A Message to

Business Office Managers

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

Memorandum

TO: AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: June 20, 2005

SUBJECT: STRAPPING CODES

Effective July 1, 2005, AmeriHealth has expanded the Physical Therapy fee schedule to include strapping codes, including Unna Boots.

Strapping codes are now eligible for payment when billed with revenue codes 420-422, 424, 429, 430-434, 439, 951 and 952 and HCPC codes 29200-29280 and 29520-29590. Per the attached fee schedule, this service will be reimbursed at a rate of $65.00 per procedure.

Please share the content of this email with your Director of Outpatient Admissions, Manager of Utilization Review and Director of Health Information. Please contact Carol Dodd at 215-241-9413 or via email at Carol.Dodd@amerihealth.com for any questions of a technical or clinical nature. All other questions concerning this bulletin should be directed to Germaine Anderson at 215-241-2653 or via email to Germaine.Anderson@amerihealth.com.

Attachment

AmeriHealth

Revised: 5/27/2005 cd

Outpatient Hospital Physical and Occupational Therapy Fee Schedule

Technical (Includes Physical and Occupational Therapist)

Effective Date: July 1, 2005

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

Procedure Code	Description	Rate	Effective Date	Term Date
29200	Strapping; thorax	$65.00	07/01/05	
29220	Strapping; low back	$65.00	07/01/05	
29240	Strapping; shoulder (eg, Velpeau)	$65.00	07/01/05	
29260	Strapping; elbow or wrist	$65.00	07/01/05	
29280	Strapping; hand or finger	$65.00	07/01/05	
29520	Strapping; hip	$65.00	07/01/05	
29530	Strapping; knee	$65.00	07/01/05	
29540	Strapping; ankle and/or foot	$65.00	07/01/05	
29550	Strapping; toes	$65.00	07/01/05	
29580	Strapping; Unna boot	$65.00	07/01/05	
29590	Denis-Browne splint strapping	$65.00	07/01/05	
97001	Physical therapy evaluation	60.00	01/01/98	
97002	Physical therapy re-evaluation	25.00	01/01/98	
97003	Occupational therapy evaluation	60.00	01/01/98	
97004	Occupational therapy re-evaluation	25.00	01/01/98	
97010	Application of a modality to one or more areas; hot or cold packs	16.00	07/01/95	
97012	Application of a modality to one or more areas; traction, mechanical	15.00	07/01/95	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	15.00	07/01/95	
97016	Application of a modality to one or more areas; vasopneumatic devices	18.00	07/01/95	
97018	Application of a modality to one or more areas; paraffin bath	18.00	07/01/95	
97020	Application of a modality to one or more areas; microwave	14.00	07/01/95	
97022	Application of a modality to one or more areas; whirlpool	15.00	07/01/95	
97024	Application of a modality to one or more areas; diathermy	14.00	07/01/95	
97026	Application of a modality to one or more areas; infrared	15.00	07/01/95	
97028	Application of a modality to one or more areas; ultraviolet	13.00	07/01/95	
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	16.00	07/01/95	
97033	Application of a modality to one or more areas; iontophoresis, each 15 minutes	16.00	07/01/95	
97034	Application of a modality to one or more areas; contrast baths, each 15 minutes	16.00	07/01/95	
97035	Application of a modality to one or more areas; ultrasound, each 15 minutes	16.00	07/01/95	
97036	Application of a modality to one or more areas; Hubbard tank, each 15 minutes	16.00	07/01/95	
97039	Unlisted modality (specify type and time if constant attendance)	15.00	09/01/99	
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	30.00	07/01/95	
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	07/01/95	
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	16.00	07/01/95	
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	15.00	07/01/95	
97122	*Therapeutic traction, manual, each 15 minutes. To report use 97140*	*14.00*	*07/01/95*	*12/31/98*
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including efflurage, petrissage and/or tapotement (stroking, compression, percussion)	15.00	07/01/95	
97139	Unlisted therapeutic procedure (specify)	15.00	09/01/99	
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	15.00	01/01/99	
97150	Therapeutic procedure(s), group (2 or more individuals)	8.00	07/01/95	
97250	*Myofascial release/soft tissue mobilization, one or more regions. To report, use 97140*	*31.00*	*07/01/95*	*12/31/98*
97260	*Manipulation by physician, one area. To report, use 97140*	*15.00*	*07/01/95*	*12/31/98*
97261	*Manipulation by physician, each additional area. To report, use 97140*	*8.00*	*07/01/95*	*12/31/98*
97265	*Joint mobilization, one or more areas. To report, use 97140*	*15.00*	*07/01/95*	*12/31/98*
97504	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes	12.00	01/01/97	
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	25.00	07/01/95	12/31/96
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	15.00	01/01/97	
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	07/01/95	
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	01/01/01	

AmeriHealth Revised: 5/27/2005 cd

Outpatient Hospital Physical and Occupational Therapy Fee Schedule

Technical (Includes Physical and Occupational Therapist)

Effective Date: July 1, 2005

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

Procedure Code	Description	Rate	Effective Date	Term Date
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	01/01/01	
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	01/01/97	
97537	Community/work reintegration training (eg; shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	15.00	01/01/97	
97542	Wheelchair management/propulsion training, each 15 minutes	13.00	01/01/97	
97545	Work hardening/conditioning; initial 2 hours	62.00	01/01/97	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	31.00	01/01/97	
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forcepts), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters.	25.00	**1/1/05**	
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forcepts), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters.	25.00	**1/1/05**	
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*	*01/01/01*	***12/31/04***
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	01/01/01	
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	25.00	01/01/05	
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	25.00	01/01/05	
97703	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	15.00	01/01/97	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	28.00	01/01/97	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes	15.00	01/01/04	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, artieral ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.	15.00	01/01/04	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	15.00	01/01/04	
G0283	Electrical stimulation (unattended), to one or more areas, for indication(s) other than wound care, as part of a therapy plan of care.	15.00	01/01/04	
Q0103	*Physical therapy evaluation, initial. To report, use 97001*	*60.00*	*01/01/97*	*04/30/98*
Q0104	*Physical therapy re-evaluation, periodic. To report, use 97002*	*25.00*	*01/01/97*	*04/30/98*
Q0109	*Occupational therapy evaluation, initial. To report, use 97003*	*60.00*	*01/01/97*	*04/30/98*
Q0110	*Occupational therapy re-evaluation, periodic. To report, use 97004*	*25.00*	*01/01/97*	*04/30/98*