

Eli's Rehab Report

Forget Separate Payment for Therapy Evals, Orthotics Codes

New NCCI edits bundle 97755 into 21 other codes

If you're billing the new assistive technology assessment CPT code along with other PM&R evaluation codes, take note: The new edition of the National Correct Coding Initiative (NCCI) bundles [CPT 97755](#) into physical and occupational therapy evaluations -- and no modifiers can separate most of these bundles.

Effective April 1, code 97755 (Assistive technology assessment [e.g., 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) will be a component of 21 different codes, including 92597-92604, 92607-92609, 97001-97004, 97504-97535 and 97703. All of these edits except the ones involving 97504-97535 have a "0" in the modifier column, meaning you can't override them.

You're not alone: If your practice isn't quite sure how to use 97755 at this point, don't stress. This is "fairly typical when a new code comes out in an area that's relatively subjective," as opposed to something clear-cut like cast removal, says **Jean Acevedo, CPC, LHRM**, senior consultant with Acevedo Consulting in Delray Beach, Fla. She compares it to other hard-to-define recently introduced codes like nutrition management for diabetics. Usually, it takes a while for the carriers to begin writing policies, she says.

Misuse 97755 and Expect RVUs to Drop

These new edits make perfect sense to **Judy Thomas, MGA**, reimbursement policy director at the American Occupational Therapy Association. "The assistive technology assessment is an assessment unto itself" and shouldn't necessarily be performed alongside other evaluations, she says. "It's a very high-tech code. This is not for low-tech assistive technology or adaptive equipment."

Also, the code is probably intended for a younger population than Medicare beneficiaries, such as patients who have had automobile or diving accidents that resulted in spinal damage, and who need sophisticated technology to be productive.

Do: Practices might report 97755 for a wheelchair-bound patient who needs a computer-generated device that he could use either with breathing or with head movement. "This is not for teaching people how to use a reacher or something like that," Thomas adds.

Don't: Practices might prefer to report 97755 instead of the activities-of-daily-living code (97535) because 97755 pays about \$5 more, "but if CMS sees a huge shift in Medicare billings to 97755, they will no doubt reduce the work RVU, thus harming those younger, non-Medicare patients who need this type of sophisticated AT equipment and those therapists who specialize in this area of practice," Thomas says.