

North Carolina Medicaid Special Bulletin



An Information Service of the Division of Medical Assistance

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Number VII

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Attention:

Independent Practitioners (IPs) and Local Education Agencies (LEAs)

**HIPAA Code Conversion for
Independent Practitioners and
Local Education Agencies**

COMMITMENT TO QUALITY

EDS and DMA share a common goal with the provider community to ensure quality health care is provided to all North Carolina Medicaid recipients in the most efficient and economical manner.



Quality is the process of delivering products and services that meet our customers' requirements and exceed their expectations to generate customer satisfaction and success.

<http://www.dhhs.state.nc.us/dma>

Table of Contents

Introduction	1
Audiology Services	2
Billing Guide for Audiology Services	6
Speech/Language Services	8
Billing Guide for Speech/Language Services	12
Occupational Therapy Services	13
Billing Guide for Occupational Therapy Services	17
Physical Therapy Services	19
Billing Guide for Physical Therapy Services	25
Psychological Services	27
Billing Guide for Psychological Services	29
Respiratory Therapy Services	30
Billing Guide for Respiratory Therapy Services	32
Appendix A: Rates for Independent Practitioners	33
Appendix B: Rates for Local Education Agencies	35

Bold, italicized material is excerpted from the American Medical Association Current Procedural Terminology (CPT) Codes. Descriptions and other data only are copyrighted 2001 American Medical Association. All rights reserved.

INTRODUCTION

Effective with dates of service January 1, 2003, changes have been made to the Independent Practitioners (IPs) and Local Education Agencies (LEAs) programs to comply with the implementation of national procedure code mandated by the Health Insurance Portability and Accountability Act (HIPAA). These changes are outlined in this special bulletin.

This special bulletin pertains to only IP and LEA providers. Each service is addressed in a separate section along with a chart explaining the changes to the billing guidelines.

The information pertaining to the prior approval process for these services can be obtained from the September 2002 Special Bulletin V, *Outpatient Specialized Therapies* on the DMA website at <http://www.dhhs.state.nc.us/dma>.

AUDIOLOGY SERVICES

Local Education Agencies (LEAs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age for one or more of the following areas, and shall yield a written report.

- auditory sensitivity, including pure tone air and bone conduction, speech detection, and speech reception thresholds
- auditory discrimination in quiet and noise
- impedance audiometry, including tympanometry and acoustic reflex
- hearing aid evaluation
- central auditory function
- auditory brainstem evoked response (ABR)

CPT Code Conversion

Y2401 (Audiology Assessment) is replaced with one or any combination of the following CPT codes:

- 92551 *Screening test, pure tone, air only*
- 92552 *Pure tone audiometry (threshold); air only*
- 92553 *Pure tone audiometry (threshold); air and bone*
- 92555 *Speech audiometry threshold*
- 92556 *Speech audiometry threshold; with speech recognition*
- 92557 *Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)*
- 92567 *Tympanometry (impedance testing)*
- 92568 *Acoustic reflex testing*
- 92569 *Acoustic reflex decay testing*
- 92571 *Filtered speech test*
- 92572 *Staggered spondaic word test*
- 92576 *Synthetic sentence identification test*
- 92579 *Visual reinforcement audiometry (VRA)*
- 92582 *Conditioning play audiometry*
- 92583 *Select picture audiometry*
- 92585 *Auditory evoked otoacoustic potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive*
- 92587 *Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)*
- 92588 *Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)*
- 92589 *Central auditory function test(s) (specify)*
- 92590 *Hearing aid examination and selection; monaural*
- 92591 *Hearing aid examination and selection; binaural*
- 92592 *Hearing aid check; monaural*
- 92593 *Hearing aid check; binaural*
- 92594 *Electroacoustic evaluation for hearing aid; monaural*
- 92595 *Electroacoustic evaluation for hearing aid; binaural*

Treatment

Service may include one or more of the following, as appropriate:

- auditory training
- speech reading
- aural rehabilitation, including hearing aid and cochlear implant orientation and fitting adjustments
- augmentative communication

CPT Code Conversion

Y2402 (Audiology Treatment) is replaced with any combination of the following CPT codes:

- 92507 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual*
- 92510 *Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming*

Independent Practitioners (IPs)**Assessment**

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas, and shall yield a written evaluation report.

