

Contractor Name

Wisconsin Physicians Service (WPS)

Contractor Number

00951, 00952, 00953, 00954

Contractor Type

Carrier

LCD Database ID Number

| | |
|-----------|--------|
| Wisconsin | L17615 |
| Illinois | L20738 |
| Michigan | L20739 |
| Minnesota | L20740 |

LCD Version Number

LCD Title

Physical Medicine Rehabilitation Procedures and Modalities

Contractor's Determination Number

PHYSMED-009

AMA CPT/ADA CDT Copyright Statement

CPT codes, descriptions and other data only are copyright 2007 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. Current Dental Terminology, (CDT) (including procedure codes, nomenclature, descriptors and other data contained therein) is copyright by the American Dental Association. © 2002, 2004 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

CMS National Coverage Policy

CMS Pub.100-02 Ch.15 § 60-60.3, 220-230.6 Rev. 47, 60.1, 63, Pub 100-02 *Rev 5921
CMS Pub.100-03 Ch.1 § 150.1, 150.2, 150.8, 160.2, 160.7, 160.7.1, 160.12, 160.13, 160.15, 230.8, 240.3, 240.7, 270.6
CMS Pub.100-04 Ch.5 § 10.2, 20.4 Rev.1183

Primary Geographic Jurisdiction

Wisconsin, Illinois, Michigan, Minnesota

Oversight Region

Region V

CMS Consortium

Midwest

Original Determination Effective Date

| | |
|------------|------------|
| Wisconsin: | 01/01/1998 |
| Illinois: | 05/15/1997 |
| Michigan: | 05/15/1997 |
| Minnesota: | 01/15/2004 |

Revision Effective Date

Indications and Limitations of Coverage and/or Medical Necessity

I General

- A. This policy defines the coverage limitations and medical necessity under Medicare for physical medicine rehabilitation modalities and procedures (PM&R) provided by a doctor of medicine, (osteopathy, podiatry, optometry (visual rehab. only)), non-physician practitioners (NPP) (physicians assistant, nurse practitioner, clinical nurse specialist, acting within the scope of their state license) or independent practicing physical and occupational therapist in their office settings, or in a patients' home and **not** associated with a Rehabilitation Agency, Public Health Agency, CORF, SNF or Home Health Agency. (See PHYSMED-001 for Coverage of OP Rehab. Therapy Services (PT, OT, and SLP) Under Medical Insurance)
- B. Definition of terms:
1. Supplier:
PM&R services in the office or patients home may be performed and billed to Medicare Part B by one of the following qualified professionals also known as suppliers. Suppliers of therapy services are individual who have Medicare provider numbers (PIN). In this policy the term "provider" will be changed to "supplier" and includes the following:
 - a. Physicians (a doctor of medicine, osteopathy, podiatry, optometry (visual rehab. Only)), performing skilled therapy services as their own professional services or as supervisor of services performed by their qualified personnel (staff) furnished incident-to their professional services;
 - b. Non-physician practitioners (NPP)(physicians assistant, nurse practitioner, clinical nurse specialist, (acting within the scope of their state license), performing skilled therapy services as their own professional services or as supervisor of services performed by their qualified personnel (staff) furnished incident-to their professional services;
 - c. Physical therapists (PT) in independent practice, performing skilled therapy services as their own professional services or as supervisor of services performed by their qualified personnel (staff) under their direct supervision; or
 - d. Occupational therapists (OT) in independent practice, performing skilled therapy services as their own professional services or as supervisor of services performed by their qualified personnel (staff) under their direct supervision.
 2. Qualified Personnel:
Staff (auxiliary personnel) who have been educated and trained as therapists and qualify to furnish therapy services only under direct supervision incident to a physician or NPP. Qualified personnel may or may not be licensed as therapists but meet all of the requirements for therapists with the exception of licensure.
 3. Not covered:
This term means that a requirement in Medicare's definition of a benefit category is not met, or the service is statutorily excluded. No Medicare payment is made. The beneficiary is responsible for the payment to the supplier. The supplier must inform the beneficiary of this liability and the cost of the services.
 4. Not medically necessary:
This term means that, the benefit category requirements are met, but the service is not reasonable and necessary for the diagnosis or treatment of the individual patient's condition. Medicare payment is denied. The provider must have a signed Advance Beneficiary Notice (ABN) on file in order to collect payment from the beneficiary. (See ABN Guidelines www.wpsmedicare.com/part_b/business/abn.shtml)
 5. Physician/non-physician practitioner direct supervision:
This term means the physician/non-physician practitioner is physically present in the same office suite and immediately available to provide assistance and/or direction during

the qualified personnel's performance of the PM&R treatment. If the treatment is performed in the patient's home by the physician/non-physician practitioner's qualified personnel, the same level of supervision is required; therefore the physician/non-physician practitioner must be present in the patient's home for the entire treatment session.

6. Therapists' direct supervision:

This term means the therapist is physically present in the same office suite and immediately available to provide assistance and/or direction during the qualified personnel's performance of the service. If the service is performed in the patient's home by the therapist's qualified personnel, the same level of supervision is required, therefore the therapist must be present in the patient's home for the entire treatment session.

7. Employee/auxiliary personnel:

This term means any individual who is acting under the supervision of a physician/NPP or therapist, as an employee, leased employee, independent contractor of the physician/NPP or therapist, or of the legal entity that employs or contracts with the physician/NPP or therapist. For PM&R services to be medically necessary the employee/auxiliary personnel must meet the definition of "qualified personnel".

8. Physicians' Services:

This term refers to a title of a Medicare Benefit Category and applies to all services paid to Part B suppliers under the Medicare Physicians Fee Schedule.

http://www.wpsmedicare.com/part_b/policy/physmed001.pdf*

9. Interval of certified treatment (certification interval) consists of 90 calendar days or less based on an individual's needs.

10. Compensation for travel to a patient's home who is not homebound may not be paid separately by Medicare.

II. General PM&R Guidelines:

A. Certification Conditions for Home/Office Therapy by Suppliers

1. The patient receiving the therapy services is under the care of a physician. A physician visit is not required by Medicare, but there must be evidence in the patient's medical records of the physician's active care.
2. A plan of care is established in writing, dated and signed.
3. The plan of care must be reviewed, dated and signed by a physician/NPP every 90 days. A plan may be certified for less than 90 days. Changes to the plan must be made in writing, dated and signed. A qualified therapist may not significantly alter a plan of care without documented approval by a physician/NPP.

B. Intervention with PM&R treatments must be skilled therapy. Skilled therapy is considered medically necessary and rehabilitative when the evaluation of a patient by the physician/NNP and/or therapist supports the need for the treatment and utilization of the intervention; (See PHYSMED-001 §VII.A. B. C.)

1. The therapy services are accepted as standard of medical and/or physical/occupational practice to be specific and effective treatment for the patient's condition.
2. The therapy services are of a level of complexity and sophistication or the patient's condition requires that the services may only be performed by or under the supervision of a qualified professional. (See PHYSMED-001 §I A)
3. There is documentation of objective physical and functional limitations; and
4. The patient has potential for restoration or improvement of lost function; and
5. The plan of care incorporates those skilled treatment elements that are expected to result in improvement of these limitations in a reasonable and generally predictable period of time or the evaluation services must be necessary to establish a safe and effective maintenance regimen required in connection with a specific disease; and
6. The patient is able and willing to cooperate in the treatment program; and

<http://www.wpsmedicare.com/index.html>

7. Clear goals are defined; and
 8. The type, amount, frequency and duration of services must be medically necessary for the patient's condition under accepted medical, physical therapy, and occupational therapy practice standards, and relate directly to a written treatment plan.
- C. For all PM&R modalities and therapeutic procedures on a given day, based on CPT code descriptions, it is not considered medically necessary to have more than one billing per code per day for the physical agent or therapeutic procedure.
- D. Depending on the severity of the patient's condition, the usual or standard PM&R treatment session for timed procedures provided in the home or office setting is 30-60 minutes (2-4 time units). (See PHYSMED-001 §XII **Counting of Minutes for Timed Codes**)

When five (5) or more units are billed for PM&R procedures for the same patient on the same date of service, the medical necessity of services beyond the usual or standard length of time must be documented as indicated below under "Documentation Requirements". The reason PM&R treatment session reported for less than the standard length of time must also be documented. (See PHYSMED-001 **Documentation Requirements**)

III. General Modality Guidelines: (97010-97039)

1. Hot and cold packs (97010) are considered bundled into the associated therapeutic procedure. For Medicare purposes, this code is Status B (bundled service), meaning it is not separately reimbursed. (Effective 1-1-97)
2. Modality codes 97012-97028 require supervision by the supplier; codes 97032-97039 require direct (one-on one) contact with the patient by the supplier. These services may be provided "incident to" a physician's/NPP' services, and must, therefore, be supervised by the physician/NNP as stated above in the office and patients home.

The use of PM&R modalities as stand-alone treatments is rarely therapeutic, and usually not required or indicated as a sole treatment approach to a patient's condition. The use of exercise and therapeutic activities has proven to be an essential part of a therapeutic program. Therefore, it is expected that a treatment plan consist not solely of modalities, but include therapeutic procedures (97110-97546). An exception may be wound care and services of a chiropractor participating in the Chiropractic Service Demonstration.

3. When modalities 97012 and 97018 are used alone and solely to promote healing, relieve muscle spasm, reduce inflammation and edema, or as analgesia, one or two treatments may be medically necessary to determine the effectiveness of treatment and for patient education in use of the home equipment. Further treatment should be self-administered by the patient in their home. Traction and paraffin bath equipment for the patient's home use is covered by the DME Regional Carrier (DMERC) and governed by under their jurisdiction. Continuation of these treatments by the supplier is not considered medically necessary. An exception may be 97012 when used in weaning an acute patient onto a self-administered home program (see Clinical Guidelines for 97012).
4. Generally, adjunctive use of modalities listed in #2 may be required to assist the patient in tolerating the therapeutic procedures. In these circumstances, it may be medically necessary to furnish these modalities in addition to the therapeutic procedures 3 to 4 times a week or 12-16 treatments for one month. Continued use of these modalities may be medically necessary if the patient's medical records document that continued use is contributing significantly to the patient's progress.
5. Documentation of the medical necessity for multiple heating modalities (97018, 97024, 97026, 97034) on the same day must be available for review. Exceptions are rare, and

- usually involve musculoskeletal pathology/injuries in which both superficial and deep structures are impaired. (Refer to Correct Coding Initiative (CCI))
6. Modalities 97022 and 97036 (whirlpool; hydrotherapy) are subject to the guideline in #2 and #4 above when the sole purpose of these modalities is to relieve muscle spasm, inflammation or edema. When 97022 or 97036 are used to treat wounds or other skin conditions, the other heating modalities could be necessary to treat these or other conditions on the same day. (Refer to CCI)
 7. Some of the modalities are considered components of other modalities and procedures and will not be separately reimbursed. (Refer to CCI)
 8. Documentation must be available, on request from the Carrier, supporting the use of multiple modalities as contributing to the patient's progress and restoration of function.

