

Eli's Rehab Report

Reader Questions: Prosthetic Limb Training

Question: Were doing prosthetic limb training for a patient who has lost both hands. Do we need to use one of the HCPCS modifiers (-LT, -RT) to indicate that the training is occurring on the left side and right side of the body? We were using the 97520 code (prosthetic training, upper and/or lower extremities, each 15 minutes) and adding x2, but we were told that was wrong.

Anonymous Maryland Subscriber

Answer: You are correct in billing 97520, but there is no need to bill x2 or use a modifier to indicate which side of the body is being treated. During prosthetic limb training, the physician or therapist must have constant, direct, one-on-one patient contact to bill the code, which is driven by a time factor for each 15 minutes billed, regardless of the number of body areas treated. Education concerning skin care where the prosthesis attaches to the body also is included in 97520. The Medicare Part B Billing Guide for Physical Medicine and Rehabilitation states, Periodic revisits beyond the third month may require supportive documentation of medical necessity if requested. It is unusual to require more than 30 minutes of prosthetic training on a given date. The medical record must document the medical necessity of the additional time.

Though your question refers to hand prostheses, it should be noted that the Part B Billing Guide also states, The medical record should document the distinct goals and services rendered when prosthetic training for a lower extremity is done during the same visit as gait training (97116) or self care/home management (97535).

Editors note: Advice for these questions was provided by **Peter Weiman, OT**, Ashton Woods Rehabilitation Center, Atlanta, Ga., and **Sylvia Albert, CPC**, of AcSel Corp., a coding and billing firm in Virginia Beach, Va.