A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

MEMORANDUM

TO: Chief Financial Officers of AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: August 4, 2003

SUBJECT: OUTPATIENT SPEECH THERAPY FEE SCHEDULE UPDATE

The purpose of this memorandum is to inform you of a change to the Outpatient Speech Therapy Fee Schedule. In order to be consistent with Medicare coding, for services provided on or after January 1, 2003 AmeriHealth is adding CPT code 92610 (which replaced CPT code 92525) to the fee schedule and terminating CPT code 92525 and HCPCS code G0195. A copy of the revised base fee schedule is attached for your review.

If you have any questions regarding this bulletin or would like to have your hospital specific fee schedule mailed to you, please contact your Hospital Service Coordinator or the Hospital Services Department at 856-778-6500.

Cc: Business Office Manager

Attachment

Personal Choice Network and Keystone Health Plan East
Outpatient Hospital Physical, Occupational and Speech Therapy Fee Schedule
Technical (Includes Physical, Occupational and Speech Therapist)
Effective Date: September 1, 2003

This fee schedule documents payment rates only and does not constitute a determination of eligibility, coverage, or medical necessity.

CPT	Description	Current Rate	9/1/2003 Rate	Comments
74230	Swallowing function, with cineradiography/videoradiography	77.00	92.40	
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	48.00	57.60	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder(includes aural rehabilitation); individual	45.00	54.00	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals	16.00	19.20	
92525	Evaluation of swallowing and oral function for feeding	77.00	n/a	Code deleted 1/1/03; Replaced with 92610
92526	Treatment of swallowing dysfunction and/or oral function for feeding	36.00	43.20	
92552	Pure tone audiometry (threshold); air only	15.00	18.00	
92610	Evaluation of oral and pharyngeal swallowing	77.00	92.40	
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	75.00	90.00	
97001	Physical therapy evaluation	60.00	72.00	
97002	Physical therapy re-evaluation	25.00	30.00	
97003	Occupational therapy evaluation	60.00	72.00	
97004	Occupational therapy re-evaluation	25.00	30.00	
97010	Application of a modality to one or more areas; hot or cold packs	16.00	19.20	
97012	Application of a modality to one or more areas; traction, mechanical	15.00	18.00	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	15.00	18.00	
97016	Application of a modality to one or more areas; vasopneumatic devices	18.00	21.60	
97018	Application of a modality to one or more areas; paraffin bath	18.00	21.60	
97020	Application of a modality to one or more areas; microwave	14.00	16.80	
97022	Application of a modality to one or more areas; whirlpool	15.00	18.00	
97024	Application of a modality to one or more areas; diathermy	14.00	16.80	

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97026	Application of a modality to one or more areas; infrared	15.00	18.00	
97028	Application of a modality to one or more areas; ultraviolet	13.00	15.60	
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	16.00	19.20	
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	16.00	19.20	
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	16.00	19.20	
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	16.00	19.20	
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	16.00	19.20	
97039	Unlisted modality (specify type and time if constant attendance)	15.00	18.00	
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	30.00	36.00	
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	18.00	21.60	
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	16.00	19.20	
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	15.00	18.00	
97122	Therapeutic traction, manual, each 15 minutes. To report use 97140	14.00	n/a	code deleted 1/1/99
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including efflurage, petrissage and/or tapotement (stroking, compression, percussion)	15.00	18.00	
97139	Unlisted therapeutic procedure (specify)	15.00	18.00	
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	15.00	18.00	
97150	Therapeutic procedure(s), group (2 or more individuals)	8.00	9.60	
97250	Myofascial release/soft tissue mobilization, one or more regions. To report, use 97140	31.00	n/a	code deleted 1/1/99
97260	Manipulation by physician, one area. To report, use 97140	15.00	n/a	code deleted 1/1/99
97261	Manipulation by physician, each additional area. To report, use 97140	8.00	n/a	code deleted 1/1/99
97265	Joint mobilization, one or more areas. To report, use 97140	15.00	n/a	code deleted 1/1/99
97504	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes	12.00	14.40	

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97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	15.00	18.00	
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	17.00	20.40	
97532	Development of cognitive skills for improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	29.00	34.80	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	29.00	34.80	
97535	Self care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	15.00	18.00	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes	15.00	18.00	
97542	Wheelchair management/propulsion training, each 15 minutes	13.00	15.60	
97545	Work hardening/conditioning; initial 2 hours	62.00	74.40	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	31.00	37.20	
97601	Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, high pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	25.00	30.00	
97602	Removal of devitalized tissue from wound(s); non-selective debridemnt, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	25.00	30.00	
97703	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	15.00	18.00	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	28.00	33.60	
97770	Development of cognitive skills for improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	29.00	n/a	code deleted 1/1/01
G0195	Clinical Evaluation of Swallowing Function (not involving interpretation of dynamic radiological studies or endoscopic study of swallowing)	77.00	n/a	code deleted 1/1/03
Q0103	Physical therapy evaluation, initial. To report, use 97001	60.00	n/a	code deleted 1/1/98
Q0104	Physical therapy re-evaluation, periodic. To report, use 97002	25.00	n/a	code deleted 1/1/98
Q0109	Occupational therapy evaluation, initial. To report, use 97003	60.00	n/a	code deleted 1/1/98

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CPT	Description	Current Rate	9/1/2003 Rate	Comments
Q0110	Occupational therapy re-evaluation, periodic. To report, use 97004	25.00	n/a	code deleted 1/1/98