IV. Specific Modality Clinical Guidelines:

97010: Hot or Cold Pack Therapy:

This has been given a Status B in the Medicare database. It is not separately reimbursed.

97012: Mechanical Traction Therapy:

1. Standard treatment usually is to provide supervised mechanical traction up to 3-4 times per week (12-16 treatments) for 2-4 months. Patients requiring continued treatment beyond this time are usually trained in the use of a home traction unit. The DME Regional Carrier (DMERC) covers traction equipment for home use. Documentation supporting the medical necessity for the continued treatment by a supplier should be made available to the Carrier on request.
2. Only under specified conditions such as the training of a home traction unit set up can 97012 be billed in isolation of other therapeutic procedures. (See III. 3. Above)

G0283: Electrical Stimulation Therapy (unattended):

1. Non-implantable pelvic floor electrical stimulators are used in the treatment of stress and/or urge urinary incontinence. One or two office treatments may be medically necessary to determine the effectiveness of treatment and for patient education in use of the home equipment. This device is covered for home use by the DMERC and is governed under their jurisdiction. (See CMS National Coverage Determination Manual CMS Pub.100-03 Part 4 §230.8)
2. Biofeedback Therapy and Biofeedback Training in Urinary Incontinence are indicated for specified conditions. (See PHYS-066)
3. See PHYSMED-012 for Medicare coverage criteria electrical stimulation for the treatment of wounds.
4. See 97032 for constant attendance (manual) guidelines.

97016: Vasopneumatic Device Therapy:

1. This modality may be necessary to reduce edema after acute injury.
2. Pneumatic Compression Devices used in the treatment of chronic lymphedema and chronic venous insufficiency is covered in the home setting by the DMERC and governed under their jurisdiction. One or two office treatments may be medically necessary to determine the effectiveness of treatment and for patient education in use of the home equipment. Further treatment of lymphedema by the physician/therapist after the educational visits is generally not medically necessary. Documentation supporting the medical necessity for the additional treatments must be made available to the Carrier on request.

97018: Paraffin Bath Therapy:

Also known as hot wax treatment, is primarily used for pain relief in joint problems of the hands or feet. Paraffin Bath equipment for home treatment of this condition is covered by the DMERC and is governed by their jurisdiction. One or two treatments may be medically necessary to

educate the patient in home use of the equipment and to evaluate effectiveness. Continued treatment by a supplier is generally not medically necessary. Documentation supporting the medical necessity for the additional treatments must be made available to the Carrier on request.

97022/97036: Whirlpool Therapy/Hydrotherapy:

These modalities involve use of agitated water in order to relieve muscle spasm, improve circulation, or cleanse wounds/ulcers/exfoliative skin conditions. The hydrotherapy tank is needed only for extensive wounds/conditions.

1. Physician or therapist supervision of the whirlpool modality is necessary for the following indications:
 - a. The patient's condition is complicated by circulatory deficiency
 - b. The patient's conditions is complicated by areas of desensitization
2. Standard treatment duration is usually 3-4 times per week or 12-16 treatments for 2 to 4 weeks. Services beyond this number may require documentation supporting the medical necessity of continued whirlpool/hydrotherapy tank treatment.
3. Whirlpool and hydrotherapy are subject to CCI.

97024/97026: Diathermy Treatment/Infrared Therapy:

1. The objective of these treatments is to cause vasodilatation and relieve pain from muscle spasm. Diathermy achieves a greater rise in deep tissue temperature than does microwave.
2. These modalities are used primarily in conjunction with therapeutic procedures to provide analgesia, relieve muscle spasm and reduce inflammation and edema.

97028: Ultraviolet Therapy

1. This supervised modality uses a form of light energy to primarily treat skin conditions.
2. Each treatment must be documented in accordance with the established treatment plan.
3. The treatment is not indicated in non-dermatological conditions.

97032: Electrical Stimulation (manual):

1. This modality includes the following types of electrical stimulation:
 - a. Transcutaneous electrical nerve stimulation (TENS) and Microamperage E-stimulation (MENS) are used primarily for pain control. TENS and MENS units are covered in the home for pain control by the DEMRC and governed under their jurisdiction. One or two sessions may be appropriate for the purpose of evaluating effectiveness and training in home use. (See PM&R PHYSMED-009 Billing and Coding Guidelines, Denial Summary)
 - b. Neuro-muscular stimulation: is used on innervated muscles for training weak muscles following surgery or injury.
 - c. Voluntary muscle contraction: this type of stimulation is taken to the point of visible muscle contraction, and is used to treat and re-train denervated muscles.
 - d. High voltage pulsed current (HVPC), also called electrogalvanic stimulation (EGC), and may be useful for reducing swelling and control of pain.
 - e. See PHYSMED-012 for wounds care.
 - f. Interferential current/medium current (IFC) is generally used to control swelling and pain. The unit uses a frequency, which allows the current to be applied to deeper tissue.
2. Electrical stimulation may be necessary during the initial phase of treatment, but there must be an expectation of improvement in function, and it must be utilized with appropriate therapeutic procedures (e.g., 97110) to effect continued improvement.
3. Electrical stimulation is typically used in conjunction with therapeutic exercise (97110). A limited number of visits without a therapeutic procedure may be medically necessary for treatment of muscle spasm and swelling. The established treatment plan must state the amount, frequency and duration.

4. Standard treatment is usually 3 to 4 sessions or 12-16 treatments a week for one month when used as adjunctive therapy or for muscle re-training.
5. When electrical stimulation is used on denervated or innervated muscle for strengthening or retraining, the nerve supply to the muscle must be intact.

97033: Iontophoresis:

1. This constant attendance modality is a non-invasive mechanism to deliver medication transdermally by the use of electrical stimulation. This modality may be medically reasonable and necessary in certain cases for the patient's condition. For example, in consultation with the referring physician, it may be determined as the safest intervention to deliver localized analgesia.
2. Indication may include tendonitis, bursitis, or adhesive capsulitis.
3. Documentation should support its use including dosage of prescribed medications and include the amount, frequency and duration of the treatments.
4. The patient is responsible for payment to the performing supplier for the topical medications used with this modality, providing the patients have been informed of their responsibility and the cost of the medication.

97034: Contrast Bath Therapy:

1. This constant attendance modality is the immersion of extremity into alternating heat and cold baths for stimulation of vascular responsiveness. This modality is used primarily to treat arthritis, inflammation of periarticular structures, neuromas, reflex sympathetic dystrophy, and acute edema resulting from trauma and to soften adhesive scars. It is rarely used with other thermal modalities.
2. Standard treatment is usually 3-4 treatments per week or 12-16 treatments for one month.

97035: Ultrasound Therapy:

1. This constant attendance modality delivers deep heat by the use of sound waves reflecting off the tissue interface and is used in the treatment of arthritis, inflammation of periarticular structures, neuromas, to soften adhesive scars and other conditions.
2. Standard treatment is usually 3-4 treatments per week or 12-16 treatments for one month.

V. General Guidelines for Therapeutic Procedures 97110-97546:

1. Therapeutic procedures are procedures, which are used to reduce impairments and improve function through the application of clinical skills and/or services.
2. Use of these procedures requires that the supplier have direct (one to one) patient contact. In physicians/NPPs offices and the patient's home, the "incident to" provisions apply when the conditions stated in section I.B.2, 5 and 6 are met.
3. Therapeutic procedures describe several different types of therapeutic intervention. The expected goals documented in the treatment plan, affected by the use of each of these procedures, will help define whether these procedures are reasonable and medically necessary. Therefore, since any one or a combination of therapeutic procedure codes may be used in a treatment plan, documentation must support the use of each procedure as it relates to a specific therapeutic goal.
4. For 97110-97112, standard treatment is usually 12 to 18 visits within a 4-6 week period. Documentation supporting the medical necessity for therapeutic procedures beyond the standard treatment frequencies and duration must be available to the Carrier on request.
5. Services provided concurrently by a physician, non-physician practitioners, physical therapist, and occupational therapist for the same or different conditions may be medically necessary if separate and distinct goals are documented in the separate treatment plans.

Visual Rehabilitation (VR)

A Medicare beneficiary with vision loss may be eligible for rehabilitation services designed to improve functioning, by therapy, to improve performance of activities of daily living, including self-care and home management skills. Evaluation of the patient's level of functioning in activities of daily living, followed by implementation of a therapeutic plan of care aimed at safe and independent living, is critical and should be performed by an occupational or physical therapist. (Physical Therapy and Occupational Therapy assistants cannot perform such evaluations.)

In accordance with established conditions, all rehabilitation services to beneficiaries with a primary vision impairment diagnosis must be provided under a written treatment plan (See PHYSMED-001) established by a Medicare physician or qualified NPP, and implemented by approved Medicare providers (occupational or physical therapists) or incident to physician services. Some of the following rehabilitation programs/services for beneficiaries with vision impairment may include Medicare covered therapeutic services:

Mobility;
Activities of Daily Living; and
Other rehabilitation goals that are medically necessary.

The patient must have a potential for restoration or improvement of lost functions, and must be expected to improve significantly within a reasonable and generally predictable amount of time.

Rehabilitation services are not medically reasonable or necessary if the patient is unable to cooperate in the treatment program and if clear goals are not definable.

The usual duration of a visual rehabilitation program is a three-month period of time with session intervals appropriate to the patient's rehabilitation needs. Additional time may be considered when a change in the patients' condition or circumstance is documented and the treatment plan is revised accordingly.

