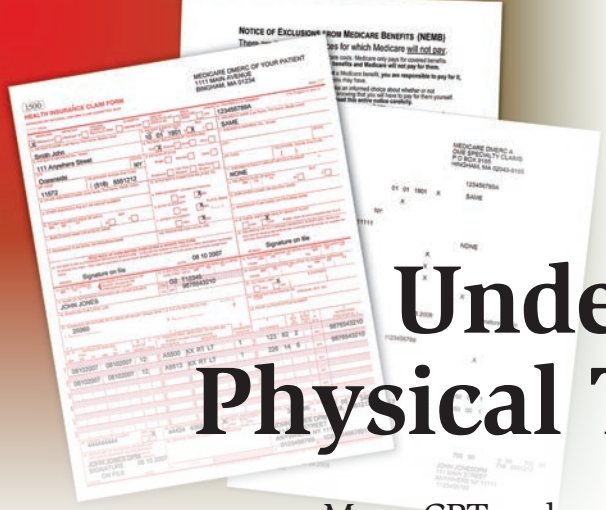

Understanding Physical Therapy Codes

Many CPT codes are under-utilized by podiatrists.

BY PAUL KESSELMAN, DPM

This month's article will be thought-provoking and perhaps even controversial in discussing how codes underutilized by physical therapists may or may not be used within your practice. It is up to the reader to determine whether the clinical circumstances and the third-party payers' policies allow for the payment of these physical therapy "training" codes.

The three codes of particular interest for this month's discussion are located in the Physical Therapy and Rehabilitation section of CPT Coding and address the provision of orthotic devices.

97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes)

97761: Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes) and

97763: Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes.

For the podiatric physician, it is especially important to note that the HCPCS L-codes address the provision of the device itself as well as the fitting and adjustments. The CPT codes will only address the training on the use of the device and not the fitting and adjustment when you are the provider of these devices.

It is especially important to note that the HCPCS L-codes, address the provision of the device itself as well as the fitting and adjustments.

The Medicare AFO and Lower Limb Prosthetic (LLP) policies clearly state that the dispensing, fitting, and adjustments are not separately payable and are inclusive of the L-codes (e.g., custom fabricated devices). Some L-codes also include the fitting and adjustment as part of their narratives (many are custom fit) It is clear from these stipulations that the fitting and adjustment are included with the appliance both as per a reimbursement policy and based on HCPCS code definition. Thus the use of these three physical therapy codes solely for fitting and adjustment, when you are the provider of the L-codes, is inappropriate.

However, in the rare case when you are not the provider of (not billing for) the orthotic/prosthetic, the use of these CPT codes would seem to be appropriate for the fitting and adjustment of the orthotic/prosthetic. A clinical example comes to mind where "a snowbird" presents to your

Continued on page 40

© Stockbakery | Dreamstime.com

PT Codes *(from page 39)*

office with an orthotic which was mailed to them by their local DPM. You are asked to fit the device.

In addition to billing the patient an appropriate E/M visit, 97760 (for the initial fitting), the coding of the above PT codes seems to permit the assessment and fitting of the device because you did not otherwise report (bill) the DMEPOS device. Note that because there is no NCCI edit between an E/M code performed on the same date as the PT codes, there should be no issues with being paid for both the appropriate E/M service and PT service.

Note that the L-codes do not specifically address the training of the patient on how to use their device(s). Exactly what is meant by training your patient on the use of the device? When you fit and adjust a patient, is the training on the use of the device not a significant component of that service, or is training the patient on the use of a device a separate and distinctive service apart from the fitting and adjustment? Medicare's AFO and LLP LCD and accompanying LCA are noticeably absent of any clear language on training. The policy (written or unwritten) of your third party-payer, ultimately will determine whether there is reimbursement for these additional physical therapy codes.

Some issues to consider: Does the fitting and adjustment include the Instructions for Use (both oral and written) that you provide your patient with every dispensed DME devices? Is training the patient really a separate entity to the initial fitting and adjustment? How much training is really required for a patient to learn how to use foot orthotics?

The primary instructions and issues addressed in training patients on foot orthotics to consider are:

1) Footwear limitations for specific devices and activities.

