

Draft LCD for Outpatient Physical Therapy (DL28689)

Draft

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Future

Please note: This is a Future Draft LCD.

Contractor Information

Future

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Contractor Name

Palmetto GBA

Contractor Number

01101

Contractor Type

MAC - Part A

LCD Information

Future

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LCD ID Number

DL28689

LCD Title

Outpatient Physical Therapy

Contractor's Determination Number

J1A-09-0002-L

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title 42, Code of Federal Regulations, §§424.24 and 410.61

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 8, §30.4.1.1 and 30.4.1.2

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 12, §§10, 20.1, 30, 40.1 and 40.2

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15, §§220-230.1 and 230.4-230.5

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 1, §§10.2, 30.1, and 30.1.1

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §§150.5, 150.8, 160.2, 160.7, 160.12, and 160.15

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 3, §170.1

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, §§240.3, 240.8, 270.1, 270.4 and 270.6

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Chapter 5, §100.5

CMS Manual System, Pub 100-08, Medicare Program Integrity Manual, Chapter 3, §3.4.1.1 (B)

Program Memorandum:

· AB-02-078; dated May 29, 2002; Change Request 2083

CMS Manual System, Pub 100-03, Medicare National Coverage Determinations, Transmittal 78, dated December 5, 2007, Change Request 5834

CMS Manual System, Pub 100-04, Medicare Claims Processing Manual, Transmittal 1625, dated October 31, 2008, Change Request 6254

Primary Geographic Jurisdiction

California - Entire State

Oversight Region

Region I

Projected Determination Effective Date

For services performed on or after 06/25/2009

Original Determination Ending Date**Revision Effective Date****Revision Ending Date****Indications and Limitations of Coverage and/or Medical Necessity**

Although there is an overlap in services provided by physical and occupational therapists, this policy addresses only physical therapy.

Physical therapy services are part of a constellation of rehabilitative services designed to improve or restore physical functioning as well as to prevent injury, impairments, functional limitations and disability following disease, injury or loss of a body part. Impairments, functional limitations and disabilities are addressed by the design and implementation of a therapeutic intervention tailored to the specific needs of the individual patient. The specific interventions most commonly utilized are exercise, manual therapy, heat, cold, electricity, ultraviolet light, ultrasound, hydrotherapy, and massage to improve circulation, strengthen muscles, maintain or restore motion, and train or retrain an individual to perform the activities of daily living.

All physical therapy services must be performed by or under the supervision of a qualified physical therapist.

For the purposes of this Local Coverage Determination (LCD), the following descriptions/definitions of terms are used:

Direct Supervision: This requires that the physician or non-physician practitioner (NPP) or therapist be immediately available during the course of therapy.

General Supervision: This requires the initial direction and periodic inspection/review of the actual activity or service.

Qualified Physical Therapist: An individual who is licensed as a physical therapist and meets the practice requirements in the state where they are practicing.

For outpatient settings, references to “physicians” throughout this policy include non-physician practitioners (NPP), such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners may certify, order and establish the plan of care for services by physical therapists as authorized by state law.

A qualified physical therapist, for program coverage purposes, is defined as an individual who is licensed as a physical therapist and meets the practice requirements in the state where they are practicing. Physiatrists, physicians or NPPs, and qualified physical therapists have the knowledge, training, and experience required to evaluate and, as necessary, re-evaluate a patient’s level of function, and determine whether a physical therapy program could reasonably be expected to improve, restore or compensate for lost function. Where appropriate, the physical therapist can recommend to the physician or NPP a plan of treatment. While the skills of a qualified physical therapist are required to evaluate the patient’s level of function and develop a plan of treatment, implementation of the plan may also be carried out by a qualified physical therapy assistant functioning under the general supervision of the qualified physical therapist. General supervision requires the initial direction and periodic inspection of the actual activity.

GENERAL PHYSICAL THERAPY GUIDELINES

1. Physical therapy services are covered services provided the services are of a level of complexity and sophistication, or the patient's condition is such that the services can be safely and effectively performed only by a licensed physical therapist or under his/her supervision. Services normally considered a routine part of nursing care are not covered as physical therapy (i.e., turning patients to prevent pressure injuries, walking a patient in the hallway postoperatively or ambulation without gait training).
2. Covered physical therapy must be furnished while the individual is or was under the care of a physician. Services must relate directly and specifically to a written plan of treatment regimen established by the physician or non-physician practitioner after any necessary consultation with the qualified physical therapist, or by the physical therapist providing the services and must be reasonable and necessary to the treatment of the individual's illness or injury.
3. In order for the plan of treatment to be covered, it must address a condition for which physical therapy is an accepted method of treatment as defined by standards of medical practice. Also, the plan of treatment must be for a condition that is expected to improve significantly within a reasonable and generally predictable period of time or establishes a safe and effective maintenance program. If at any point in the treatment of an illness it is determined that the expectations will not materialize, the services are no longer considered reasonable and necessary and are excluded from coverage.
4. Physical therapy is only covered when it is rendered under a written plan of treatment established by the physician, non-physician practitioner or the qualified physical therapist, to address specific therapeutic goals for which modalities and procedures are planned out specifically in terms of type, frequency and duration. The physician or non-physician practitioner should periodically review the plan of treatment.
5. The physician or non-physician practitioner and/or therapist must document the patient’s functional limitations in terms that are objective and measurable.
6. Rehabilitation Services for Vision Impairment: The coverage criteria and definition of rehabilitation services for beneficiaries with vision impairment are found in Program Memorandum, Transmittal AB-02-078, dated May 29, 2002, Change Request 2083.

SPECIFIC PROCEDURE AND MODALITY GUIDELINES

Wound Care Selective(CPT codes 97597 and 97598)

a) Debridement:

Debridement is indicated whenever necrotic tissue is present on a documented open wound. Debridement may also be indicated in cases of abnormal wound repair.

b) Conservative Sharp Debridement:

Conservative sharp debridement is a minor procedure that requires no anesthesia and is performed on an outpatient basis. Scalpel, scissors, and forceps may be used and only clearly identified devitalized tissue is removed. Generally, there is no specific bleeding associated with this procedure.

Wound Care Non-Selective(CPT codes 97602, 97605 and 97606)

a) Enzymatic Debridement:

Debridement with topical enzymes is used when necrotic substances to be removed from a wound are protein, fibrin and collagen. The manufacturer's product insert contains indications, contra-indications, precautions, dosage, and administration. It would be the clinician's responsibility to comply with the product insert/guidelines.

b) Autolytic Debridement:

This type of debridement is indicated where manageable amounts of necrotic tissue are present, and there is no infection. Autolytic debridement occurs when the enzymes that are naturally found in wound fluids are sequestered under synthetic dressings. Autolytic debridement is contraindicated for wounds that contain infection.

c) Mechanical Debridement:

Wet-to-moist dressings may be used with wounds that have a high percentage of necrotic tissue. Wet-to-moist dressings should be used cautiously as maceration of surrounding tissue may hinder healing. Hydrotherapy and wound irrigation are also forms of mechanical debridement used to remove necrotic tissue. They also should be used cautiously, as maceration of surrounding tissue may hinder healing.

d) Negative Pressure Wound Therapy:

Negative Pressure Wound Therapy is a non-invasive treatment by which controlled localized negative pressure is delivered to a wide variety of acute, sub-acute, and chronic wounds. Negative Pressure Wound Therapy should be used cautiously as maceration of surrounding tissue may hinder healing.

Fabrication/Application of Casts, Splints and Strapping (CPT codes- see below)

Fabrication and application of casts, splints, and strapping (e.g., the use of elastic wraps, heavy cloth, adhesive tape) will be considered reasonable and necessary if used to support weak or ineffective joints/muscles, reduce/correct joint limitations/deformities and/or protect body parts from injury, thus enhancing the performance of tasks or movements. The casts, splints and strapping are often used in conjunction with therapeutic exercise, functional training, and other interventions and should be selected in the context of patient needs and social/culture environments.

BODY AND UPPER EXTREMITY CASTS

Application of long arm cast (CPT code 29065)

Indicated for the shoulder and/or elbow in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures and/or other deformities involving soft tissue.

Application of short arm cast (CPT code 29075)

Indicated for the forearm, wrist and/or hand in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures or other deformities involving soft tissue.