Rehabilitation programs are usually short-term and intensive. The visual rehabilitation program will be considered completed when the treatment goals have been attained. Subsequent physical medicine and rehabilitation services, to sustain the level of function would be regarded as maintenance and not reasonable and necessary. In some situations the specialized knowledge, judgment and skill of a qualified therapist may be required to establish a maintenance program following completion of the visual rehabilitation program. Periodic evaluation of a patient in a maintenance program may be considered reasonable and necessary.

Services may be provided by a physician as defined in §1861(r)(1) and (4) of the Social Security Act, a qualified occupational therapist, or a qualified physical therapist. Services furnished by an employee of the physician may only be provided incident to the physician's professional services, must be furnished under the physician's direct personal supervision, and must meet other incident to requirements provided in CMS Benefit Policy Manual Pub.100-04 §§60.1-60.4. Certified occupational therapy and physical therapy assistants must perform under the appropriate level of supervision as other therapy services.

Definition of Levels of Vision Impairment:

| | |
|-----------------------------|---|
| moderate = | best corrected visual acuity is less than 20/60 |
| severe = | best corrected visual acuity is less than 20/160, or |
| <i>(legal blindness)</i> | visual field is 20 degrees or less |
| profound = | best corrected visual acuity is less than 20/400, or |
| <i>(moderate blindness)</i> | visual field is 10 degrees or less |
| near-total = | best corrected visual acuity is less than 20/1000, or |
| <i>(severe blindness)</i> | visual field is 5 degrees or less |
| total = | no light perception |
| <i>(total blindness)</i> | |

VI. **Specific Guidelines for Therapeutic Procedures:**
97110: Therapeutic Exercise:

Therapeutic exercise is performed with a patient either actively, active-assisted, or passively (e.g., treadmill, isokinetic exercise, lumbar stabilization, stretching, strengthening). This procedure may be reasonable and medically necessary for a loss or restriction of joint motion, strength, functional capacity or mobility, which has resulted from a specific disease or injury. Documentation must show objective loss of joint motion, strength, or mobility (e.g., degrees of motion, strength grades, and levels of assistance). When used for Visual Rehab see above.

97112: Neuromuscular Reeducation:

This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception (e. g., proprioceptive neuromuscular facilitation, Feldenkreis, Bobath, BAPS boards, and desensitization techniques). The procedure may be reasonable and medically necessary for impairments, which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). When used for Visual Rehab see above.

97113: Aquatic Therapy/Exercises:

1. This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). The procedure may be reasonable and medically necessary for a loss or restriction of joint motion, strength, mobility, or function, which has resulted from a specific disease or injury. Documentation must show objective loss of joint motion, strength, or mobility (e.g., degrees of motion, strength grades, and levels of assistance).
2. This procedure is medically necessary when the patient's condition requires exercise performed in the water environment
3. Other forms of exercise therapy may be medically necessary in addition to aquatic therapy when the patient cannot perform land-based exercises effectively to treat their condition without first undergoing the aquatic therapy, or when aquatic therapy facilitates progress to land based exercise or increase function. Documentation must be available in the record to support medical necessity.
4. A physician/therapist must be personally present for any aquatic therapy services
5. The medical necessity for multiple forms of hydrotherapy must be documented in the treatment plan and medical records. Documentation must be made available to the Carrier on request.
6. Group or individual aquatic exercise for the purpose of maintaining or improving overall fitness/flexibility does not require the professional skills of a provider and is not considered a skilled therapy service.

97116: Gait Training:

1. This procedure may be medically necessary for training patients with a documented gait deficit whose walking abilities have been impaired by neurological, muscular, or skeletal abnormalities or trauma.
2. This procedure is reasonable and medically necessary when the patient's walking ability as a result of the gait deficit is expected to improve.
3. Repetitive walk-strengthening exercise where a gait deficit does not exist or that does not address gait deficits but focuses on increasing strength and/or increasing endurance in a feeble or unstable patient does not require professional skills and is not considered a skilled therapy service.
4. When used for Visual Rehab see above.
5. For Spinal Cord Injury (SCI) patients using a neuromuscular electrical stimulator to enhance the ability to walk see CMS Pub.100-03 Part 3 §160.12.

97124: Massage Therapy:

1. Massage therapy is utilized to decrease spasm, increase relaxation and increase vascular response in muscles and other soft tissues, and may be medically necessary when used in conjunction with other therapeutic procedure on the same day, which in the treatment

plan is designed to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm.

2. In most cases, postural drainage and pulmonary exercises can be carried out safely and effectively by nursing personnel or the patient's family. In rare situations, this may be considered medically necessary if the attending physician determines that for the safe and effective administration of these procedures, the professional skills of a physical therapist are required. Documentation of the severity of the pulmonary condition and reason for referral by the physician must be made available to the Carrier on request.

97140: Manual Therapy:

1. Manual therapy includes techniques that promote increases in mobility by affecting periarticular structures, connective tissue and muscles. Facilitation of fluid exchange may also occur. Manipulation may be medically necessary for treatment of painful joint or soft tissue restrictions of the spine, pelvis or extremities. The patient may receive other therapeutic procedures on the same date of service.
2. For cervical and lumbar radiculopathy, treatment beyond one month can usually be accomplished by self-administered mechanical traction in the home. Traction equipment for home treatment of this condition is covered by the DMERC and governed under their jurisdiction. Documentation supporting the medical necessary for additional treatment performed by the supplier must be made available to the Carrier on request.
3. This procedure may be medically necessary for treatment of restricted motion of soft tissues in involved extremities, neck, and trunk. Skilled manual techniques (active and/or passive) are applied to soft tissue to effect changes in the soft tissues, articular structures, neural or vascular systems. Examples are facilitation of fluid exchange, restoration of movement in acutely edematous muscles, or stretching of shortened connective tissue. This procedure may be medically necessary when used in conjunction with other therapeutic procedures such as 97110, 97112, 97530. It may be medically necessary to perform this procedure prior to therapeutic exercises 3-4 times a week or 12-16 treatment for one month. Documentation supporting the medical necessity of continued treatment must be made available to the Carrier on request. (Also see 97016)
4. This procedure may be medically necessary when used in conjunction with other therapeutic procedures such as 97110, 97112, 97530. If billed on the same day as osteopathic manipulation (98925-98929), the CCI policy applies.

97150: Group Therapeutic Procedures:

1. Since many group procedures do not require the professional skills of a supplier, medical necessity for this procedure will be determined on a case-by-case basis.
2. Documentation must be submitted with the claim identifying the specific treatment techniques, how the treatment will restore function, the number of persons in the group, and the treatment goal in the individualized treatment plan.

97760 (97504 DC12/31/05): Orthotics Fitting/Training:

1. The treatment plan should document the distinct treatments rendered when orthotic training for an upper extremity is performed during the same visit as gait training (97116) or self-care/home management training (97535). Gait training (97116) should not be billed with orthotic training for a lower extremity.
2. It is unusual to require more than 30 minutes of static orthotics training. In some cases, dynamic training may require additional time. The medical record must document the medical necessity of additional time.

97761 (97520 DC 12/31/05): Prosthetic Training:

1. The medical record should document the distinct goals and service rendered when

prosthetic training for a lower extremity is performed during the same visit as gait training (97116), or self-care/home management (97535). Prosthetic training is a training code and should involve demonstration and instruction to the patient in the use of the prosthetic in the patient's environment.

2. Periodic revisits beyond the third month may require supportive documentation of medical necessity if requested.
3. It is unusual to require more than 30 minutes of prosthetic training on a given date. The medical record must document the medical necessity of the additional time.

97530: Therapeutic Activities:

1. This procedure involves using functional activities (e.g., bending, lifting, carrying, reaching, catching, and overhead activities) to improve functional performance in a progressive manner.
2. The activities are usually directed at a loss or restriction of mobility, strength, balance, or coordination. They require the professional skills of a provider and are designed to address a specific functional need of the patient. These dynamic activities must be part of an active treatment plan and directed at a specific outcome.
3. When used for Visual Rehab see above.

97532/97533: Cognitive Skills Development/Sensory Integration:

1. This procedure may be medically necessary for persons with acquired cognitive impairments resulting from head trauma, or acute neurologic events including cerebrovascular accidents. These services are not indicated for patients with chronic progressive brain conditions without reasonable potential for restoration. Occupational/speech/physical therapists or clinical psychologists with specific training in these skills are typically the providers of these services.
2. These procedure may be medically necessary when included in a patient's individualized treatment plan aimed at improving or restoring specific functions which were impaired by an identified illness or injury and when expected outcomes that are attainable by the patient are specified in the plan.
3. When used for Visual Rehab see above.
4. Sensory integration intervention enhances sensory processing by persons with deficits in sensory systems (e.g. vestibular, proprioceptive, tactile) by increasing their ability to make adaptive sensory, motor, and behavioral responses to environmental demands. These interventions are commonly provided to a pediatric population for conditions such as autism, developmental disorders, ADD, CP, and motor apraxia.
5. Similar techniques used in treatment for adults could also be reported as neuromuscular reeducation. However, this procedure differentiates that the intervention is directed at restoring the patient's response to environmental demands while performing particular activities, while neuromuscular reeducation describes training to restore the ability to perform the particular activities. The plan of treatment should differentiate the goals similarly.

97535: Self-Care/Home Management Training:

1. This therapeutic procedure is intended to provide the patient with instructions in safe and energy efficient ways to navigate the external environment, which may or may not include a work setting. It must be part of an active treatment plan directed toward specific measurable and meaningful goals that requires the professional skills of a supplier.
2. Standard medical treatment may generally require up to 12 visits in 4 weeks. Coverage beyond this utilization may require documentation supporting the medical necessity of continued treatment.
3. Services provided concurrently by physicians, physical therapists and occupational therapists may be covered if separate and distinct goals are documented in the separate

- treatment plans.
4. When used for Visual Rehab see above.

97537: Community/Work Reintegration Training:

1. This training may be medically necessary when performed in conjunction with a patient's individual treatment plan aimed at improving or restoring specific functions which were impaired by an identified illness or injury and when expected outcomes that are attainable by the patient are specified in the plan.
2. This training is medically necessary only when it requires the professional skills of a supplier. Generally speaking, the professional skills of a supplier are not required to effect improvement or restoration of function where a patient suffers a temporary loss or reduction of function which could reasonably be expected to improve as the patient gradually resumes normal activities. General activity programs and all activities, which are primarily social or diversional in nature, do not require the professional skills of a supplier and are not considered skilled therapy services.
3. Services, which are related solely to specific employment opportunities, work skills or work settings are not considered skilled therapy services.
4. When used for Visual Rehab see above.