- auditory sensitivity, including pure tone air and bone conduction, speech detection, and speech reception thresholds
- auditory discrimination in quiet and noise
- impedance audiometry, including tympanometry and acoustic reflex testing
- hearing aid evaluation, including amplification selection and verification
- central auditory function
- evoked otoacoustic emissions
- brainstem auditory evoked response (ABR)

CPT Code Conversion

Y2401 (Audiology Assessment) is replaced with one or any combination of the following CPT codes:

- 92551 *Screening test, pure tone, air only*
 92552 *Pure tone audiometry (threshold); air only*
 92553 *Pure tone audiometry (threshold); air and bone*
 92555 *Speech audiometry threshold*
 92556 *Speech audiometry threshold; with speech recognition*
 92557 *Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)*
 92567 *Tympanometry (impedance testing)*
 92568 *Acoustic reflex testing*
 92569 *Acoustic reflex decay testing*
 92571 *Filtered speech test*
 92572 *Staggered spondaic word test*
 92576 *Synthetic sentence identification test*
 92579 *Visual reinforcement audiometry (VRA)*
 92582 *Conditioning play audiometry*
 92583 *Select picture audiometry*
 92585 *Auditory evoked otoacoustic potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive*
 92587 *Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)*
 92588 *Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)*
 92589 *Central auditory function test(s) (specify)*
 92590 *Hearing aid examination and selection; monaural*
 92591 *Hearing aid examination and selection; binaural*
 92592 *Hearing aid check; monaural*
 92593 *Hearing aid check; binaural*
 92594 *Electroacoustic evaluation for hearing aid; monaural*
 92595 *Electroacoustic evaluation for hearing aid; binaural*

Treatment

Service may include one or more of the following, as appropriate:

- auditory training
- speech reading
- augmentative and alternative communication training, including sign language and cued speech training
- aural rehabilitation, including hearing aid, FM system, assistive listening device, and/or cochlear implant device training

CPT Code Conversion

Y2402 (Audiology treatment) is replaced with one or any combination of the following CPT codes:

- 92507 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual*
- 92510 *Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming*

BILLING GUIDE FOR AUDIOLOGY SERVICES

Local Education Agencies	Independent Practitioners
<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Not required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>	<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>
CMS-1500 Instructions	CMS-1500 Instructions
<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #19: Carolina ACCESS referral not required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment =</p> <p style="margin-left: 20px;">92551 (1 unit = 1 event) 92552 (1 unit = 1 event) 92553 (1 unit = 1 event) 92555 (1 unit = 1 event) 92556 (1 unit = 1 event) 92557 (1 unit = 1 event) 92567 (1 unit = 1 event) 92568 (1 unit = 1 event) 92569 (1 unit = 1 event) 92571 (1 unit = 1 event) 92572 (1 unit = 1 event) 92576 (1 unit = 1 event) 92579 (1 unit = 1 event) 92582 (1 unit = 1 event) 92583 (1 unit = 1 event) 92585 (1 unit = 1 event) 92587 (1 unit = 1 event) 92588 (1 unit = 1 event) 92589 (1 unit = 1 event) 92590 (1 unit = 1 event) 92591 (1 unit = 1 event) 92592 (1 unit = 1 event)</p>	<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #15: If DEC referred, enter date of physician's order Block #19: Carolina ACCESS referral is required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 11 - Office 12 - Home 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment =</p> <p style="margin-left: 20px;">92551 (1 unit = 1 event) 92552 (1 unit = 1 event) 92553 (1 unit = 1 event) 92555 (1 unit = 1 event) 92556 (1 unit = 1 event) 92557 (1 unit = 1 event) 92567 (1 unit = 1 event) 92568 (1 unit = 1 event) 92569 (1 unit = 1 event) 92571 (1 unit = 1 event) 92572 (1 unit = 1 event) 92576 (1 unit = 1 event) 92579 (1 unit = 1 event) 92582 (1 unit = 1 event) 92583 (1 unit = 1 event) 92585 (1 unit = 1 event) 92587 (1 unit = 1 event) 92588 (1 unit = 1 event) 92589 (1 unit = 1 event)</p>