Application of hand / wrist cast (CPT code 29085)

Indicated for the forearm, wrist and/or hand in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures or other deformities involving soft tissue.

SPLINTS

Application of long arm splint (CPT code 29105)

Indicated for the shoulder and/or elbow in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures or other deformities involving soft tissue.

Application of forearm splint (CPT codes 29125 and 29126)

Indicated for the forearm, wrist and/or hand in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures or other deformities involving soft tissue.

Application of finger splint (CPT codes 29130 and 29131)

Indicated for the finger in the treatment of fractures, dislocations, sprains/strains, tendinitis, post-op reconstruction, contractures or other deformities involving soft tissue.

STRAPPING-ANY AGE

Strapping of chest (CPT code 29200)

Indicated for the lumbar spine or abdominal musculature in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of low back (CPT code 29220)

Indicated for the lumbar spine or abdominal musculature in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of shoulder (CPT code 29240)

Indicated for any portion of the shoulder girdle complex in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of elbow or wrist (CPT code 29260)

Indicated for the elbow or wrist when there is involvement of the humerus, forearm, wrist or hand in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of hand or finger (CPT code 29280)

Indicated when there is involvement of the hand or finger(s) in the treatment of contusions, dislocations, fractures, sprain/strains, post-op conditions, contractures or other deformities involving soft tissues.

LOWER EXTREMITY CASTS

Application of long leg cast (CPT codes 29345 and 29365)

Indicated when there is involvement of the femur, patella, tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of short leg cast (CPT code 29405)

Indicated when there is involvement of the tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of rigid leg cast (CPT code 29445)

Indicated for recent amputees or patients with lower extremity ulcers.

SPLINTS

Application of long leg splint (CPT code 29505)

Indicated when there is involvement of the femur, patella, tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of lower leg splint (CPT code 29515)

Indicated when there is involvement of the tibia, fibula, ankle or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

STRAPPING-ANY AGE

Strapping of hip (CPT code 29520)

Indicated when there is involvement of the lower back, abdomen or hip in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of knee (CPT code 29530)

Indicated when there is involvement of the thigh, knee, or lower leg in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of ankle (CPT code 29540)

Indicated when there is involvement of the lower leg, ankle and/or foot in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Strapping of toes (CPT code 29550)

Indicated when there is involvement of any of the toes in the treatment of contusions, dislocations, fractures, sprains/strains, post-op conditions, contractures or other deformities involving soft tissue.

Application of paste boot (CPT code 29580)

A dressing for ulcers resulting from venous insufficiency, consisting of a paste made from gelatin zinc oxide and glycerin, which is applied to the leg, then covered with a spiral bandage, this in turn being given a coat of the paste. The process is repeated until satisfactory rigidity is attained.

Application of foot splint (CPT code 29590)

Specific for the correction of talipes equinovarus (i.e., club foot).

Biofeedback training any method (CPT code 90901)

The coverage criteria and definition of biofeedback therapy is found in the CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Biofeedback peri/uro/rectal (CPT 90911)

The coverage criteria and definition of biofeedback therapy is found in the CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Limb muscle testing, manual (CPT code 95831)

Hand muscle testing, manual (CPT code 95832)

Body muscle testing, manual (CPT codes 95833 and 95834)

The measurement of muscle performance using manual muscle testing only.

Range of Motion Measurements (CPT codes 95851 and 95852)

Determination of range of motion using a tape measure, flexible ruler, electronic device or goniometer.

PT Evaluation (CPT code 97001) and PT Re-evaluation (CPT code 97002)

Evaluation is a comprehensive service that requires professional skills to make clinical judgments about conditions for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities. Evaluation is warranted e.g., for a new diagnosis or when a condition is treated in a new setting. These evaluative judgments are essential to development of the plan of care, including goals and the selection of interventions. The time spent in evaluation does not count as treatment time.

1. The initial examination has three components:

a. The patient history

- b. Relevant systems reviews, and
- c. Tests and measures

2. Factors that influence the complexity of the examination and evaluation process include the clinical findings, extent of loss of function, social considerations, and the patient's overall physical function and health status. Thus, the evaluation reflects the chronicity or severity of the current problem, the possibility of multi-site or multi-system involvement, the presence of preexisting systemic conditions or diseases, and the stability of the condition. Physical therapists also consider the level of the current impairments and the probability of prolonged impairment, functional limitation, disability, the living environment, and the social supports.

3. Initial evaluations or reevaluations may be determined reasonable and necessary even when the evaluation determines that skilled rehabilitation is not required if the patient's condition showed a need for an evaluation, or even if the goals established by the plan of treatment are not realized.

4. Reevaluation is periodically indicated during an episode of care when the professional assessment indicates a significant improvement or decline in the patient's condition or functional status. Some regulations and state practice acts require reevaluation at specific intervals. A reevaluation is focused on evaluation of progress toward current goals and making a professional judgment about continued care, modifying goals, and/or treatment or terminating services.

5. A reevaluation may be appropriate prior to a planned discharge for the purposes of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.

MAINTENANCE PROGRAMS

During the last visits for rehabilitative treatment, the clinician may develop a maintenance program. The goals of a maintenance program would be, for example, to maintain functional status or to prevent decline in function. The specialized skill, knowledge and judgment of a therapist would be required, and services are covered, to design or establish the plan, assure patient safety, train the patient, family members and/or unskilled personnel and make infrequent but periodic reevaluations of the plan.

The services of a qualified professional are not necessary to carry out a maintenance program, and are not covered under ordinary circumstances. The patient may perform such a program independently or with the assistance of unskilled personnel or family members.

Where a maintenance program is not established until after the rehabilitative therapy program has been completed (and the skills of a therapist are not necessary) development of a maintenance program would not be considered reasonable and necessary for the treatment of the patient's condition. It would be excluded from coverage under §1862 (a)(1) of the Act unless the patient's safety was at risk.

Evaluation and Maintenance Plan without Rehabilitative Treatment

After the initial evaluation of the extent of the disorder, illness, or injury, if the treating qualified professional determines the potential for rehabilitation is insignificant, an appropriate maintenance program may be established prior to discharge. Since the skills of a therapist are required for the development of the maintenance program and training the patient or caregivers, this service is covered.

Skilled Maintenance Therapy for Safety

If the services required to maintain function involve the use of complex and sophisticated therapy procedures, the judgment and skill of a therapist may be necessary for the safe and effective delivery of such services. When the patient's safety is at risk, those reasonable and necessary services shall be covered, even if the skills of a therapist are not ordinarily needed to carry out the activities performed as part of the maintenance program.

Hot or Cold Packs Therapy (CPT code 97010)

1. Hot or cold packs are used primarily in conjunction with therapeutic procedures to provide analgesia, relieve muscle spasm and reduce inflammation and edema. Typically, cold packs are used for acute, painful conditions, and hot packs are used for subacute or chronic painful conditions.
2. The payment for hot or cold packs is bundled into the payment for other covered services and is not reimbursable.

Mechanical Traction Therapy (CPT code 97012)

1. Traction is generally limited to the cervical or lumbar spine with the hope of relieving pain in or originating from those areas.
2. Specific indications for the use of mechanical traction include:
 - a. Cervical and/or lumbar radiculopathy
 - b. Back disorders such as disc herniation, lumbago, and sciatica

Vasopneumatic Device Therapy (CPT code 97016)

1. The use of vasopneumatic devices may be considered reasonable and necessary for the application of pressure to an extremity for the purpose of reducing edema.
2. Specific indications for the use of vasopneumatic devices include:
 - a. Reduction of edema after acute injury
 - b. Lymphedema of an extremity
 - c. Education and training on the use of vasopneumatic devices for home use

Note: Further treatment on the use of vasopneumatic devices by physical therapists, after the education and training visits, is usually not reasonable and necessary. Generally, education and training can be completed in three visits.

Paraffin Bath Therapy (CPT code 97018):

1. Paraffin bath, also known as hot wax treatment, is primarily used for pain relief in chronic joint problems of the wrists, hands, and feet.
2. Heat treatments of this type do not ordinarily require the skills of a qualified physical therapist. However, in a particular case, the skills, knowledge and judgment of a qualified physical therapist might be required in such treatments or baths, e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds or other complications. Also, if such treatments are given prior to but as an integral part of a skilled physical therapy procedure, they would be considered part of the physical therapy service.