97542: Wheelchair Management/Propulsion Training:

1. This procedure is medically necessary only when it requires the professional skills of a supplier to teach the patient wheelchair propulsion and safety techniques, is designed to address specific needs of the patient, and must be part of an active treatment plan defining a specific goals attainable by the patient.
2. The patient must have the capacity to learn from instructions.
3. Documentation of medical necessity must be available on request for an unusual frequency or duration of training sessions. Typically 3-4 total sessions will be sufficient.

97545/97546: Work Hardening/Work hardening add-on:

These services are related solely to specific work skills, are not used in the treatment of an illness or injury and are not considered skilled therapy services.

97597/97598/97605/97606: Active Wound Care Management (selective)(negative pressure)

1. This intervention involves selective debridement (removal of devitalized tissue) by various techniques to promote wound healing. Wound care involving the use of dressing, gauze, medication etc, but not involving active tissue removal would be incorrectly reported using this CPT procedure code.
2. A physicians' order is required when non-physician practitioners and physical therapists perform this procedure. A therapy plan of care must be developed; documentation must support the medical necessity and must be available to the carrier on request.
3. This procedure is payable to non-physician practitioners and physical therapists in independent practice when they are acting within their scope of practice and in accordance with their state law.
4. Surgical dressings and supplies are subject to the "incident to" guidelines and are not separately payable in the physician's/NPPs and physical therapist's offices. In the patients home the dressing and supplies may be reimbursed by the DMERC.
5. Reference CCI for payment restrictions of other PM&R procedure with wound management.

97602: Wound Care Management (non-selective)

This service has been given a Status B on the Medicare Fee Schedule database. The service is not separately reimbursed.

97762 (97703 DC 12/31/05): Checkout for Prosthetic/Orthotic use, established patient:

<http://www.wpsmedicare.com/index.html>

1. P & O checkout assessments may be medically necessary when a device is newly issued, re-issued or modified.
2. These assessments may be medically necessary when patients experience loss of function directly related to the orthotic or prosthetic device (e.g., pain, skin breakdown, or falls).
3. Documentation of the need for more than 60 minutes of time must be available on request.

97750: Physical Performance Test:

1. This testing may be medically necessary for patients with neurological or musculoskeletal conditions when such tests are needed to formulate or evaluate a specific treatment plan, or to determine a patient's functional capacity.
2. The patient's medical record must document the problem requiring tests, the specific tests performed, and measurement report. The patient's medical records must include a separate report and must be available on request
3. Documentation of the need for more than 60 minutes of time must be available on request. Documentation of the need for repeat testing and the test reports must be available on request
4. Physical performance testing may not be performed with PT/OT evaluation or reevaluation. (Reference CCI)

97755: Assistive Technology Assessment

Wheelchair Evaluation:

Wheelchair evaluations may be reported by physicians and therapists. The documentation should include the patients' history, physical examination of relevant systems including cognitive abilities to determine the patient's ability to operate the wheelchair and the wheelchair specifications such as type including special equipment/accessories and features needed.

97039, 97139, 97799: Unlisted Modality, Therapeutic Procedures, PM & R Services:

For all claims submitted for unlisted service or procedure the following documentation is required with submission of the claim:

1. A description of the service or procedure, and
2. A treatment plan including information indicating the medical necessity of the service or procedure.
3. Unlisted modalities, therapeutic procedures codes should not be utilized to duplicate an existing CPT/HCPCS code.
4. Photobiostimulation: (low level laser therapy, light force therapy, low power laser therapy, cold laser therapy, etc.) This is therapy is generally used for the treatment of pain; many of the devices are approved by the FDA for home use. This may be considered medically necessary when used in conjunction with therapeutic procedures, but is considered a non-skilled therapy service and rarely medically necessary when reported alone.
5. Fluidotherapy: This is a dry, superficial heating modality, which also provides tactile stimulation. This is generally used to increase blood flow, encourage muscle relaxation and relieve pain. The modality is generally used for conditions of the hands and feet. This may be considered medically necessary when used in conjunction with therapeutic procedures, but is considered a non-skilled therapy services and rarely medically necessary when reported alone.
6. VAX-D: Non-surgical spinal decompression (NSD) is a technique performed for treatment of back pain. Vertebral axial decompression, referred to as VAX-D, and MedX are types/brands of non-surgical decompression in which a therapeutic table (motorized device) is used to stretch the lower back. See CMS Pub.100-3 §160.16

97001: Physical Therapy Evaluation:

1. PT evaluation are performed and billed by licensed physical therapists in independent

practice. Physical therapy assistants under the direct supervision of the physical therapist may assist in this process, but may not perform the evaluation. Other tests and measurement services may not be billed on the same date of services as the initial PT evaluation. (Reference CCI)

2. An initial evaluation is required prior to beginning therapy for determining the medical necessity of initiating PM & R services or a maintenance program. Patients must exhibit a change from normal physical function as a result of illness or injury to warrant the evaluation. The evaluation should state the reason for the referral. Components of the evaluation include the patient's history and relevant review of systems.
3. Factors that influence the complexity of the examination and evaluation process include the clinical findings of the current problem, the severity and extent of the loss of function, the presence of pre-existing systemic conditions and the stability of that condition, the living environment, social support and the patient's overall physical function and health status to determine the patient's rehabilitation potential. Reimbursement for the evaluation is based on the visit itself and not the time spent performing the evaluation.
4. Initial PT evaluations may be considered reasonable and necessary when the evaluation determines that skilled rehabilitation services are not needed by the patient or when the patient's condition indicates there is no rehabilitation potential, and only the development of a maintenance program is needed
5. PM & R modalities and therapeutic procedures may be performed on the same date of service as the initial evaluation. Documentation of the intervention must be included in the patient's medical records.

97002: PT Re-evaluation:

1. PT re-evaluation are performed and billed by licensed physical therapists in independent practice. Physical therapy assistants under the direct supervision of the physical therapist may assist in this process, but may not perform the re-evaluation. Other tests and measurement services may not be billed on the same date of services as the PT re-evaluation. (Reference CCI)
2. CPT 97002 is intended for formal periodic re-evaluations, contain the same components as the initial evaluation, but are focused on assessing significant changes from the initial evaluation or progress toward treatment goals. It is not medically necessary or the standard of practice to routinely perform and report a re-evaluation service on each PM & R treatment date of service subsequent to the initial evaluation or for the Interval Progress Report (See PHYSMED-001 **Documentation Requirements**).
3. Medicare policy requires a re-certification of the treatment plan by the attending physician every 90 days. In order to identify the need for continued treatment, and comply with this regulation, it would be considered reasonable and necessary for the therapist to perform a re-evaluation for the re-certification process.
4. A re-evaluation may be considered reasonable and necessary when there is a change in the patient's condition and the therapist determines a change in the treatment plan is warranted. This may occur at anytime during the treatment program and should be substantiated in the documentation.
5. A re-evaluation may be considered reasonable and necessary when it is determined the skilled rehabilitation services are no longer needed for the patient's condition and the development of a maintenance program is indicated. This may be as a result of the patient reaching the set goals or that the patient's conditions limits further improvement.
6. Re-evaluation is considered reasonable and necessary to readjust an established maintenance program and for periodic assessment of the patient on in a maintenance program.
7. Physician/NNP certification of the significantly modified plan of care shall be obtained within 30 days of the initial therapy treatment under the revised plan of care.

97003: OT Evaluation:

<http://www.wpsmedicare.com/index.html>

1. OT evaluation are performed and billed by licensed occupational therapists in independent practice. Occupational therapy assistants under the direct supervision of the occupational therapist may assist in this process, but may not perform the evaluation. Other tests and measurement services may not be billed on the same date of services as the initial OT evaluation. (Reference CCI)
2. An initial evaluation is required prior to beginning therapy to determining the medical necessity of initiating OT services or a maintenance program. Patients must exhibit a change from normal physical function as a result of illness or injury to warrant the evaluation. The evaluation should state the reason for the referral. The OT evaluation includes performance areas, performance components and performance contexts.
3. Factors that influence the complexity of the examination and evaluation process include the patient's level of function related to performance areas, components and contexts in determining the patient's rehabilitation potential. Reimbursement for the evaluation is based on the visit itself and not the time spent performing the evaluation.
4. Initial OT evaluations may be considered reasonable and necessary when the evaluation determines that skilled occupational therapy services are not needed by the patient or when the patient's condition indicates there is no rehabilitation potential and only the development of a maintenance program is needed
5. OT activities and therapeutic methods implemented in the intervention plan may be performed on the same date of service as the initial evaluation. Documentation of the intervention must be included in the patient's medical records.

97004: OT Re-evaluation:

1. OT re-evaluation are performed and billed by licensed occupational therapists. Occupational therapy assistants under the direct supervision of the occupational therapist may assist in this process, but may not perform the re-evaluation. Other tests and measurement services may not be billed on the same date of services as the PT re-evaluation. (Reference CCI)
2. CPT 97004 is intended for formal periodic re-evaluations, contain the same components as the initial evaluation, but are focused on assessing significant changes from the initial evaluation or progress toward treatment goals. It is not medically necessary or the standard of practice to routinely perform and report a re-evaluation service on each intervention date of service subsequent to the initial evaluation or for the Interval Progress Report (See PHYSMED-001 **Documentation Requirements**)
- *3. Medicare policy requires a re-certification of the treatment plan by the attending physician every 90 days. In order to identify the need for continued treatment, and comply with this regulation, it would be considered reasonable and necessary for the therapist to perform a re-evaluation for the re-certification process.
4. A re-evaluation may be considered reasonable and necessary when there is a change in the patient's condition and the therapist determines a change in the treatment plan is warranted. This may occur at anytime during the treatment program and should be substantiated in the documentation.
5. A re-evaluation may be considered reasonable and necessary when it is determined the skilled rehabilitation services are no longer needed for the patient's condition and the development of a maintenance program is indicated. This may be as a result of the patient reaching the set goals or that the patient's conditions limits further improvement.
6. Re-evaluation is considered reasonable and necessary to readjust an established maintenance program and for periodic assessment of the patient on in a maintenance program.

