

## Eli's Rehab Report

### Match Therapy to Nearest Modality For Procedures that Lack CPT Codes

PM&R medicine is changing so quickly that CPT Codes is unable to keep up with the advances, which leaves some procedures without a specific code. Coders who are frequently faced with charts containing such procedures as myofascial release, music therapy, shiatzu and magnet therapy can get reimbursed for them by using codes for similar procedures or the unlisted procedure code.

#### Myofascial Release

As more therapists work for PM&R practices, coders are learning how to bill for therapy modalities and procedures. However, when a chart reads myofascial release, the coder is often stumped.

Myofascial release is fairly common, but because it doesn't have its own code, you may think it's not billable, says **Laureen Jandroep, OTR, CPC, CCS-P, CPC-H**, owner of A+ Medical Management and Education, a coding and reimbursement consulting firm and a national CPC training curriculum site in Egg Harbor City, N.J. Because the procedure involves deep tissue mobilization to the fascia, it should be coded as 97140 (manual therapy techniques [e.g., mobilization/manipulation, manual lymphatic drainage, manual traction], one or more regions, each 15 minutes).

Prior to Jan. 1999, myofascial release had its own code (97250), which was deleted and grouped into 97140. Because 97250 is no longer applicable or listed in CPT, some coders erroneously believe that HCFA has discontinued reimbursement. Although the descriptor for 97140 does not specifically list myofascial release as one of the payable options, most local Medicare carriers recognize it as reimbursable.

#### Music Therapy

Music therapy is a broad term for a number of activities performed while patients listen to music. The goals are to increase self-image and body awareness, and develop better communication skill and fine and gross motor skills. However, some therapists still list music therapy on their charts, and finding a code that will get you paid can be difficult.

Depending on what the therapist and the patient are doing during the music, the activity may not be a modality that is considered medically necessary, Jandroep says. Sometimes recreational therapists in nursing homes use music to assist patients to interact with peers, or to increase attending behavior or simply moving around. However, this is not normally billable nor medically necessary.

Some music therapy can be associated with a payable code, provided it enhances a valid therapy that the patient is performing, says **Pauline Watts, MCSP, PT**, co-founder of Encompass Education Inc., a Palm Harbor, Fla.-based education and consulting firm that specializes in Medicare payment for rehabilitation services. The focus should be on the activity being performed during the music. Many times, the music is there to provide a tempo to help them with their therapy.

Watts says that some therapists will play a march during therapeutic exercises if they want the patient to perform a series of knee lifts fairly quickly. This would be coded using 97110 (therapeutic procedure). Other times, the therapist might have a group of four patients who are working together to provide resistance during slow arm- strengthening exercises. To keep the patients from performing the task too quickly, a sonata may be played to keep them moving slowly. This would be coded as group therapy using 97150.

#### Shiatzu

Claiming reimbursement for shiatzu is commonly overlooked because there is no code for it. However, Jandroep says, shiatzu is a type of massage, and can be coded using 97124 (... massage, including effleurage, petrissage and/or tapotement [stroking, compression, percussion]) as long as it meets the carriers requirements. Different carriers are selective about who can perform massage, whether its a physician, therapist, licensed massage therapist, etc., so be sure that your state licensing rules and carrier requirements are met before billing.

Some carriers require that massage (including shiatzu) be performed only to relax a patients muscles prior to another modality, while other carriers allow payment to promote muscle healing, whether or not another modality is being performed on the same day. All carriers have frequency guidelines, which usually only allow reimbursement for massage between six and 12 times per month, and even those sessions must fall within specific diagnosis and documentation guidelines.

Sometimes, patients who have exceeded the carriers frequency requirements or who do not have a payable diagnosis still request shiatzu from their therapists or physiatrists because it eases muscle pain. In these instances, the practice should ask the patient to sign an advance beneficiary notice (ABN) to ensure that the patient knows that he or she may be responsible for payment if Medicare denies the service. (See page 51 for HCFA's proposed ABN revisions).

### **Magnet Therapy**

Many therapists perform magnet therapy to help realign the bodys energy using positive and negative magnet polarities, Jandroep says. It can help patients achieve proper magnetic alignment and is being practiced more often. However, most payers dont reimburse for it.

Watts agrees. There is no code for it, but Medicare doesnt pay for therapists to perform it anyway, she says. Because its not covered as a rule, there is no need to have a patient sign an ABN.

Sometimes, patients may be adamant that the claim be submitted to Medicare because they believe it will be paid. In such cases, you should ask patients to sign an ABN informing them that they will be responsible for payment if the service is denied. You can then submit claims for magnet therapy using an unlisted service code (see below) with a description of what was performed. The -GX modifier (service not covered by Medicare) should be appended to show that the practitioner knows the service will not be covered, but is submitting it anyway (normally this is done so they can receive a Medicare-generated denial letter). Sometimes, this letter is necessary for sending claims to secondary insurers if a patient has one.

### **Using the Unlisted Procedure Codes**

Unlisted procedure codes can be useful when the service performed is unlike any other. There are three of these codes listed in the PM&R section of CPT, each one designating a different type of service:

97039 unlisted modality, constant attendance

97139 unlisted therapeutic procedure (specify)

97799 unlisted physical medicine/rehabilitation service or procedure.

**Note:** Use box 19 (the comment or memo field) of the HCFA 1500 form to mention supporting documentation attached or to give a three-word description of the procedure. This is especially helpful with claims that are being sent or processed electronically.

One advantage to using an unlisted procedure code is that if its used often enough for the same procedure, the AMA CPT Panel may take note and create a new one.

**Note:** You can ask your local association (e.g., American Academy of Physical Medicine and Rehabilitation, American Physical Therapy Association, or American Occupational Association) and ask for support for a new code. Or, you can

write to the CPT advisory board, insurers, and their associations. The more people who request it, the better the chances are.