Whirlpool Therapy (CPT code 97022)/Hydrotherapy (CPT code 97036)

1. Heat treatments of this type and whirlpool baths do not ordinarily require the skills of a qualified physical therapist. However, in a particular case, the skills, knowledge and judgment of a qualified physical therapist might be required in such treatments or baths, e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds or other complications. Also, if such treatments are given prior to but as an integral part of a skilled physical therapy procedure, they would be considered part of the physical therapy service.

2. Whirlpool bath and Hubbard Tanks are the most common forms of hydrotherapy. The use of whirlpool is considered reasonable and necessary when used as part of a plan directed at facilitating the healing of an open wound (e.g., burns).

3. Specific indications for the use of whirlpools include the following:

a. The patient having a documented open wound which is draining, has a foul odor, or evidence of necrotic tissue

b. The patient having a documented need for wound debridement/bandage removal

c. Exfoliative skin impairments

Diathermy Treatment (CPT code 97024)

Diathermy coverage criteria and definition are found in the CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Infrared Therapy Devices(CPT code 97026):

Noncoverage of Infrared Therapy Devices is described in CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Ultraviolet Therapy (CPT code 97028)

The application of ultraviolet therapy is considered reasonable and necessary for the patient requiring the application of a drying heat. The specific indications for this therapy are as follows:

a. A patient having an open wound; minimal erythema

b. Severe psoriasis limiting range of motion

Electrical Stimulation Therapy (CPT codes 64550 and 97032, HCPCS codes G0281 and G0283)

Electromagnetic Therapy (HCPCS G0329)

Electromagnetic therapy criteria and definition are found in the CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Iontophoresis Application (CPT code 97033)

1. Iontophoresis is a process in which electrically charged molecules or atoms (i. e., ions) are driven into tissue with an electrical field. Voltage provides the driving force. Parameters such as drug polarity and electrophoretic mobility must be known in order to be able to assess whether iontophoresis can deliver therapeutic concentrations of a medication at sites below the skin.

2. The application of iontophoresis is considered reasonable and necessary for the topical delivery of medications into a specific area of the body.

3. Specific indications for the use of iontophoresis application include:

a. The patient having tendonitis or calcific tendonitis

b. The patient having bursitis

c. The patient having adhesive capsulitis

d. The patient having hyperhidrosis

e. Thick adhesive scar(s)

Contrast Baths(CPT code 97034)

1. Contrast baths are a special form of therapeutic heat and cold that can be applied to distal extremities. The effectiveness of contrast baths is thought to be due to reflex hyperemia produced by the alternating exposure to heat and cold.

2. The use of contrast baths is considered reasonable and necessary to desensitize patients to pain by reflex hyperemia produced by the alternating exposure to heat and cold.

3. Specific indications for the use of contrast baths include:

a. The patient having rheumatoid arthritis or other inflammatory arthritis

b. The patient having reflex sympathetic dystrophy

c. The patient having a sprain or strain resulting from an acute injury

4. Heat treatments of this type and whirlpool baths do not ordinarily require the skills of a qualified physical therapist. However, in a particular case, the skills, knowledge and judgment of a qualified physical therapist might be required in such treatments or baths, e.g., where the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds or other complications. Also, if such treatments are given prior to but as an integral part of a skilled physical therapy procedure, they would be considered part of the physical therapy service.

Ultrasound (CPT codes 97035 and 0183T)

1. Therapeutic ultrasound is a deep heating modality that produces a sound wave of 0.8 to 3.0 MHz. In the human body, ultrasound has several pronounced effects on biologic tissues. It is attenuated by certain tissues and reflected by bone. Thus, tissues lying immediately next to bone can receive an even greater dosage of ultrasound, as much as 30% more. Because of the increased extensibility ultrasound produces in tissues of high collagen content, combined with the close proximity of joint capsules, tendons, and ligaments to cortical bone where they receive a more intense irradiation, it is an ideal modality for increasing mobility in those tissues with restricted range of motion.

2. The application of ultrasound is considered reasonable and necessary for patients requiring deep heat to a specific area for reduction of pain, spasm, and joint stiffness, and the increase of muscle, tendon and ligament flexibility.

3. Specific indications for the use of ultrasound application include:

- a. The patient having tightened structures limiting joint motion that require an increase in extensibility
- b. The patient having symptomatic soft tissue calcification
- c. The patient having neuromas

4. CPT code 0183T is a low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day.

Note: Ultrasound application is **not** considered to be reasonable and necessary for the treatment of asthma, bronchitis or any other pulmonary condition.

GENERAL GUIDELINES FOR THERAPEUTIC PROCEDURES

1. Therapeutic procedures are procedures that attempt to reduce impairments and improve function through the application of clinical skills and/or services.
2. Use of these procedures requires that these services be rendered under the supervision of a physical therapist.
3. Therapeutic exercises and neuromuscular reeducation are examples of therapeutic interventions. The expected goals documented in the written plan of treatment, effected by the use of each of these procedures, will help define whether these procedures are reasonable and necessary. Therefore, since any one or a combination of more than one of these procedures may be used in a written plan of treatment, documentation must support the use of each procedure as it relates to a specific therapeutic goal.
4. Services provided concurrently by a physical therapist and occupational therapist may be covered, if separate and distinct goals are documented in the written plan of treatment.
5. Requires (one on one) direct patient contact, unless otherwise stated (i.e., 97150-group therapy).

Therapeutic Exercises (CPT code 97110)

1. Therapeutic Exercise is performed with a patient either actively, active-assisted, or passively participating (e.g., treadmill, isokinetic exercise, lumbar stabilization, stretching, strengthening, CPM-continuous passive motion).
2. Therapeutic Exercise is considered reasonable and necessary if at least one of the following conditions is present and documented:
 - a. The patient having weakness, contracture, stiffness secondary to spasm, spasticity, decreased range of motion, gait problem, balance and/or coordination deficits, abnormal posture, muscle imbalance
 - b. The patient needing to improve mobility, flexibility, strengthening, coordination, control of extremities, dexterity, range of motion, or endurance as part of activities of daily living training, or reeducation
3. Documentation for therapeutic exercise typically includes objective loss of joint motion, strength, mobility (e.g., degrees of motion, strength grades, levels of assistance).

Neuromuscular Reeducation (CPT code 97112)

1. This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception (e.g., proprioceptive neuromuscular facilitation, Feldenkrais, Bobath, BAP's boards, and desensitization techniques).

2. Neuromuscular reeducation may be considered reasonable and 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, tilt table or standing table, hypo/hypertonicity).

Aquatic Therapy with Therapeutic Exercises (CPT code 97113)

1. This procedure uses the therapeutic properties of water (e.g., buoyancy, resistance). The procedure may be reasonable and necessary for a loss or restriction of joint motion, strength, or mobility (e.g., degrees or motion, strength grades, levels of assistance).

2. Aquatic therapy with therapeutic exercise may be considered reasonable and necessary in the treatment of the following conditions:

- a. The patient having pain, joint stiffness or muscle spasms resulting from rheumatoid arthritis
- b. The patient having had a cast removed or recent surgery and requiring mobilization of limbs
- c. The patient having paraparesis or hemiparesis
- d. The patient having had a recent amputation
- e. The patient recovering from a paralytic condition
- f. The patient requiring limb mobilization after a head trauma
- g. The patient having the inability to tolerate exercise for rehabilitation under gravity based weight bearing

Note: Aquatic Therapy with therapeutic exercises (CPT code 97113) should not be billed in situations where no exercise is being performed in the water environment (e.g., debridement of ulcers).

Gait Training (CPT code 97116)

1. This procedure may be reasonable and necessary for training patients whose walking abilities have been impaired by neurological, muscular, or skeletal abnormalities or trauma.

2. Specific indications for gait training include:

- a. The patient having suffered a cerebral vascular accident resulting in impairment in the ability to ambulate, now stabilized and ready to begin rehabilitation
- b. The patient having recently suffered a musculoskeletal trauma requiring ambulation reeducation
- c. The patient having a chronic, progressively debilitating condition for which safe ambulation has recently become a concern
- d. The patient having had an injury or condition that requires instruction in the use of a walker, crutches, or cane

e. The patient having been fitted with a brace/lower limb prosthesis/orthosis and requires instruction in ambulation

f. The patient having a condition that requires retraining in stairs/steps or chair transfer in addition to general ambulation

3. Gait training is **not** considered reasonable and necessary when the patient's walking ability is not expected to improve.