VII. Maintenance Therapy Services

Evaluation and management services or PT/OT evaluations/re-evaluations would be considered medically necessary in the development of a maintenance program when:

1. skilled therapy services are not needed by the patient,

<http://www.wpsmedicare.com/index.html>

2. the patient's condition indicates there is no rehabilitation potential, or
3. the goals of the active therapy have been reached, but in all of the above a maintenance regimen is required to delay or minimize muscular and functional deterioration in patients suffering from a chronic disease;

The evaluation services would include:

- a. The design of a maintenance regimen required to delay or minimize muscular and functional deterioration in patients suffering from a chronic disease;
- b. Instructions to the patient or family members in carrying out the maintenance program; and
- c. The infrequent reevaluations required to assess the patient's condition and adjust the program.

VIII. Financial Limitation for OP PM&R.

The Centers for Medicare & Medicaid Services (CMS) has implemented the Outpatient Therapy Caps for dates of services (DOS) 01/01/2006-12/31/2006. The Tax Relief and Health Care Act of 2006 extended the cap exception process through calendar year 2007.

Coverage Topic

Physical, Occupational and Speech Therapy

CPT/HCPCS Codes

97001-97004, 97010-97018, 97022-97036, 97039, 97110-97124, 97139, 97140-97150, 97530-97546, 97597, 97598, 97602, 97605, 97606, 97750, 97755, 97760-97762, 97799, G0283

Does the CPT 30% Rule Apply

Yes

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

97010 (Hot/Cold Packs)

This code is not separately reimbursed.

97012 (Mechanical Traction)

Spasmodic Torticollis
333.83

Nerve Root Lesions
353.2, 353.4

Dorsopathies

721.0, 721.3, 722.0, 722.10, 722.4, 722.52, 722.91, 722.93, 723.1, 723.5, 723.8, 724.02, 724.2-724.5

Sprains/Strains of Back
847.0, 847.2

Injury to Nerves
953.0, 953.2, 953.3

G0283/97032 (Electrical Stimulation)

Gout

274.0, 274.9

Degenerative Diseases of the CNS, Other Disorders of CNS

333.83, 337.20-337.29, 338.21, 338.29, 338.4, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 344.60, 344.61

Disorders of the Peripheral Nervous System

353.0-353.8, 354.0-354.9, 355.0-355.6, 355.71-355.9

CVA

436, 438.20-438.53

Lymphedema

457.0

TMJ

524.61-524.64

Stress Incontinence

625.6

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.00-724.6, 724.70-724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.87, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 729.1, 729.4, 729.5, 729.81, 729.82

General Symptoms, Debility

781.93, 782.3, 788.31-788.33, 799.3, 799.4

Fractures, Dislocations, Sprains/Strains

808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Injury to Nerves

953.0-953.9, 955.0-955.9, 956.0-956.9, 997.61

Persons with Conditions Influencing Their Health, Aftercare

V43.60-V43.7, V45.4, V49.60-V49.67, V49.70-V49.77, V54.01, V54.09, V54.10-V54.29, V54.81, V54.89

97016 (Vasopneumatic)

Lymphedema, Swelling of Limb, Edema

457.0, 457.1, 729.81, 782.3

97018 (Paraffin Bath)

Gout

274.0, 274.9

Degenerative Diseases of CNS

337.21, 337.22, 338.21, 338.29, 338.4

Disorders of Peripheral Nervous System

354.0-354.9, 355.3-355.6, 355.71-355.9

Arthropathies/Related Disorders, Rheumatism

711.14, 711.17, 712.14, 712.17, 712.24, 712.27, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.04, 715.14, 715.17, 715.24, 715.27, 716.54, 716.57, 718.44, 718.47, 719.04, 719.07, 719.44, 719.47, 719.54, 719.57, 726.4, 726.70-726.73, 727.03-727.06, 727.63, 727.64, 727.67, 727.68, 727.81, 727.83, 728.6, 728.71, 729.5

Fractures, Dislocations, Sprains/Strains

813.40-813.45, 813.50-813.54, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.11-816.13, 817.0, 817.1, 818.0, 818.1, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 842.00-842.09, 842.10-842.19, 845.00-845.09, 845.10-845.19

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.3, 927.20-927.3, 928.20-928.3

Injury to Nerves

956.3, 956.4

Amputation Complications

997.60, 997.61

97022 (Whirlpool) 97036 (Hydrotherapy)

Gout

274.0, 274.9, *707.20-707.25

Degenerative Diseases of CNS, Other Disorders of CNS

332.0, 332.1, 333.0, 333.83, 333.90, 333.91, 334.0-334.8, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 337.20-337.29, 338.21, 338.29, 338.4, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disorders of Peripheral Nervous System

351.0, 353.0-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.9, 356.0-356.9, 357.7, 357.81, 357.89, 357.9, 358.00-358.9, 359.0-359.22, 359.29, 359.3-359.6, 359.89, 359.9

Cerebrovascular Disease, Disease of Arteries, Lymphatic

436, 438.20-438.53, 440.23, 440.24, 454.0-454.9, 457.0

Infectious, Inflammatory, Other Conditions of Skin/Subcutaneous Tissue

682.2-682.7, 695.81, 695.89, 707.00-707.07, 707.10-707.9

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 719.7, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.00-724.6, 724.70-724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

General Symptoms, Debility

781.0, 781.2, 781.3, 781.92, 781.93, 781.99, 782.2, 782.3, 799.3, 799.4

Fractures, Dislocations, Sprains/Strains

805.00-805.08, 805.10-805.9, 806.00-806.09, 806.10-806.19, 806.20-806.29, 806.30-806.5, 806.60-806.69, 806.70-806.9, 807.00-807.09, 807.10-807.6, 808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 819.0, 819.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0, 827.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Open Wounds of Upper/Lower Limbs

880.00-880.09, 880.10-880.19, 880.20-880.29, 881.00-881.02, 881.10-881.12, 881.20-881.22, 882.0-882.2, 883.0-883.2, 884.0-884.2, 890.0-890.2, 891.0-891.2, 892.0-892.2, 893.0-893.2

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Burns

942.20-942.29, 942.30-942.39, 942.40-942.49, 942.50-942.59, 943.20-943.29, 943.30-943.39, 943.40-943.49, 943.50-943.59, 944.20-944.28, 944.30-944.38, 944.40-944.48, 944.50-944.58, 945.20-945.29, 945.30-945.39, 945.40-945.49, 945.50-945.59, 946.2-946.5, 948.00, 948.10, 984.11, 948.20-948.22, 948.30-948.33, 948.40-948.44, 948.50-948.55, 948.60-948.66, 948.70-948.77, 948.80-948.88, 948.90-948.99

Injury to Nerves

952.00-952.09, 952.10-952.8, 953.0-953.9, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

Persons with Conditions Influencing Their Health, Aftercare

V43.60-V43.7, V45.4, V49.60-V49.67, V49.70-V49.77, V54.01, V54.09, V54.10-V54.29, V54.81, V54.89

97024 (Diathermy)

Gout

274.0, 274.9

Degenerative Diseases of CNS

333.83, 337.20-337.29, 338.21, 338.29, 338.4

Disorders of Peripheral Nervous System

353.1-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.8

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80-715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.01-724.6, 724.70-724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

Fractures, Dislocations, Sprain/Strains

808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0,

822.1, 823.00-823.02, 823.10-823.12, 832.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Burns

942.20-942.29, 942.30-942.39, 942.40-942.49, 942.50-942.59, 943.20-943.29, 943.30-943.39, 943.40-943.49, 943.50-943.59, 944.20-944.28, 944.30-944.38, 944.40-944.48, 944.50-944.58, 945.20-945.29, 945.30-945.39, 945.40-945.49, 945.50-945.59, 946.2-946.5, 948.00, 948.10, 948.11, 948.20-948.22, 948.30-948.33, 948.40-948.44, 948.50-948.55, 948.60-948.66, 948.70-948.77, 948.80-948.88, 948.90-948.99

Injury to Nerves

953.0-953.8, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

97026 (Infrared)

Gout

274.0, 274.9

Degenerative Diseases of CNS

333.83, 337.20-337.29, 338.21, 338.29, 338.4

Disorders of Peripheral Nervous System

353.1-353.8, 354.0-354.3, 354.8, 355.0, 355.5, 356.1, 357.81, 357.89, 357.9

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.01-724.6, 724.70-724.79, 726.0, 726.10-726.19, 726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

Fractures, Dislocations, Sprain/Strains

808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-

813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Injuries to Nerves

953.0-953.8, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

97028 (Ultraviolet)

Dermatitis, Psoriasis

692.9, 696.1

97034 (Contrast Baths)

Reflex Sympathetic Dystrophy

337.20-337.29, 338.21, 338.29, 338.4

Arthritis

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59

Synovitis/Tenosynovitis, Other Disorders of Soft Tissue

727.04-727.06, 727.2, 729.0, 729.4, 729.5, 729.81

97035 (Ultrasound)

Gout

274.0, 274.9

Degenerative Diseases of CNS

333.83, 337.20-337.29, 338.21, 338.29, 338.4

Disorders of Peripheral Nervous System

353.1-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.8

Postmastectomy Lymphedema Syndrome

457.0

TMJ
524.61-524.64

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00-715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80-715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.01-724.6, 724.70-724.79, 726.0, 726.10-726.19, 726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.2, 729.30-729.5, 729.81, 729.82, 782.3

Fractures, Dislocations, Sprain/Strains

808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.42, 848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Injury to Nerves

951.4, 953.0-953.8, 955.0-955.9, 956.0-956.8

Amputation Complications

997.61

97110 (Therapeutic Exercises)

Gout

274.0, 274.9

Degenerative Diseases of CNS, Other Disorders of CNS

332.0, 332.1, 333.0, 333.83, 333.90, 333.91, 334.0-334.8, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 337.20-337.29, 338.21, 338.29, 338.4, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disorders of Peripheral Nervous System

351.0, 353.0-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.9, 356.0-356.9, 357.0-357.7, 357.81, 357.89, 357.9, 358.00-358.9, 359.0-359.22, 359.29, 359.3-359.6, 359.89, 359.9