2) Initial break-in wearing schedule.

3) Possibility of muscle fatigue based on new biomechanical positioning.

Are these three issues a separate and distinct entity from the fitting and adjustment of the foot orthotics? Are the above questions too oversimplistic or are there clinical scenarios (e.g., diabetic with foot ulcer where an off-loading foot orthotic is dispensed vs. a functional foot orthotic for an average adult) which mandate a difference in your response?

CPT codes 97760-97763 are not only underutilized by podiatrists but by other health physical therapists, occupational therapists, orthopedic surgeons, physical medicine, etc.

If you can document fitting and adjustment vs. training as separate issues, then one may consider the use of these physical therapy CPT codes to be perfectly appropriate when providing foot orthotics.

If you can document fitting and adjustment vs. training as separate issues, then one may consider the use of these physical therapy CPT codes to be perfectly appropriate when providing foot orthotics. If your opinion is that the fitting and adjustment of a foot orthotic includes the training on the use of the device, then perhaps your opinion is that the use of these PT codes is inappropriate.

Third-party payers who have reimbursement policies for custom fabricated foot orthotics may provide a solution to this coding dilemma if the policy clearly states that fitting, adjustment, and training on the use of the appliance are included in the L-code. In that scenario, CPT 97760 and 97763 codes are not separately reimbursable. If the policy does not address those issues, then perhaps 97760/97763 codes may be both appropriate and be separately reimbursable.

CPT code 97761 for Medicare Beneficiaries regarding Lower LLP devices (e.g.,L5000) or for AFOs with respect to CPT 97760 or 97763 may provide a different perspective. Anyone who has ever provided LLP or AFO services to a patient understands that the training on the use of these devices is far more complex than for foot orthotic patients. Training on the use of an LLP or AFO may consist of patients being provided with a minimum of four key issues:

1) Complex instructions on donning (applying) and doffing (removing) these devices.

2) Assisting them with shoe placement, purchase, and fitting of the device.

3) Instructions on how to perform self-examinations for tissue integrity and monitoring for skin breakdown, irritation, etc. and

4) Instructions on daily inspections of all the devices mechanisms, including hinges and other modifications for signs of wear and tear along with information on maintenance requirements.

As with foot orthotics, the AFO/LLP specifically includes the time spent fitting and adjusting the device, unless with the rare exception in which the patient presents to you with an AFO/ LLP ordered by and billed by another provider.

If you consider the training on the use of the AFO/LLP separate from the fitting and adjustment on the use of AFO/LLP, then the time

Continued on page 42

PT Codes *(from page 40)*

spent training the patient and what you did to train them must clearly be differentiated from the time spent fitting and adjustment of the AFO/LLP device.

Additionally, any time taken to fit, adjust, and train the patient on the device may not be counted in the calculation of an appropriate E/M services. Your perspective on whether the four issues above are separate from the fitting and adjustment of the AFO will dictate whether these are separate actions and must be reflective in your documentations.

CPT codes 97760-97763 all have per 15-minute qualifiers. Thus, it is possible to bill for more than one unit of a specific training CPT code.

To summarize, CPT codes 97760-97763 are not only underutilized by podiatrists but by other health physical therapists, occupational therapists, orthopedic surgeons, physical medicine, etc. As with all the timed services you bill, be especially careful about separating out the time spent on training and differentiate that time from the dispensing and fitting aspect. Be specific in your documentation on what constitutes training for CPT codes 97760-97763. Some additional considerations: 97760-97763 are listed within the Physical Therapy Section of CPT; they will count towards the patients' annual financial limit on PT. If the PC codes are also amended with the KX modifier, the financial limits can be overridden. However, physical therapy codes amended with a KX modifier have a high recoupment rate on post-payment audit or denial on pre-payment audit. One additional large caveat to consider—the use of specific modifier requirements (GP) requires the documentation of a "Plan of Care", which may be more than most physicians are worth committing to producing. The use of these codes in the podiatric practice may be worthwhile exploring, but they are not without significant documentation issues and audit potential.

Thanks to my two esteemed colleagues Drs. David Freedman and Alan Bass for inspiring this month's column and providing some insights on its content. **PM**

Dr. Kesselman is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.