

Eli's Rehab Report

Reader Question: Carriers Still Hashing Out 97755 Rules

Question: How many units of the new PM&R [CPT 97755](#) can I report on the same date?

Tennessee Subscriber

Answer: CPT 2004 introduced 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), but not every carrier has released a policy explaining how to report it.

CIGNA Medicare (a Part B carrier in Tennessee, Idaho and North Carolina), recently published a local medical review policy (LMRP) explaining its rules for reporting 97755. It states, "The patient's medical record must document the problem requiring tests, the specific tests performed, and measurement report. Documentation of the need for repeated testing and the test reports should be available if requested. This testing may be done in the same session as the evaluation or re-evaluation to identify specific interventions and appropriately address these interventions in the plan of care, but documentation must specifically identify the unique contribution of these tests above and beyond the evaluation procedure codes (97001 and 97002)."

The policy later states that if you report more than five units of PM&R services in one day (the five units include the sum of all modalities that you administer that day), you must submit medical records with the claim to prove medical necessity. CIGNA also requires you to submit medical records if you bill a treatment course for more than three months.