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18, 369.22, 369.24, 369.25

CVA

436, 438.20-438.53, 438.84

Lymphedema

457.0, 457.1

TMJ

524.61-524.64

Cellulitis

681.00-681.02, 681.10, 681.11, 682.2-682.7

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 719.7, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.39, 722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.00-724.6, 724.70-, 724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

General Symptoms, Debility

781.0, 781.2, 781.3, 781.92, 781.93, 781.99, 782.2, 782.3 799.3, 799.4

Fractures, Dislocations, Sprain/Strains

805.00-805.08, 805.10-805.9, 806.00-806.09, 806.10-806.19, 806.20-806.29, 806.30-806.5, 806.60-806.69, 806.70-806.9, 807.00-807.09, 807.10-807.6, 808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 818.0, 818.1, 819.0, 819.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0, 827.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8

Injury to Nerves

952.00-952.09, 952.10-952.8, 953.0-953.9, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

Persons with Conditions Influencing Their Health, Aftercare

V43.60-V43.7, V45.4, V49.60-V49.67, V49.70-V49.77, V54.01, V54.09, V54.10-V54.29, V54.81, V54.89

97112 (Neuromuscular Re-education); 97113 (Aquatic Exercises)

Gout

274.0, 274.9

Degenerative Diseases of CNS, Other Disorders of CNS

332.0, 332.1, 333.0, 333.83, 333.90, 333.91, 334.0-334.9, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 337.20-337.29, 338.21, 338.29, 338.4, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disorders of Peripheral Nervous System

351.0, 353.0-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.9, 356.0-356.9, 357.0-357.7, 357.81, 357.89, 357.9, 358.00-358.9, 359.0-359.22, 359.29, 359.3-359.6, 359.89, 359.9

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18, 369.22, 369.24, 369.25

CVA

436, 438.20-438.53, 438.81, 438.82, 438.84

Postmastectomy Lymphedema Syndrome

457.0

Cellulitis

681.00-681.02, 681.10, 681.11, 682.2-682.7

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 719.7, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.00-724.6, 724.70-724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90,

726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81-727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

General Symptoms, Debility

781.0, 781.2, 781.3, 781.92, 781.93, 781.99, 782.3 799.3, 799.4

Fractures, Dislocations, Sprain/Strains

805.00-805.08, 805.10-805.9, 806.00-806.09, 806.10-806.19, 806.20-806.29, 806.30-806.5, 806.60-806.69, 806.70-806.9, 807.00-807.09, 807.10-807.6, 808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-816.13, 817.0, 817.1, 819.0, 819.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0, 827.1, 830.0, 830.1, 831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19, 834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59, 836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4, 926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20- 927.8, 927.9, 928.00, 928.01, 928.10, 928.11, 928.20, 928.21, 928.3, 928.8

Injury to Nerves

952.00-952.09, 952.10-952.19, 952.2-952.8, 953.0-953.8, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

Persons with Conditions Influencing Their Health, Aftercare

V43.60-V43.7, V45.4, V49.60-V49.67, V49.70-V49.77, V54.01, V54.09, V54.10-V54.29, V54.81, V54.89

97116 (Gait Training)

Late Effect of Polio

138

Degenerative Diseases of CNS, Other Disease of CNS

332.0, 332.1, 333.0, 333.90, 333.91, 334.0-334.9, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 338.21, 338.29, 338.4, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disease of Peripheral Nervous System

351.0, 353.0-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.9, 356.0-356.9, 357.0-357.7, 357.81, 357.89, 357.9, 358.00-358.9, 359.0-359.22, 359.29, 359.3-359.6, 359.89, 359.9

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18,

<http://www.wpsmedicare.com/index.html>

369.22, 369.24, 369.25

CVA

436, 438.20-438.53, 438.84

Congenital Anomalies-Musculoskeletal

755.30-755.38, 755.61-755.64

General Symptoms

781.0-781.3, 781.92, 781.93, 781.99

Fractures, Dislocations, Sprain/Strains

808.0-808.9, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0, 827.1

Persons with Conditions Influencing Their Health, Aftercare

V43.64-V43.66, V49.71-V49.77, V57.81

97124 (Massage)

Degenerative Diseases of CNS

333.6, 333.71-333.79, 333.83, 333.84, 337.20-337.29, 338.21, 338.29, 338.4

Lymphedema

457.0, 457.1

Pneumonia, Influenza, COPD, Pneumoconioses, Other Lung/Respiratory Disease

480.0-481, 482.0-482.2, 482.30-482.39, 482.40- 482.49, 482.81-482.9, 483.0-483.8, 484.1-486, 487.0-490, 491.0, 491.1, 491.20-491.9, 492.0-492.8, 493.00, 493.01, 493.10, 493.11, 493.20, 493.21, 493.90, 493.91, 494.0, 494.1, 495.0-505, 506.0-506.9, 507.0-507.8, 508.0-508.9, 510.0-510.9, 511.0-511.9, 512.0-512.8, 513.0-515, 516.0-516.9, 517.1-517.8, 518.0-518.6, 518.81-518.89, 519.00-519.09, 519.11-519.9

TMJ

524.61-524.64

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

718.40-718.49, 720.1, 723.1, 723.2, 723.5, 724.1, 724.2, 724.5, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 727.81, 727.83, 728.6, 728.71-728.79, 728.85, 728.87, 729.5, 729.81, 729.82

Congenital Anomalies-Musculoskeletal

754.1

Edema

782.3

Sprain/Strains

840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.8

97140 (Manual Therapy)

Degenerative Diseases of CNS

333.6, 333.71-333.79, 333.83, 333.84, 337.20-337.29, 338.21, 338.29, 338.4

Disorders of Peripheral Nervous System

353.2, 353.4

Benign Paroxysmal Positional Vertigo

386.11

Lymphedema

457.0, 457.1

TMJ

524.61-524.64

Scar Conditions, Fibrosis of Skin

709.2

Athropathies/Related Disorders, Dorsopathies, Rheumatism

710.1, 710.3, 710.4, 710.8, 711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 716.60-716.68, 716.80-716.89, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 720.0-720.2, 720.81, 720.89, 720.9, 721.0, 721.2, 721.3, 721.5-721.8, 721.90, 722.0, 722.10, 722.4, 722.52, 722.91, 722.93, 723.1, 723.2, 723.5, 723.8, 724.02, 724.1-724.5, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00, 727.03-727.06, 727.81-727.83, 728.6, 728.71, 728.79, 728.85, 728.87, 729.4, 729.5, 729.81, 729.82

Congenital Anomalies-Musculoskeletal

754.1

General Symptoms

782.3, 784.0

Sprains/Strains

840.0-840.9, 841.0-841.9, 842.00-842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9, 847.0-847.9, 848.0-848.3, 848.40-848.8

Late Effects of Injury

905.1-905.9

Injury to Nerves

953.0, 953.2, 953.3

Orthopedic Aftercare

V54.0, V54.10-V54.29, V54.81, V54.89

97760 (97504 DC 12/31/05) (Orthotics Training)

Injury to Nerves

952.00-952.09, 952.10-952.19, 952.2-952.9, 956.0-956.3, 956.5

Persons with Conditions Influencing Their Health, Aftercare

V49.1, V49.2, V49.61-V49.67, V49.71-V49.77, V53.7-V53.90, V53.99

97761 (97520 DC 12/31/05) (Prosthetics Training)

Amputation Limb

885.0, 885.1, 886.0, 886.1, 887.0-887.7, 896.0-896.3, 897.0-897.7

Persons with Conditions Influencing Their Health, Aftercare

V49.61-V49.67, V49.71-V49.77, V52.0, V52.1, V52.8, V53.7

97530 (Therapeutic Activities)

Gout

274.0, 274.9

Degenerative Diseases of CNS, Other Disorders of CNS

332.0, 332.1, 333.0, 333.83, 333.90, 333.91, 334.0-334.9, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 337.20-337.29, 338.21, 338.29, 338.4, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disorders of Peripheral Nervous System

351.0, 353.0-353.9, 354.0-354.9, 355.0-355.6, 355.71-355.9, 356.0-356.9

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18, 369.22, 369.24, 369.25

CVA

436, 438.20-438.53, 438.81-438.84

Lymphedema

457.0, 457.1

Cellulitis

681.00-681.02, 681.10, 681.11, 682.2-682.7

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.70-718.79, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 719.7, 720.0-720.2, 720.81, 720.89, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.5, 724.00-724.6, 724.70-724.79, 726.0, 726.10-726.2, 726.30-726.5, 726.60-726.69, 726.70-726.8, 726.90, 726.91, 727.00-727.3, 727.40-727.49, 727.50-727.59, 727.60-727.67, 727.81, 727.83, 728.11, 728.12, 728.2, 728.6, 728.71, 728.83, 728.85, 728.87, 729.1, 729.4, 729.5, 729.81, 729.82

General Symptoms, Debility

781.0, 781.2, 781.3, 781.92, 781.93, 781.99, 782.3, 799.3, 799.4

<http://www.wpsmedicare.com/index.html>

Fractures, Dislocations, Sprain/Strain

805.00-805.08, 805.10-805.9, 806.00-806.09, 806.10-806.19, 806.20-806.29, 806.30-806.5,
806.60-806.69, 806.70-806.9, 807.00-807.09, 807.10-807.6, 808.0-808.3, 808.41-808.49, 808.51-
808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-
812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-
813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-
813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.10-
816.13, 817.0, 817.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00,
821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-
823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-
824.9, 825.0, 825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0, 827.1, 830.0, 830.1,
831.00-831.09, 831.10-831.19, 832.00-832.09, 832.10-832.19, 833.00-833.09, 833.10-833.19,
834.00-834.02, 834.10-834.12, 835.00-835.03, 835.10-835.13, 836.0-836.4, 836.50-836.59,
836.60-836.69, 837.0, 837.1, 838.00-838.06, 838.10-838.16, 840.0-840.9, 841.0-841.9, 842.00-
842.09, 842.10-842.19, 843.0-843.9, 844.0-844.9, 845.00-845.09, 845.10-845.19, 846.0-846.9,
847.0-847.9, 848.0-848.3, 848.40-848.5

Contusions, Crushing Injury

923.00-923.09, 923.10, 923.11, 923.20-923.9, 924.00, 924.01, 924.10, 924.11, 924.20-924.4,
926.0, 926.11-926.9, 927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10,
928.11, 928.20-928.8

