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Part B Insider (Multispecialty) Coding Alert

THERAPY: Don't Use 97750 For Computerized Gait Analysis

For this time-based code, make sure therapist is physically present during tests

If you're billing for a physical performance test or measurement (97750) and you're not documenting test results in detail, you could be setting yourself up for denials.

The full descriptor for 97750 calls for a "written report," and the code is meant to cover tests where the physician or therapist is in face-to-face contact with the patient the whole time, according to coding expert **Judy Thomas** with the **American Occupational Therapy Association**.

The report should be pretty detailed. "You're going to refer [the patient] back to the doctor and explain what you did and what happened," says Thomas. The tests should reveal something about the patient's ability to function. And the tests should be complex enough that they require therapist to perform them.

According to the CPT Assistant from December 2003, you should only bill for 97750 when you're testing a patient's physical performance in a specific activity or group of activities. For example, if you're assessing whether an injured patient can return to work, you might be doing extremity and trunk testing for "strength, dexterity and/or stamina."

You should use a code from the range of motion and/or manual muscle testing series (95831-95852) instead of 97750 if you're only doing a muscle test. For example, you'd use a range-of-motion code if you're testing range-of-motion on the patient's left and right sides, according to the February 2004 CPT Assistant.

Also, 97750 is a time-based code, in 15-minute increments, so you need to make sure the documentation supports the amount of time the provider spent with the patient, says **Margie Vaught**, a coding consultant in Ellensburg, WA. And of course, if the provider claims to have spent an hour with the patient, but also saw four other patients during that hour, that won't fly, she cautions.

Some providers want to bill for 97750 when they're doing a computerized gait evaluation system to fit a patient for orthotics. But if these tests don't involve a detailed analysis of the patient's functional status, you can't bill 97750 for them. Also, if you're not physically present during the whole length of the tests, you can't bill for multiple 15-minute increments, says Thomas.

Reader question: Some readers of PBI have asked whether 97750 always requires a modifier when billing Medicare. The Correct Coding Initiative bundles 97750 with a number of range-of-motion measurement codes (see PBI, Vol. 5, No. 11), so you'll need to use the 59 modifier if you perform these tests separately for an unrelated reason, Thomas notes.

And of course if you're performing an unrelated evaluation and management service along with 97750, you should use the 25 modifier with the E/M code, notes Vaught.

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