4. Repetitive walk-strengthening exercise for feeble or unstable patients or to increase endurance does not require professional skills and may be denied as not reasonable and necessary.

Massage Therapy (CPT code 97124)

1. Massage is the application of systemic manipulation to the soft tissues of the body for therapeutic purposes. Although various assistive devices and electrical equipment are available for the purpose of delivering massage, use of the hands is considered the most effective method of application, because palpation can be used as an assessment as well as a treatment tool.

2. Massage therapy, including effleurage, pétrissage, and/or tapotement (stroking, compression, percussion) may be considered reasonable and necessary if at least one of the following conditions is present and documented:

a. The patient having paralyzed musculature contributing to impaired circulation

b. The patient having sensitivity of tissues to pressure

c. The patient having tight muscles resulting in shortening and/or spasticity of affective muscles

d. The patient having abnormal adherence of tissue to surrounding tissue

e. The patient requiring relaxation in preparation for neuromuscular reeducation or therapeutic exercise

f. The patient having contractures and decreased range of motion

3. In most cases, postural drainage and pulmonary exercises can be carried out safely and effectively by nursing personnel. To be considered for payment, the physical therapist must identify the intervention that is best suited for the patient, taking into consideration the patient's condition and any contraindications that may be present. As there can be an overlap of skills between disciplines, i.e., respiratory therapy, skilled nursing and physical therapy, the documentation must clearly support the need for the intervention to be provided by the physical therapist.

Manual Therapy (CPT code 97140)

1. Joint Mobilization (Peripheral or Spinal)

This procedure may be considered reasonable and necessary if restricted joint motion is present and documented. It may be reasonable and necessary as an adjunct to therapeutic exercises when loss of articular motion and flexibility impedes the therapeutic procedure.

2. Myofascial Release/Soft Tissue Mobilization

This procedure involves the application of skilled manual therapy techniques (active or passive) to soft tissues in order 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 muscular or connective tissue.

Myofascial release/soft tissue mobilization can be considered reasonable and necessary if at least one of the following conditions is present and documented:

- a. The patient having restricted joint or soft tissue motion in an extremity, neck or trunk
- b. treatment being a necessary adjunct to other physical therapy interventions such as 97110, 97112 or 97530

3. Manipulation

This procedure may be considered reasonable and necessary for treatment of painful spasm or restricted motion of soft tissues. It may also be used as an adjunct to other therapeutic procedures such as 97110, 97112 or 97530.

4. Decongestive Physiotherapy

The goal of this type of therapy is to reduce lymphedema of extremity by routing the fluid to functional pathways, preventing backflow as the new routes become established, and to use the most appropriate methods to maintain the reduction of the extremity after therapy is complete. This therapy involves intensive treatment to reduce the size of the extremity by a combination of manual decongestive therapy and serial compression bandaging, followed by an exercise program.

1. It is expected that during these sessions, education is being provided to the patient and/or caregiver on the correct application of the compression bandage.
2. It is also expected that after the completion of the therapy, the patient and/or caregiver can perform these activities without supervision.

Group Therapeutic Procedures (CPT code 97150)

A group for the purpose of performing group therapy will be defined as:

- a. 2-4 patients per therapist receiving active therapy but not one on one treatment and
- b. The patients may be performing the same exercise or a different exercise but the physical therapist is instructing all the patients in the group

Note: Regardless of the procedure or modality being performed, if the patient is not receiving direct one on one contact but is being supervised by the therapist, the group therapy code should be used.

Orthotic Training (CPT code 97760)

1. This procedure may be considered reasonable and necessary, if there is an indication for education for the application of orthotics, and the functional use of the orthotic is present and documented.
2. Generally, orthotic training can be completed in three visits.
3. The medical record should document the distinct treatments rendered when orthotic training for a lower extremity is done during the same visit as gait training (CPT code 97116).

4. The patient is capable of being trained to use the particular device prescribed in an appropriate manner. In some cases, the patient may not be able to perform this function, but a responsible individual can be trained to apply the device.

Prosthetic Training (CPT code 97761)

1. This procedure may be considered reasonable and necessary, if there is an indication for education in the application of the prosthetic, and the functional use of the prosthetic is present and documented.

2. The medical record should document the distinct goals and service rendered when prosthetic training for a lower extremity is done during the same visit as gait training (CPT code 97116).

3. Periodic revisits beyond the third month would require documentation to support medical necessity.

Prosthetic Checkout (CPT code 97762)

1. These assessments are reasonable and necessary when there is a modification or reissue of a recently issued device or a reassessment of a newly issued device.

2. These assessments may be reasonable and necessary when patients experience a loss of function directly related to the device (e.g., pain, skin breakdown, and falls).

Therapeutic Activities (CPT code 97530)

1. Therapeutic activities are considered reasonable and necessary for patients needing a broad range of rehabilitative techniques that involves movement. Movement activities can be for a specific body part or could involve the entire body. This procedure involves the use of functional activities (e.g., bending, lifting, carrying, reaching, catching and overhead activities) to improve functional performance in a progressive manner. The activities are usually directed at a loss or restriction of mobility, strength, balance, or coordination. They require the skills of physical therapists and are designed to address a specific functional need of the patient. These dynamic activities must be part of an active written plan of treatment and be directed at a specific outcome.

2. In order for therapeutic activities to be covered, the following requirements must be met:

a. The patient having a condition for which therapeutic activities can reasonably be expected to restore or improve functioning

b. The patient's condition being such that he/she is unable to perform therapeutic activities except under the direct supervision of a physician or non-physician practitioner or physical therapist

c. There being a clear correlation between the type of exercise performed and the patient's underlying medical condition for which the therapeutic activities were prescribed

Self-Care Management Training (CPT code 97535)

The coverage criteria and definition of self-care management training is found in the CMS Manual System, Pub 100-03, Medicare National Coverage Determinations (Internet Only Manual).

Community/Work Reintegration (CPT codes 97537, 97545, and 97546)

Services that are related **solely** to specific employment opportunities, work skills, or work settings are not reasonable and necessary for the diagnosis and treatment of an illness or injury and are excluded from coverage by section 1862(a)(1) of the Social Security Act.

Wheelchair Management Training (CPT code 97542)

1. This service trains the patient in functional activities that promote optimal safety, mobility and transfers. Patients who are wheelchair bound may occasionally need skilled input on positioning to avoid pressure points, contractures, and other medical complications.
2. This procedure is reasonable and necessary only when it requires the skills of a physical therapist and is designed to address specific needs of the patient, and must be part of an active written plan of treatment directed at a specific goal.
3. The patient and/or caregiver must have the capacity to learn from instructions.
4. Typically, three to four sessions should be sufficient to teach the patient and/or caregiver these skills.
5. When billing 97542 for wheelchair propulsion training, documentation must relate the training to expected functional goals that are attainable by the patient.

Physical Performance Test or Measurement (CPT code 97750)

This testing may be reasonable and necessary for patients with neurological or musculoskeletal conditions when such tests are needed to formulate or evaluate a specific written plan of treatment, or to determine a patient's capacity.

Assistive Technology Assessment (CPT code 97755)

This assessment requires professional skill to gather data by observation and patient inquiry and may include limited objective testing and measurement to make clinical judgments regarding the patient's condition(s). Assessment determines, e.g., changes in the patient's status since the last visit and whether the planned procedure or service should be modified. Based on these assessment data, the professional may make judgment about progress toward goals and/or determine that a more complete evaluation or reevaluation is indicated.

Coverage Topic

Physical, Occupational, and Speech Therapy

Coding Information



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.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
18x	Hospital-swing beds
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
73x	Clinic-independent provider based FQHC (eff 10/91)
74x	Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97)
75x	Clinic-CORF
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

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.