Injury to Nerves

952.00-952.09, 952.10-952.9, 953.0-953.9, 955.0-955.9, 956.0-956.9

Amputation Complications

997.61

Persons with Conditions Influencing Their Health, Aftercare

V43.60-V43.7, V45.4, V49.60-V49.67, V49.70-V49.77, V54.01, V54.09, V54.10-V54.29,
V54.81, V54.89

97532/97533 (Cognitive Retraining/Sensory Integration)

Anoxia Brain Damage

348.1

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18,
369.22, 369.24, 369.25

Cerebrovascular Disease

430, 431, 432.0-432.9, 436, 438.0, 438.81

Neurologic Neglect Syndrome

781.8

Intracranial Injury

851.00-851.09, 851.10-851.19, 851.20-851.29, 851.30-851.39, 851.40-851.49, 851.50-851.59,
851.60-851.69, 851.70-851.79, 851.80-851.89, 851.90-851.99, 852.00-852.09, 852.10-852.19,
852.20-852.29, 852.30-852.39, 852.40-852.49, 852.50-852.59, 853.00-853.09, 853.10-853.19,
854.00-854.09, 854.10-854.19

CNS Complications

997.01

97535 (Self Care Training)

Gout

274.0, 274.9

Degenerative Diseases of CNS, Other Disorders of CNS

332.0, 332.1, 333.0, 333.90, 333.91, 334.0-334.9, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Disorders of Peripheral Nervous System

354.0-354.9, 355.0-355.6, 355.71-355.8, 356.0-356.9, 357.0-357.7, 357.81, 357.89, 357.9, 358.00-358.9, 359.0-359.22, 359.29, 359.3-359.6, 359.89, 359.9

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18, 369.22, 369.24, 369.25

CVA

436, 438.0-438.53, 438.81-438.84

Psoriasis

696.0

Arthropathies/Related Disorders, Dorsopathies, Rheumatism

710.3, 710.4, 711.00-711.09, 711.10-711.19, 711.20-711.29, 711.30-711.39, 711.40-711.49, 711.50-711.59, 711.60-711.69, 711.70-711.79, 711.80-711.89, 711.90-711.99, 712.10-712.19, 712.20-712.29, 712.30-712.39, 712.80-712.89, 712.90-712.99, 713.0-713.8, 714.0-714.2, 714.30-714.4, 714.81-714.9, 715.00, 715.04, 715.09, 715.10-715.18, 715.20-715.28, 715.30-715.38, 715.80, 715.89, 715.90-715.98, 716.00-716.09, 716.10-716.19, 716.20-716.29, 716.30-716.39, 716.40-716.49, 716.50-716.59, 716.60-716.68, 716.80-716.89, 716.90-716.99, 717.0-717.3, 717.40-717.43, 718.20-718.29, 718.30-718.39, 718.40-718.49, 718.50-718.59, 718.60-718.65, 718.70-718.79, 718.80-718.89, 719.00-719.09, 719.10-719.19, 719.20-719.29, 719.30-719.39, 719.40-719.49, 719.50-719.59, 719.60-719.69, 719.7, 719.80-719.89, 719.90-719.99, 720.0-720.2, 720.81-720.9, 721.0-721.3, 721.41-721.8, 721.90, 721.91, 722.0, 722.10-722.2, 722.30-722.4, 722.51-722.6, 722.70-722.73, 722.80-722.83, 722.90-722.93, 723.0-723.9, 724.01-724.6, 724.70-724.79, 726.0, 726.10-726.2, 727.83, 728.2

General Symptoms, Debility

781.0, 781.3, 781.8, 781.92, 781.93, 781.99, 799.3, 799.4

Fractures, Sprains/Strains

805.00-805.08, 805.10-805.9, 806.00-806.09, 806.10-806.19, 806.20-806.29, 806.30-806.5, 806.60-806.69, 806.70-806.9, 807.00-807.09, 807.10-807.6, 808.0-808.3, 808.41-808.49, 808.51-808.9, 809.0, 809.1, 810.00-810.03, 810.10-810.13, 811.00-811.09, 811.10-811.19, 812.00-812.09, 812.10-812.19, 812.20, 812.21, 812.30, 812.31, 812.40-812.49, 812.50-812.59, 813.00-813.08, 813.10-813.18, 813.20-813.23, 813.30-813.33, 813.40-813.45, 813.50-813.54, 813.90-813.93, 814.00-814.09, 814.10-814.19, 815.00-815.09, 815.10-815.19, 816.00-816.03, 816.11-816.13, 817.0, 817.1, 818.0, 818.1, 819.0, 819.1, 820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39, 822.0, 822.1, 823.00-823.02, 823.10-823.12, 823.20-823.22, 823.30-823.32, 823.40-823.42, 823.80-823.82, 823.90-823.92, 824.0-824.9, 825.0-825.1, 825.20-825.29, 825.30-825.39, 826.0, 826.1, 827.0,

827.1, 840.7

Amputation Arm

887.0-887.7

Injury to Nerves

952.00-952.09, 952.10-952.8

Joint Replacements

V43.60-V43.66,

97537 (Community Reintegration)

Schizophrenic Disorders

295.00-295.05, 295.15, 295.25, 295.35, 295.45, 295.50-295.55, 295.85

Degenerative Diseases of CNS, Other Disorder of CNS

334.0-334.8, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Visual Disturbances/Blindness and Low Vision

368.41, 368.45-368.47, 369.01, 369.03, 369.04, 369.06-369.08, 369.12-369.14, 369.16-369.18, 369.22, 369.24, 369.25

Pathologic Fracture

733.13-733.16

Congenital Anomalies-Musculoskeletal

755.31

Lack of Coordination

781.3

Fractures Lower Limb

820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39

Amputation Limb

897.0-897.7

Crushing Injury Limbs

927.00-927.09, 927.10, 927.11, 927.20-927.9, 928.00, 928.01, 928.10, 928.11, 928.20-928.8, 929.0

Burns

943.31-943.39, 944.34-944.38, 945.32-945.39, 946.3-946.5

Amputation Complications

997.01

Persons with Conditions Influencing Their Health, Aftercare

V49.75-V49.77, V53.8

97542 (Wheelchair Training)

<http://www.wpsmedicare.com/index.html>

Degenerative Diseases of CNS, Other Disorders of CNS

334.0-334.8, 335.0, 335.10-335.19, 335.20-335.9, 336.0-336.8, 340, 341.1, 341.20-341.9, 342.00-342.02, 342.10-342.12, 342.80-342.82, 342.90-342.92, 343.0-343.9, 344.00-344.2, 344.30-344.32, 344.40-344.5, 344.60, 344.61, 344.81-344.9, 348.1

Pathological Fracture

733.13-733.16

Congenital Anomalies-Musculoskeletal

755.31

Lack of Coordination

781.3

Fractures Lower Limbs

820.00-820.09, 820.10-820.19, 820.20-820.22, 820.30-820.9, 821.00, 821.01, 821.10, 821.11, 821.20-821.29, 821.30-821.39

Amputation Lower Limbs

897.0-897.7

Crushing Injury

928.00, 928.01, 928.10, 928.11

Persons with Conditions Influencing Their Health, Aftercare

V49.75-V49.77, V53.8

97762 (97703 DC 12/31/05) (Prosthetic Checkout)

Persons with Conditions Influencing Their Health, Aftercare

V49.0-V49.5, V49.60-V49.67, V49.70-V49.77, V52.0-V52.1

Diagnoses that Support Medical Necessity

See above.

ICD-9 Codes that DO NOT Support Medical Necessity

V57.9

For SCI patients using a neuromuscular electrical stimulator to enhance the ability to walk Gait Training (97116) is **not** covered for the following:

337.3, 733.00-733.09, 736.00-736.09, 736.30-736.39, 736.9, 736.7-736.79, 736.81, 736.89, 737.30-737.39, 737.40, 737.43, 738.4, 738.5, 754.2; V45.00, V45.01, V45.02, V45.09, V45.89, V53.31.

Diagnoses that Do NOT Support Medical Necessity

Any diagnosis NOT listed above.

Documentation Requirements

1. Physician's Services must be submitted with an ICD-9 code to support medical necessity and must be coded to the greatest degree of accuracy and highest level of digit completeness. This means the precise ICD-9 code that most fully explains the narrative description of the diagnosis contained in the patient's medical record and reported including the 4th or 5th digit sub classification for the diagnosis category. In the absence of signs, symptoms, illness or injury a screening diagnosis should be reported, and payment will be denied.
2. The patients medical records should be **legible**, contain the relevant history, physical findings

conforming to the criteria stated in the “Indications and Limitation of Coverage section of this policy. In addition the medical records for therapy service should conform to the documentation requirements established for the treatment plan, certification/recertification and therapy services stated in CMS IOM Pub.100-02 Ch.15 §§ 220-230, must be made available to the contractor on request. The following types of documentation for therapy services are expected to be submitted in response to any request for documentation, unless the contractor requests otherwise:

Evaluation and Certified Plan of Care

Certification

Interval Progress Reports

Treatment Encounter Notes

See [OUTPATIENT PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND SPEECH-LANGUAGE PATHOLOGY, PHYSMED-001](#)

Utilization Guidelines

See “Indications and Limitations of Coverage and/or Medical Necessity”, sections II, III, IV.

