

# Local Coverage Article: Billing and Coding: Therapy and Rehabilitation Services (PT, OT) (A57703)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

# Article Information

## General Information

**Article ID**

A57703

**Original Effective Date**

11/14/2019

**Article Title**

Billing and Coding: Therapy and Rehabilitation Services (PT, OT)

**Revision Effective Date**

01/01/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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**Retirement Date**

N/A

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## CMS National Coverage Policy

N/A

## Article Guidance

### Article Text:

Refer to Local Coverage Determination (LCD) L35036, Therapy and Rehabilitation Services (PT, OT), for reasonable and necessary requirements and frequency limitations.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

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## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

#### Group 1 Codes:

CODE	DESCRIPTION
95992	Canalith repositioning proc
97012	Mechanical traction therapy

CODE	DESCRIPTION
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97022	Whirlpool therapy
97024	Diathermy eg microwave
97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current therapy
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97039	Physical therapy treatment
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97124	Massage therapy
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min
97139	Physical medicine procedure
97140	Manual therapy 1/> regions
97150	Group therapeutic procedures
97161	Pt eval low complex 20 min
97162	Pt eval mod complex 30 min
97163	Pt eval high complex 45 min
97164	Pt re-eval est plan care
97165	Ot eval low complex 30 min
97166	Ot eval mod complex 45 min
97167	Ot eval high complex 60 min
97168	Ot re-eval est plan care
97530	Therapeutic activities
97533	Sensory integration
97535	Self care mngment training

CODE	DESCRIPTION
97537	Community/work reintegration
97542	Wheelchair mngment training
97750	Physical performance test
97755	Assistive technology assess
97760	Orthotic mgmt&traing 1st enc
97761	Prosthetic traing 1st enc
97763	Orthc/prostc mgmt sbsq enc
97799	Physical medicine procedure
G0283	Elec stim other than wound

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS code 97033**.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
L74.510	Primary focal hyperhidrosis, axilla
L74.511	Primary focal hyperhidrosis, face
L74.512	Primary focal hyperhidrosis, palms
L74.513	Primary focal hyperhidrosis, soles
L74.519	Primary focal hyperhidrosis, unspecified

#### Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

N/A

#### Group 2 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 95992**.

**Group 2 Codes:**

ICD-10 CODE	DESCRIPTION
H81.11	Benign paroxysmal vertigo, right ear
H81.12	Benign paroxysmal vertigo, left ear
H81.13	Benign paroxysmal vertigo, bilateral

**Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity****Group 1 Paragraph:**

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section.

**Group 1 Codes:**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
022x	Skilled Nursing - Inpatient (Medicare Part B only)
023x	Skilled Nursing - Outpatient
071x	Clinic - Rural Health
074x	Clinic - Outpatient Rehabilitation Facility (ORF)
075x	Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

**Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this article. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS *Internet-Only Manual (IOM) Pub. 100-04, Medicare Claims Processing Manual*, for further guidance.

CODE	DESCRIPTION
042X	Physical Therapy - General Classification
043X	Occupational Therapy - General Classification

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R1	Article revised and published on 01/16/2020 effective for dates of service on and after 01/01/2020 to reflect the annual CPT/HCPCS code updates. The following CPT/HCPCS code(s) have been added to the Group 1 Codes: 97129, 97130. The following CPT/HCPCS code(s) have been discontinued and deleted from the Group 1 Codes: G0515. The following CPT/HCPCS codes either have a short description and/or long description change. Depending on which description is used in this article, there may not be any change in how the code displays in the document: 97760 and 97761.

## Associated Documents

**Related Local Coverage Document(s)**

LCD(s)

L35070 - Speech - Language Pathology (SLP) Services: Communication Disorders

L34891 - Speech-Language Pathology (SLP) Services: Dysphagia; Includes VitalStim<sup>®</sup> Therapy

L35036 - Therapy and Rehabilitation Services (PT, OT)

L35125 - Wound Care

DL35036

- (MCD Archive Site)

**Related National Coverage Document(s)**

NCD(s)

270.1 - Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds

150.8 - Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders

150.1 - Manipulation

160.12 - Neuromuscular Electrical Stimulation (NMES)

230.8 - Non-Implantable Pelvic Floor Electrical Stimulator

250.1 - Treatment of Psoriasis

160.16 - Vertebral Axial Decompression (VAX-D)

270.6 - Infrared Therapy Devices

160.15 - Electrotherapy for Treatment of Facial Nerve Paralysis (Bell's Palsy)

160.2 - Treatment of Motor Function Disorders with Electric Nerve Stimulation

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

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## Keywords

N/A