042X	Physical therapy-general classification
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CPT/HCPCS Codes

29065	Application of long arm cast
29075	Application of forearm cast
29085	Apply hand/wrist cast
29105	Apply long arm splint
29125	Apply forearm splint
29126	Apply forearm splint
29130	Application of finger splint

29131	Application of finger splint
29200	Strapping of chest
29220	Strapping of low back
29240	Strapping of shoulder
29260	Strapping of elbow or wrist
29280	Strapping of hand or finger
29345	Application of long leg cast
29365	Application of long leg cast
29405	Apply short leg cast
29445	Apply rigid leg cast
29505	Application, long leg splint
29515	Application lower leg splint
29520	Strapping of hip
29530	Strapping of knee
29540	Strapping of ankle and/or ft
29550	Strapping of toes
29580	Application of paste boot
29590	Application of foot splint
64550	Apply neurostimulator
90901	Biofeedback train, any meth
90911	Biofeedback peri/uro/rectal
95831	Limb muscle testing, manual
95832	Hand muscle testing, manual
95833	Body muscle testing, manual
95834	Body muscle testing, manual
95851	Range of motion measurements
95852	Range of motion measurements
97001	Pt evaluation
97002	Pt re-evaluation
97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97022	Whirlpool therapy
97024	Diathermy eg, microwave
97026	Infrared therapy

97028	Ultraviolet therapy
97032	Electrical stimulation
97033	Electric current therapy
97034	Contrast bath therapy
97035	Ultrasound therapy
97036	Hydrotherapy
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97116	Gait training therapy
97124	Massage therapy
97140	Manual therapy
97150	Group therapeutic procedures
97530	Therapeutic activities
97535	Self care mngment training
97537	Community/work reintegration
97542	Wheelchair mngment training
97545	Work hardening
97546	Work hardening add-on
97597	Active wound care/20 cm or <
97598	Active wound care > 20 cm
97602	Wound(s) care non-selective
97605	Neg press wound tx, < 50 cm
97606	Neg press wound tx, > 50 cm
97750	Physical performance test
97755	Assistive technology assess
97760	Orthotic mgmt and training
97761	Prosthetic training
97762	C/o for orthotic/prosth use
97799	Physical medicine procedure
G0281	Elec stim unattend for press
G0283	Elec stim other than wound
G0329	Electromagntic tx for ulcers
0183T	Wound ultrasound

ICD-9 Codes that Support Medical Necessity

138	LATE EFFECTS OF ACUTE POLIOMYELITIS
333.71 - 333.79	ATHETOID CEREBRAL PALSY - OTHER ACQUIRED TORSION DYSTONIA
333.83	SPASMODIC TORTICOLLIS
333.84	ORGANIC WRITERS' CRAMP
333.85	SUBACUTE DYSKINESIA DUE TO DRUGS
333.91	STIFF-MAN SYNDROME
337.21 - 337.29	REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB - REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE
342.01 - 342.02	FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE - FLACCID HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.11 - 342.12	SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE - SPASTIC HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.81 - 342.82	OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE - OTHER SPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
342.91 - 342.92	UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING DOMINANT SIDE - UNSPECIFIED HEMIPLEGIA AND HEMIPARESIS AFFECTING NONDOMINANT SIDE
344.01 - 344.09	QUADRIPLEGIA C1-C4 COMPLETE - OTHER QUADRIPLEGIA
344.1	PARAPLEGIA
344.2	DIPLEGIA OF UPPER LIMBS
344.31 - 344.32	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE - MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
344.41 - 344.42	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE - MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SDE
344.60 - 344.61	CAUDA EQUINA SYNDROME WITHOUT NEUROGENIC BLADDER - CAUDA EQUINA SYNDROME WITH NEUROGENIC BLADDER
344.81 - 344.89	LOCKED-IN STATE - OTHER SPECIFIED PARALYTIC SYNDROME
353.0 - 353.8	BRACHIAL PLEXUS LESIONS - OTHER NERVE ROOT AND PLEXUS DISORDERS
354.0 - 354.8	CARPAL TUNNEL SYNDROME - OTHER MONONEURITIS OF UPPER LIMB

355.0 - 355.79	LESION OF SCIATIC NERVE - OTHER MONONEURITIS OF LOWER LIMB
356.0 - 356.8	HEREDITARY PERIPHERAL NEUROPATHY - OTHER SPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
368.41	SCOTOMA INVOLVING CENTRAL AREA
368.45	GENERALIZED VISUAL FIELD CONTRACTION OR CONSTRICTION
368.46	HOMONYMOUS BILATERAL FIELD DEFECTS
368.47	HETERONYMOUS BILATERAL FIELD DEFECTS
369.01	BETTER EYE: TOTAL VISION IMPAIRMENT; LESSER EYE: TOTAL VISION IMPAIRMENT
369.02	BETTER EYE: NEAR-TOTAL VISION IMPAIRMENT; LESSER EYE: NOT FURTHER SPECIFIED
369.03	BETTER EYE: NEAR-TOTAL VISION IMPAIRMENT; LESSER EYE: TOTAL VISION IMPAIRMENT
369.04	BETTER EYE: NEAR-TOTAL VISION IMPAIRMENT; LESSER EYE: NEAR-TOTAL VISION IMPAIRMENT
369.06	BETTER EYE: PROFOUND VISION IMPAIRMENT; LESSER EYE: TOTAL VISION IMPAIRMENT
369.07	BETTER EYE: PROFOUND VISION IMPAIRMENT; LESSER EYE: NEAR-TOTAL VISION IMPAIRMENT
369.08	BETTER EYE: PROFOUND VISION IMPAIRMENT; LESSER EYE: PROFOUND VISION IMPAIRMENT
369.12	BETTER EYE: SEVERE VISION IMPAIRMENT; LESSER EYE: TOTAL VISION IMPAIRMENT
369.13	BETTER EYE: SEVERE VISION IMPAIRMENT; LESSER EYE: NEAR-TOTAL VISION IMPAIRMENT
369.14	BETTER EYE: SEVERE VISION IMPAIRMENT; LESSER EYE: PROFOUND VISION IMPAIRMENT
369.16	BETTER EYE: MODERATE VISION IMPAIRMENT; LESSER EYE: TOTAL VISION IMPAIRMENT
369.17	BETTER EYE: MODERATE VISION IMPAIRMENT; LESSER EYE: NEAR-TOTAL VISION IMPAIRMENT
369.18	BETTER EYE: MODERATE VISION IMPAIRMENT; LESSER EYE: PROFOUND VISION IMPAIRMENT
369.22	BETTER EYE: SEVERE VISION IMPAIRMENT; LESSER EYE: SEVERE VISION IMPAIRMENT
369.24	BETTER EYE: MODERATE VISION IMPAIRMENT; LESSER EYE: SEVERE VISION IMPAIRMENT
369.25	BETTER EYE: MODERATE VISION IMPAIRMENT; LESSER EYE: MODERATE VISION IMPAIRMENT
438.21 - 438.22	HEMIPLEGIA AFFECTING DOMINANT SIDE - HEMIPLEGIA AFFECTING NONDOMINANT SIDE
438.31 - 438.32	

	MONOPLÉGIA OF UPPER LIMB AFFECTING DOMINANT SIDE - MONOPLÉGIA OF UPPER LIMB AFFECTING NONDOMINANT SIDE
438.41 - 438.42	MONOPLÉGIA OF LOWER LIMB AFFECTING DOMINANT SIDE - MONOPLÉGIA OF LOWER LIMB AFFECTING NONDOMINANT SIDE
438.51 - 438.52	OTHER PARALYTIC SYNDROME AFFECTING DOMINANT SIDE - OTHER PARALYTIC SYNDROME AFFECTING NONDOMINANT SIDE
438.81 - 438.84	APRAXIA CEREBROVASCULAR DISEASE - ATAXIA
440.23	ATHEROSCLEROSIS OF NATIVE ARTERIES OF THE EXTREMITIES WITH ULCERATION
454.0 - 454.2	VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER - VARICOSE VEINS OF LOWER EXTREMITIES WITH ULCER AND INFLAMMATION
457.0	POSTMASTECTOMY LYMPHEDEMA SYNDROME
457.1	OTHER LYMPHEDEMA
459.31	CHRONIC VENOUS HYPERTENSION WITH ULCER
459.33	CHRONIC VENOUS HYPERTENSION WITH ULCER AND INFLAMMATION
514	PULMONARY CONGESTION AND HYPOSTASIS
524.60 - 524.69	TEMPOROMANDIBULAR JOINT DISORDERS UNSPECIFIED - TEMPOROMANDIBULAR JOINT DISORDERS OTHER SPECIFIED TEMPOROMANDIBULAR JOINT DISORDERS
607.89	OTHER SPECIFIED DISORDERS OF PENIS
611.71	MASTODYNIA
625.6	STRESS INCONTINENCE FEMALE
665.61	DAMAGE TO PELVIC JOINTS AND LIGAMENTS WITH DELIVERY
665.64	DAMAGE TO PELVIC JOINTS AND LIGAMENTS POSTPARTUM
681.00 - 681.11	UNSPECIFIED CELLULITIS AND ABSCESS OF FINGER - ONYCHIA AND PARONYCHIA OF TOE
682.0 - 682.7	CELLULITIS AND ABSCESS OF FACE - CELLULITIS AND ABSCESS OF FOOT EXCEPT TOES
683	ACUTE LYMPHADENITIS
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
707.00	PRESSURE ULCER, UNSPECIFIED SITE
707.01	PRESSURE ULCER, ELBOW
707.02	PRESSURE ULCER, UPPER BACK
707.03	PRESSURE ULCER, LOWER BACK