Sources of Information & Basis for Decision

1. *Cognitive Remediation in Traumatic Brain Injury: Update and Issues*, Archives of Physical Medicine and Rehabilitation, Vol. 74, Feb. 1993: pp204-213.
2. *Guidelines for Cognitive Rehabilitation*, Neuro-Rehabilitation, Aug 1992: pp 62-67.
3. *Published Trails of Non-medicinal and Non-invasive Therapies for Hip and Knee Osteoarthritis*, Annals of Internal Medicine, Physical Therapy, Vol. 121, No. 2, May 1990: pp133-140.
4. *Reduction of Chronic Posttraumatic Hand Edema: A Comparison of High Voltage Pulsed Current, Intermittent Pneumatic Compression and Placebo Treatments*, Physical Therapy, Vol. 70, No. 5, May 1990: pp 279-286.
5. *Physical Medicine and Rehabilitation Practice Guidelines*, Section De Fisiatria, Association Medica De Puerto Rico, First Edition, Copyright 1995.
6. American Physical Therapy Association.
7. American Occupational Therapy Association.
8. Board Certified Physical Medicine and Rehabilitation physicians.
9. Licensed Physical Therapist consultants.
10. Licensed Occupational Therapist consultants.
11. Carrier Medical Directors, PM&R Clinical Workgroup.
12. Health Care Financing Administration, specialists and consultants.
13. Wisconsin, Illinois, Michigan, Minnesota Physical Therapy Association
14. CAC 05/03; 09/19/97; 09/09/96
15. CMS Pub.100-01 Ch.5 § 70.6; CMS Pub.100-02 Ch.15 § 60-60.3, 220-230.6 Rev. 47, 60.1, 63; CMS Pub.100-03 Ch.1 § 150.1, 150.2, 150.8, 160.2, 160.7, 160.7.1, 160.12, 160.13, 160.15, 230.8, 240.3, 240.7, 270.6; CMS Pub.100-04 Ch.5 §20.4
CIM 35-2; 35-3; 35-15; 35-20; 35-41; 35-46; 35-56; 35-72; 35-77; 45-25; 60-24

Advisory Committee Meeting Notes

Meeting Dates:

Wisconsin: 05/16/2003; 09/05/1997; 08/15/1996;
Illinois: 05/28/2003; 10/06/1996
Michigan: 05/07/2003; 10/16/1996
Minnesota: 05/08/2003

Start Date of Comment Period

Wisconsin: 05/28/2003; 09/05/1997; 08/15/1996
Illinois: 05/28/2003; 10/06/1996

Michigan: 05/28/2003; 10/16/1996
Minnesota: 05/28/2003

End Date of Comment Period

Wisconsin: 07/14/2003; 10/20/1997; 09/29/1996
Illinois: 07/14/2003; 12/06/1996
Michigan: 07/14/2003; 12/16/1996
Minnesota: 07/14/2003;

Start Date of Notice Period

(Published)

Wisconsin: *10/01/2008 art, 06/01/2008 (art); 09/01/2007 (art); 04/01/2007 (art); 02/01/2007 (article); 12/01/2006 (article); 09/01/2006 (article); 04/01/2006; 02/01/2006 (article); 11/01/2005 (article); 10/01/2005 (article); 07/01/2005 (article); 06/06/2005; 02/01/2005 (web); 09/01/2004 (article); 07/01/2004 (article); 12/01/2003; 04/01/1998
Illinois: *10/01/2008 art, 06/01/2008 (art); 09/01/2007 (art); 04/01/2007 (art); 02/01/2007 (article); 12/01/2006 (article); 09/01/2006 (article); 04/01/2006; 02/01/2006 (article); 11/01/2005 (article); 10/01/2005 (article); 07/01/2005 (article); 06/06/2005; 02/01/2005 (web); 09/01/2004 (article); 07/01/2004 (article); 12/01/2003; 01/01/2001
Michigan: *10/01/2008 art, 06/01/2008 (art); 09/01/2007 (art); 04/01/2007 (art); 02/01/2007 (article); 12/01/2006 (article); 09/01/2006 (article); 04/01/2006; 02/01/2006 (article); 11/01/2005 (article); 10/01/2005 (article); 07/01/2005 (article); 06/06/2005; 02/01/2005 (web); 09/01/2004 (article); 07/01/2004 (article); 12/01/2003; 01/01/2001
Minnesota: *10/01/2008 art, 06/01/2008 (art); 09/01/2007 (art); 04/01/2007 (art); 02/01/2007 (article); 12/01/2006 (article); 09/01/2006 (article); 04/01/2006; 02/01/2006 (article); 11/01/2005 (article); 10/01/2005 (article); 07/01/2005 (article); 06/06/2005; 02/01/2005 (web); 09/01/2004 (article); 07/01/2004 (article); 12/01/2003

Revision History Number and Explanation

Wisconsin: *10/01/2008, twenty-four, 2009 ICD-9 update added 707.20-707.25 to CPT codes 97022 and 97036; 06/01/08, twenty-three, changed recertification to 90 days multiple updates per Pub 100-02 Rev 5921; 10/01/2007 Twenty Two (add VR/SCI, 08ICD-9 UD); 04/01/2007 Twenty One (ICD-9 add, recon. CP rev 1183); 10/24/2006 Twenty (BP Rev.63, NDC Rev.62); 12/09/2006 Nineteen (BP Rev.60.1); 10/01/2006 Eighteen (07 ICD9 UD); 01/01/2006 Seventeen (BP Rev. 47); 02/01/2006 Sixteen (06 HCPCS, therapy cap, ICD-9 rev); 07/25/2005 Fifteen (Inc-to expl, text rev.); 07/25/2005 Fourteen (BP Rev.36.1, NonCov ICD-9 add); 07/01/2005 Thirteen (ICD-9 added); 06/06/2005 Twelve (LCD, BP rev.34); 01/01/2005 Eleven (05 HCPCS); 10/01/2004 Ten (05 ICD-9 UD); 01/15/2004 Nine (ICD-9 add); 01/15/2004 Eight (Quad-state, 04 ICD-9 UD); 10/01/2002 Seven (2003 ICD-9 update); 03/01/2002 Six (ICD-9 correction/text add); 10/01/2001 Five (ICD-9 update); 04/01/2001 Four (revised text, ICD-9s added, revised LMRP format); 01/01/2001 Three (CPT codes added, new LMRP format); 01/01/2001 Two (tri-state policy); 03/01/1998 One (code correction)
Illinois: *10/01/2008, twenty-three, 2009 ICD-9 update added 707.20-707.25 to CPT codes 97022 and 97036; 06/01/08, twenty-two, changed recertification to 90 days multiple updates per Pub 100-02 Rev 5921; 10/01/2007 Twenty One (add VR/SCI, 08ICD-9 UD); 04/01/2007 Twenty (ICD-9 add, recon. CP rev 1183); 10/24/2006 Nineteen (BP Rev.63, NCD Rev.62); 12/09/2006 Eighteen (BP Rev.60.1); 10/01/2006 Seventeen (07 ICD9 UD); 01/01/2006 Sixteen (BP Rev.47); 02/01/2006 Fifteen (06

HCPCS, therapy cap, ICD-9 rev); 07/25/2005 Fourteen (Inc-to expl, text rev.); 07/25/2005 Thirteen (BP Rev.36.1, NonCov ICD-09 add); 7/01/2005 Twelve (ICD-9 added); 06/06/2005 Eleven (LCD, BP rev.34); 01/01/2005 Ten (05 HCPCS); 10/01/2004 Nine (05 ICD-9 UD); 01/15/2004 Eight (ICD-9 add); 01/15/2004 Seven (Quad-state, 0 4ICD-9 UD); 10/01/2002 Six (03 ICD-9 update); 03/01/2002 Five (ICD-9 correction/text add); 10/01/2001 Four (ICD-9 update); 04/01/2001 Three (revised text, ICD-9s added, revised LMRP format); 01/01/2001 Two (CPT codes added, new LMRP format); 01/01/2001 One (tri-state policy)

Michigan: *10/01/2008, twenty-four, 2009 ICD-9 update added 707.20-707.25 to CPT codes 97022 and 97036; 06/01/08, Twenty-three, changed recertification to 90 days, multiple updates per Pub 100-02 Rev 5921; 10/01/2007 Twenty One (add VR/SCI, 08ICD-9 UD); 04/01/2007 Twenty (ICD-9 add, recon. CP rev 1183); 10/24/2006 Nineteen (BP Rev.63, NCD Rev.62); 12/09/2006 Eighteen (BP Rev.60.1); 10/01/2006 Seventeen (07 ICD9 UD); 01/01/2006 Sixteen (BP Rev. 47); 02/01/2006 Fifteen (06 HCPCS, therapy cap, ICD-9 rev); 07/25/2005 Fourteen (Inc-to expl, text rev.); 07/25/2005 Thirteen (BP Rev.36.1, NonCov ICD-09 add); 07/01/2005 Twelve (ICD-9 added); 06/06/2005 Eleven (LCD BP rev.34); 01/01/2005 Ten (05 HCPCS); 10/01/2004 Nine (05 ICD-9 UD); 01/15/2004 Eight (ICD-9 add); 01/15/2004 Seven (Quad-state 04 ICD-9 UD); 10/01/2002 Six (03 ICD-9 update); 03/01/2002 Five (ICD-9 correction/text add); 10/01/2001 Four (ICD-9 update); 04/01/2001 Three (revised text, ICD-9s added, revised LMRP format); 01/01/2001 Two (CPT codes added, new LMRP format); 01/01/2001 One (tri-state policy)

Minnesota *10/01/2008, sixteen, 2009 ICD-9 update added 707.20-707.25 to CPT codes 97022 and 97036; 06/01/08, fifteen, changed recertification to 90 days, multiple updatd per Pub 100-02 Rev 5921; 10/01/2007 Fourteen (add VR/SCI, 08ICD-9 UD); 04/01/2007 Thirteen (ICD-9 add, recon. CP rev 1183); 10/24/2006 Twelve (BP Rev.63, NCD Rev.62); 12/09/2006 Eleven (BP Rev.60.1); 10/01/2006 Ten (07 ICD9 UD); 01/01/2006 Nine (BP Rev. 47); 02/01/2006 Eight (06 HCPCS, therapy cap, ICD-9 rev); 07/25/2005 Seven (Inc-to expl, text rev.); 07/25/2005 Six (BP Rev.36.1, NonCov ICD-09 add); 07/01/2005 Five (ICD-9 added); 06/06/2005 Four (LCD, BP rev.34); 01/01/2005 Three (05 HCPCS); 10/01/2004 Two (05 ICD-9 UD); 01/15/2004 One (ICD-9 add)

Last Reviewed On

*10/01/2008

Notes

An asterisk (*) indicates a revision to that section of the policy.

Sections of the “Indications and Limitations of Coverage”, the “Coding Guidelines” and the “Reasons for Denial” have been removed from this policy. The information has been placed in a companion article. See Companion Article, [Physical Medicine Rehabilitation Procedures and Modalities PHYSMED-009: Billing and Coding Guidelines.](#)

This policy does not reflect the sole opinion of the carrier or Carrier Medical Director. Although the final decision rests with the carrier, this policy was developed in cooperation with the Carrier Advisory Committee, which includes representatives from all specialties.

Does this LCD contain a “Least Costly Alternative” Provision?

No