707.04	PRESSURE ULCER, HIP
707.05	PRESSURE ULCER, BUTTOCK
707.06	PRESSURE ULCER, ANKLE
707.07	PRESSURE ULCER, HEEL
707.09	PRESSURE ULCER, OTHER SITE
707.10 - 707.19	UNSPECIFIED ULCER OF LOWER LIMB - ULCER OF OTHER PART OF LOWER LIMB
707.22	PRESSURE ULCER, STAGE II
707.23	PRESSURE ULCER, STAGE III
707.24	PRESSURE ULCER, STAGE IV
707.8	CHRONIC ULCER OF OTHER SPECIFIED SITES
709.2	SCAR CONDITIONS AND FIBROSIS OF SKIN
715.00 - 715.89	OSTEOARTHRISIS GENERALIZED INVOLVING UNSPECIFIED SITE - OSTEOARTHRISIS INVOLVING OR WITH MULTIPLE SITES BUT NOT SPECIFIED AS GENERALIZED
718.01 - 718.05	ARTICULAR CARTILAGE DISORDER INVOLVING SHOULDER REGION - ARTICULAR CARTILAGE DISORDER INVOLVING PELVIC REGION AND THIGH
718.41 - 718.49	CONTRACTURE OF JOINT OF SHOULDER REGION - CONTRACTURE OF JOINT OF MULTIPLE SITES
718.51 - 718.59	ANKYLOSIS OF JOINT OF SHOULDER REGION - ANKYLOSIS OF JOINT OF MULTIPLE SITES
718.81 - 718.89	OTHER JOINT DERANGEMENT NOT ELSEWHERE CLASSIFIED INVOLVING SHOULDER REGION - OTHER JOINT DERANGEMENT NOT ELSEWHERE CLASSIFIED INVOLVING MULTIPLE SITES
719.41 - 719.49	PAIN IN JOINT INVOLVING SHOULDER REGION - PAIN IN JOINT INVOLVING MULTIPLE SITES
719.51 - 719.59	STIFFNESS OF JOINT NOT ELSEWHERE CLASSIFIED INVOLVING SHOULDER REGION - STIFFNESS OF JOINT NOT ELSEWHERE CLASSIFIED INVOLVING MULTIPLE SITES
719.61 - 719.69	OTHER SYMPTOMS REFERABLE TO JOINT OF SHOULDER REGION - OTHER SYMPTOMS REFERABLE TO JOINT OF MULTIPLE SITES
719.7	DIFFICULTY IN WALKING
719.81 - 719.89	OTHER SPECIFIED DISORDERS OF JOINT OF SHOULDER REGION - OTHER SPECIFIED DISORDERS OF JOINT OF MULTIPLE SITES
720.2	SACROILIITIS NOT ELSEWHERE CLASSIFIED
722.0	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.10	

	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.11	DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.81 - 722.83	POSTLAMINECTOMY SYNDROME OF CERVICAL REGION - POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
723.1	CERVICALGIA
723.3	CERVICOBRACHIAL SYNDROME (DIFFUSE)
723.4	BRACHIAL NEURITIS OR RADICULITIS NOS
723.5	TORTICOLLIS UNSPECIFIED
724.1	PAIN IN THORACIC SPINE
724.2	LUMBAGO
724.3	SCIATICA
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED
724.5	BACKACHE UNSPECIFIED
724.6	DISORDERS OF SACRUM
724.8	OTHER SYMPTOMS REFERABLE TO BACK
726.0	ADHESIVE CAPSULITIS OF SHOULDER
726.11 - 726.19	CALCIFYING TENDINITIS OF SHOULDER - OTHER SPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION
726.2	OTHER AFFECTIONS OF SHOULDER REGION NOT ELSEWHERE CLASSIFIED
726.31	MEDIAL EPICONDYLITIS
726.32	LATERAL EPICONDYLITIS
727.03	TRIGGER FINGER (ACQUIRED)
727.81	CONTRACTURE OF TENDON (SHEATH)
728.2	MUSCULAR WASTING AND DISUSE ATROPHY NOT ELSEWHERE CLASSIFIED
728.3	OTHER SPECIFIC MUSCLE DISORDERS
728.4	LAXITY OF LIGAMENT
728.5	HYPERMOBILITY SYNDROME
728.6	CONTRACTURE OF PALMAR FASCIA
728.71 - 728.79	PLANTAR FASCIAL FIBROMATOSIS - OTHER FIBROMATOSES OF MUSCLE LIGAMENT AND FASCIA
728.81 - 728.85	INTERSTITIAL MYOSITIS - SPASM OF MUSCLE
728.87	MUSCLE WEAKNESS (GENERALIZED)
728.89	

	OTHER DISORDERS OF MUSCLE LIGAMENT AND FASCIA
729.5	PAIN IN LIMB
729.71	NONTRAUMATIC COMPARTMENT SYNDROME OF UPPER EXTREMITY
729.72	NONTRAUMATIC COMPARTMENT SYNDROME OF LOWER EXTREMITY
733.10 - 733.19	PATHOLOGICAL FRACTURE UNSPECIFIED SITE - PATHOLOGICAL FRACTURE OF OTHER SPECIFIED SITE
733.96	STRESS FRACTURE OF FEMORAL NECK
733.97	STRESS FRACTURE OF SHAFT OF FEMUR
733.98	STRESS FRACTURE OF PELVIS
736.05	WRIST DROP (ACQUIRED)
736.79	OTHER ACQUIRED DEFORMITIES OF ANKLE AND FOOT
736.81	UNEQUAL LEG LENGTH (ACQUIRED)
754.1	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF STERNOCLEIDOMASTOID MUSCLE
755.30 - 755.39	UNSPECIFIED REDUCTION DEFORMITY OF LOWER LIMB CONGENITAL - LONGITUDINAL DEFICIENCY PHALANGES COMPLETE OR PARTIAL
755.60 - 755.64	UNSPECIFIED CONGENITAL ANOMALY OF LOWER LIMB - CONGENITAL DEFORMITY OF KNEE (JOINT)
781.0	ABNORMAL INVOLUNTARY MOVEMENTS
781.2	ABNORMALITY OF GAIT
781.3	LACK OF COORDINATION
781.4	TRANSIENT PARALYSIS OF LIMB
781.8	NEUROLOGICAL NEGLECT SYNDROME
781.92 - 781.99	ABNORMAL POSTURE - OTHER SYMPTOMS INVOLVING NERVOUS AND MUSCULOSKELETAL SYSTEMS
782.0	DISTURBANCE OF SKIN SENSATION
782.3	EDEMA
782.8	CHANGES IN SKIN TEXTURE
783.3	FEEDING DIFFICULTIES AND MISMANAGEMENT
785.4	GANGRENE
787.6	INCONTINENCE OF FECES
788.31 - 788.34	URGE INCONTINENCE - INCONTINENCE WITHOUT SENSORY AWARENESS
805.01 - 805.08	

	CLOSED FRACTURE OF FIRST CERVICAL VERTEBRA - CLOSED FRACTURE OF MULTIPLE CERVICAL VERTEBRAE
805.2	CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD INJURY
805.4	CLOSED FRACTURE OF LUMBAR VERTEBRA WITHOUT SPINAL CORD INJURY
805.6	CLOSED FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY
807.01 - 807.08	CLOSED FRACTURE OF ONE RIB - CLOSED FRACTURE OF EIGHT OR MORE RIBS
807.2	CLOSED FRACTURE OF STERNUM
808.0	CLOSED FRACTURE OF ACETABULUM
808.2	CLOSED FRACTURE OF PUBIS
808.41 - 808.49	CLOSED FRACTURE OF ILIUM - CLOSED FRACTURE OF OTHER SPECIFIED PART OF PELVIS
809.0 - 809.1	FRACTURE OF BONES OF TRUNK CLOSED - FRACTURE OF BONES OF TRUNK OPEN
810.01 - 810.03	CLOSED FRACTURE OF STERNAL END OF CLAVICLE - CLOSED FRACTURE OF ACROMIAL END OF CLAVICLE
811.01 - 811.09	CLOSED FRACTURE OF ACROMIAL PROCESS OF SCAPULA - CLOSED FRACTURE OF OTHER PART OF SCAPULA
812.01 - 812.59	FRACTURE OF SURGICAL NECK OF HUMERUS CLOSED - OTHER FRACTURE OF LOWER END OF HUMERUS OPEN
813.01 - 813.93	FRACTURE OF OLECRANON PROCESS OF ULNA CLOSED - FRACTURE OF UNSPECIFIED PART OF RADIUS WITH ULNA OPEN
814.00 - 814.19	CLOSED FRACTURE OF CARPAL BONE UNSPECIFIED - OPEN FRACTURE OF OTHER BONE OF WRIST
815.00 - 815.19	CLOSED FRACTURE OF METACARPAL BONE(S) SITE UNSPECIFIED - OPEN FRACTURE OF MULTIPLE SITES OF METACARPUS
816.00 - 816.13	CLOSED FRACTURE OF PHALANX OR PHALANGES OF HAND UNSPECIFIED - OPEN FRACTURE OF MULTIPLE SITES OF PHALANX OR PHALANGES OF HAND
817.0 - 817.1	MULTIPLE CLOSED FRACTURES OF HAND BONES - MULTIPLE OPEN FRACTURES OF HAND BONES
818.0 - 818.1	ILL-DEFINED CLOSED FRACTURES OF UPPER LIMB - ILL-DEFINED OPEN FRACTURES OF UPPER LIMB
820.00 - 820.9	FRACTURE OF UNSPECIFIED INTRACAPSULAR SECTION OF NECK OF FEMUR CLOSED - FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR OPEN

821.00 - 821.39	FRACTURE OF UNSPECIFIED PART OF FEMUR CLOSED - OTHER FRACTURE OF LOWER END OF FEMUR OPEN
822.0 - 822.1	CLOSED FRACTURE OF PATELLA - OPEN FRACTURE OF PATELLA
823.00 - 823.92	CLOSED FRACTURE OF UPPER END OF TIBIA - OPEN FRACTURE OF UNSPECIFIED PART OF FIBULA WITH TIBIA
824.0 - 824.9	FRACTURE OF MEDIAL MALLEOLUS CLOSED - UNSPECIFIED FRACTURE OF ANKLE OPEN
825.0 - 825.39	FRACTURE OF CALCANEUS CLOSED - OTHER FRACTURES OF TARSAL AND METATARSAL BONES OPEN
826.0 - 826.1	CLOSED FRACTURE OF ONE OR MORE PHALANGES OF FOOT - OPEN FRACTURE OF ONE OR MORE PHALANGES OF FOOT
827.0 - 827.1	OTHER MULTIPLE AND ILL-DEFINED FRACTURES OF LOWER LIMB CLOSED - OTHER MULTIPLE AND ILL- DEFINED FRACTURES OF LOWER LIMB OPEN
831.01 - 831.09	CLOSED ANTERIOR DISLOCATION OF HUMERUS - CLOSED DISLOCATION OF OTHER SITE OF SHOULDER
832.01 - 832.09	CLOSED ANTERIOR DISLOCATION OF ELBOW - CLOSED DISLOCATION OF OTHER SITE OF ELBOW
833.01 - 833.09	CLOSED DISLOCATION OF RADIOULNAR (JOINT) DISTAL - CLOSED DISLOCATION OF OTHER PART OF WRIST
834.01 - 834.02	CLOSED DISLOCATION OF METACARPOPHALANGEAL (JOINT) - CLOSED DISLOCATION OF INTERPHALANGEAL (JOINT) HAND
835.01 - 835.03	CLOSED POSTERIOR DISLOCATION OF HIP - OTHER CLOSED ANTERIOR DISLOCATION OF HIP
836.0 - 836.3	TEAR OF MEDIAL CARTILAGE OR MENISCUS OF KNEE CURRENT - DISLOCATION OF PATELLA CLOSED
836.51 - 836.59	ANTERIOR DISLOCATION OF TIBIA PROXIMAL END CLOSED - OTHER DISLOCATION OF KNEE CLOSED
837.0	CLOSED DISLOCATION OF ANKLE
838.01 - 838.09	CLOSED DISLOCATION OF TARSAL (BONE) JOINT UNSPECIFIED - CLOSED DISLOCATION OF OTHER PART OF FOOT
839.61	CLOSED DISLOCATION STERNUM
840.0 - 840.8	ACROMIOCLAVICULAR (JOINT) (LIGAMENT) SPRAIN - SPRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM
841.0 - 841.9	

	RADIAL COLLATERAL LIGAMENT SPRAIN - SPRAIN OF UNSPECIFIED SITE OF ELBOW AND FOREARM
842.01 - 842.09	SPRAIN OF CARPAL (JOINT) OF WRIST - OTHER WRIST SPRAIN
842.11 - 842.19	SPRAIN OF CARPOMETACARPAL (JOINT) OF HAND - OTHER HAND SPRAIN
843.0 - 843.8	ILIOFEMORAL (LIGAMENT) SPRAIN - SPRAIN OF OTHER SPECIFIED SITES OF HIP AND THIGH
844.0 - 844.8	SPRAIN OF LATERAL COLLATERAL LIGAMENT OF KNEE - SPRAIN OF OTHER SPECIFIED SITES OF KNEE AND LEG
845.01 - 845.09	DELTOID (LIGAMENT) ANKLE SPRAIN - OTHER ANKLE SPRAIN
846.0 - 846.8	LUMBOSACRAL (JOINT) (LIGAMENT) SPRAIN - OTHER SPECIFIED SITES OF SACROILIAC REGION SPRAIN
847.0 - 847.4	NECK SPRAIN - SPRAIN OF COCCYX
848.41 - 848.42	STERNOCLAVICULAR (JOINT) (LIGAMENT) SPRAIN - CHONDROSTERNAL (JOINT) SPRAIN
848.5	PELVIC SPRAIN
880.00 - 880.29	OPEN WOUND OF SHOULDER REGION WITHOUT COMPLICATION - OPEN WOUND OF MULTIPLE SITES OF SHOULDER AND UPPER ARM WITH TENDON INVOLVEMENT
881.00 - 881.22	OPEN WOUND OF FOREARM WITHOUT COMPLICATION - OPEN WOUND OF WRIST WITH TENDON INVOLVEMENT
882.0 - 882.2	OPEN WOUND OF HAND EXCEPT FINGERS ALONE WITHOUT COMPLICATION - OPEN WOUND OF HAND EXCEPT FINGERS ALONE WITH TENDON INVOLVEMENT
883.0 - 883.2	OPEN WOUND OF FINGERS WITHOUT COMPLICATION - OPEN WOUND OF FINGERS WITH TENDON INVOLVEMENT
884.0 - 884.2	MULTIPLE AND UNSPECIFIED OPEN WOUND OF UPPER LIMB WITHOUT COMPLICATION - MULTIPLE AND UNSPECIFIED OPEN WOUND OF UPPER LIMB WITH TENDON INVOLVEMENT
885.0 - 885.1	TRAUMATIC AMPUTATION OF THUMB (COMPLETE)(PARTIAL) WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF THUMB (COMPLETE)(PARTIAL) COMPLICATED
886.0 - 886.1	TRAUMATIC AMPUTATION OF OTHER FINGER(S) (COMPLETE) (PARTIAL) WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF OTHER FINGER(S) (COMPLETE) (PARTIAL) COMPLICATED
887.0 - 887.7	

	TRAUMATIC AMPUTATION OF ARM AND HAND (COMPLETE) (PARTIAL) UNILATERAL BELOW ELBOW WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF ARM AND HAND (COMPLETE) (PARTIAL) BILATERAL (ANY LEVEL) COMPLICATED
890.0 - 890.2	OPEN WOUND OF HIP AND THIGH WITHOUT COMPLICATION - OPEN WOUND OF HIP AND THIGH WITH TENDON INVOLVEMENT
891.0 - 891.2	OPEN WOUND OF KNEE LEG (EXCEPT THIGH) AND ANKLE WITHOUT COMPLICATION - OPEN WOUND OF KNEE LEG (EXCEPT THIGH) AND ANKLE WITH TENDON INVOLVEMENT
892.0 - 892.2	OPEN WOUND OF FOOT EXCEPT TOE(S) ALONE WITHOUT COMPLICATION - OPEN WOUND OF FOOT EXCEPT TOE(S) ALONE WITH TENDON INVOLVEMENT
893.0 - 893.2	OPEN WOUND OF TOE(S) WITHOUT COMPLICATION - OPEN WOUND OF TOE(S) WITH TENDON INVOLVEMENT
895.0 - 895.1	TRAUMATIC AMPUTATION OF TOE(S) (COMPLETE) (PARTIAL) WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF TOE(S) (COMPLETE) (PARTIAL) COMPLICATED
896.0 - 896.3	TRAUMATIC AMPUTATION OF FOOT (COMPLETE) (PARTIAL) UNILATERAL WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF FOOT (COMPLETE) (PARTIAL) BILATERAL COMPLICATED
897.0 - 897.7	TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) UNILATERAL BELOW KNEE WITHOUT COMPLICATION - TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) BILATERAL (ANY LEVEL) COMPLICATED
905.1 - 905.9	LATE EFFECT OF FRACTURE OF SPINE AND TRUNK WITHOUT SPINAL CORD LESION - LATE EFFECT OF TRAUMATIC AMPUTATION
941.21	BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF EAR (ANY PART)
941.31	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF EAR (ANY PART)
941.33 - 941.39	FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF LIP(S) - FULL-THICKNESS SKIN LOSS DUE TO BURN (THIRD DEGREE NOS) OF MULTIPLE SITES (EXCEPT WITH EYE) OF FACE HEAD AND NECK
941.41	DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EAR (ANY PART) WITHOUT LOSS OF EAR
941.43 - 941.48	

DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LIP(S) WITHOUT LOSS OF LIP(S) - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NECK WITHOUT LOSS OF NECK

941.51

DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF EAR (ANY PART) WITH LOSS OF EAR

941.53 - 941.58

DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF LIP(S) WITH LOSS OF LIP(S) - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF NECK WITH LOSS OF NECK

942.21 - 942.59

BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF BREAST - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF OTHER AND MULTIPLE SITES OF TRUNK WITH LOSS OF A BODY PART

943.21 - 943.59

BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF FOREARM - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF UPPER LIMB EXCEPT WRIST AND HAND WITH LOSS OF UPPER LIMB

944.21 - 944.58

BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF SINGLE DIGIT (FINGER (NAIL)) OTHER THAN THUMB - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF WRIST(S) AND HAND(S) WITH LOSS OF A BODY PART

945.21 - 945.59

BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF TOE(S) (NAIL) - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SITES OF LOWER LIMB(S) WITH LOSS OF A BODY PART

946.2 - 946.5

BLISTERS WITH EPIDERMAL LOSS DUE TO BURN (SECOND DEGREE) OF MULTIPLE SPECIFIED SITES - DEEP NECROSIS OF UNDERLYING TISSUES DUE TO BURN (DEEP THIRD DEGREE) OF MULTIPLE SPECIFIED SITES WITH LOSS OF A BODY PART

948.00 - 948.99

BURN (ANY DEGREE) INVOLVING LESS THAN 10 PERCENT OF BODY SURFACE WITH THIRD DEGREE BURN OF LESS THAN 10 PERCENT OR UNSPECIFIED AMOUNT - BURN (ANY DEGREE) INVOLVING 90 PERCENT OR MORE OF BODY SURFACE WITH THIRD DEGREE BURN OF 90% OR MORE OF BODY SURFACE

951.4

INJURY TO FACIAL NERVE

951.6

INJURY TO ACCESSORY NERVE

955.0 - 955.3

INJURY TO AXILLARY NERVE - INJURY TO RADIAL NERVE

956.0 - 956.3	INJURY TO SCIATIC NERVE - INJURY TO PERONEAL NERVE
958.6	VOLKMANN'S ISCHEMIC CONTRACTURE
958.91	TRAUMATIC COMPARTMENT SYNDROME OF UPPER EXTREMITY
958.92	TRAUMATIC COMPARTMENT SYNDROME OF LOWER EXTREMITY
996.77	OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS
996.78	OTHER COMPLICATIONS DUE TO OTHER INTERNAL ORTHOPEDIC DEVICE IMPLANT AND GRAFT
996.91 - 996.93	COMPLICATIONS OF REATTACHED FOREARM - COMPLICATIONS OF REATTACHED FINGER(S)
996.95	COMPLICATION OF REATTACHED FOOT AND TOE(S)
996.99	COMPLICATION OF OTHER SPECIFIED REATTACHED BODY PART
997.61 - 997.62	NEUROMA OF AMPUTATION STUMP - INFECTION (CHRONIC) OF AMPUTATION STUMP
V43.61 - V43.69	SHOULDER JOINT REPLACEMENT - OTHER JOINT REPLACEMENT
V43.7	LIMB REPLACED BY OTHER MEANS
V48.2 - V48.5	MECHANICAL AND MOTOR PROBLEMS WITH HEAD - SENSORY PROBLEM WITH NECK AND TRUNK
V49.1 - V49.77	MECHANICAL PROBLEMS WITH LIMBS - HIP AMPUTATION STATUS
V52.0	FITTING AND ADJUSTMENT OF ARTIFICIAL ARM (COMPLETE) (PARTIAL)
V52.1	FITTING AND ADJUSTMENT OF ARTIFICIAL LEG (COMPLETE) (PARTIAL)
V52.8	FITTING AND ADJUSTMENT OF OTHER SPECIFIED PROSTHETIC DEVICE
V53.7	FITTING AND ADJUSTMENT OF ORTHOPEDIC DEVICES
V53.8	FITTING AND ADJUSTMENT OF WHEELCHAIR
V54.01 - V54.89	ENCOUNTER FOR REMOVAL OF INTERNAL FIXATION DEVICE - OTHER ORTHOPEDIC AFTERCARE
V57.81	CARE INVOLVING ORTHOTIC TRAINING

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

General Information



Documentation Requirements

Coverage criteria for outpatient therapy services and documentation requirements are found in CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Chapter 15.

1. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to Intermediary upon request.
2. The documentation in the medical records should have sufficient information to determine that a service was performed on specific dates, and the medical necessity of the service(s) rendered.
3. If the signed order includes a plan of care, no further certification of the plan is required. Payment is dependent on the certification of the plan of care rather than the order, but the use of an order is prudent to determine that a physician is involved in care and available to certify the plan.
4. Required documentation:
 - Evaluation/and Plan of care
 - Certifications and recertifications
 - Progress reports
 - Treatment notes for each treatment day (may also serve as progress notes)
 - When appropriate, a separate justification statement for services that are more extensive than is typical for the condition treated
5. Documentation should justify:
 - the individual is under the care of a physician or non-physician practitioner
 - services require the skills of a therapist
 - services are of the appropriate type, frequency, intensity and duration for the individual needs of the patient

6. Documentation should establish:

- variables that influence the patient's condition
- services provided at the time of treatment
- objective measurements that the patient is making progress toward goals
- clinical rationale for continued treatment and/or reasons for lack of progress
- recommended changes to the plan of care
- ongoing reassessment of the patient's response to treatment

Appendices

N/A

Utilization Guidelines

N/A

Sources of Information and Basis for Decision

American Physical Therapy Association (APTA). *Guide to Physical Therapy Practice*. 1998. (revised April 1999).

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Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which include representatives from the affected provider community.

Contractor Advisory Committee meeting dates:

California - March 18, 2009

Hawaii - March 6, 2009

Nevada - March 12, 2009

Start Date of Comment Period

03/06/2009

End Date of Comment Period

04/20/2009

Start Date of Notice Period

Revision History Number

Revision History Explanation

Reason for Change

Other

Last Reviewed On Date

02/11/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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