CMS-1500 Instructions, continued

Local Education Agencies	Independent Practitioners
<p>Block #24D: Assessment = 92593 (1 unit = 1 event) 92594 (1 unit = 1 event) 92595 (1 unit = 1 event) Treatment = 92507 (1 unit = 1 event) 92510 (1 unit = 1 event) Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Enter Provider Number</p>	<p>Block #24D: Assessment = 92590 (1 unit = 1 event) 92591 (1 unit = 1 event) 92592 (1 unit = 1 event) 92593 (1 unit = 1 event) 92594 (1 unit = 1 event) 92595 (1 unit = 1 event) Treatment = 92507 (1 unit = 1 event) 92510 (1 unit = 1 event) Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Provider Number Individual Provider Number = PIN Group Provider Number = GRP</p>

SPEECH/LANGUAGE SERVICES

Local Education Agencies (LEAs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for **all** the following areas of functioning, and shall yield a written report.

- receptive and expressive language
- auditory memory, discrimination, and processing
- vocal quality and resonance patterns
- phonological development
- pragmatic language
- rhythm/fluency
- oral mechanism
- swallowing assessment
- augmentative communication
- hearing status based on pass/fail criteria

CPT Code Conversion

Y2403 (Speech/Language Assessment) is replaced with one or any combination of the following CPT codes:

- 92506 *Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status*
- 92551 *Screening test, pure tone, air only*
- 92610 *Evaluation of oral and pharyngeal swallowing function*
- G0193 *Endoscopic study of swallowing function (FEES)*
- G0195 *Clinical evaluation of swallowing function*
- G0197 *Evaluation of patient for prescription of speech generating devices*
- G0199 *Re-evaluation of patient using speech generating devices*

Treatment

Service includes one or more of the following, as appropriate:

- articulation therapy
- language therapy; receptive and expressive language
- augmentative communication training
- auditory processing, discrimination, and training
- fluency training
- disorders of speech flow
- voice therapy
- oral motor training; swallowing therapy
- speech reading

CPT Code Conversion

Y2404 (Speech/Language Treatment Individual) is replaced with one or any combination of the following CPT codes:

- 92507 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual*
- 92510 *Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*
- G0198 *Patient adaptation and training for use of speech generating devices*

Y2411, Y2412, Y2413 (Speech/Language Group) is replaced with one or any combination of the following CPT codes:

- 92508 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals*

Independent Practitioners (IPs)**Assessment**

Service must include testing and/or clinical observation, as appropriate for the chronological or developmental age, for **all** the following areas, and shall yield a written evaluation report.

- expressive language
- receptive language
- auditory processing, discrimination, and memory
- augmentative and alternative communication
- vocal quality
- resonance patterns
- articulation/phonological development
- pragmatic language
- rhythm/fluency
- oral mechanism/swallowing
- hearing status based on pass/fail criteria

Note: Any of the above named areas of functioning may also be addressed as a specialized assessment, following a performance of the overall evaluation of the child's speech/language skills.

CPT Code Conversion

Y2403 (Speech/Language Assessment) is replaced with one or any combination of the following CPT codes:

- 92506 *Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status*
- 92551 *Screening test, pure tone, air only*
- 92610 *Evaluation of oral and pharyngeal swallowing function*
- G0193 *Endoscopic study of swallowing function (FEES)*
- G0195 *Clinical evaluation of swallowing function*
- G0197 *Evaluation of patient for prescription of speech generating devices*
- G0199 *Re-evaluation of patient using speech generating devices*

Treatment

Service may include one or more of the following, as appropriate:

- articulation/phonological training
- language therapy
- augmentative and alternative communication training
- auditory processing/discrimination training
- fluency training
- voice therapy
- oral motor training; swallowing therapy
- speech reading

CPT Code Conversion

Y2404 (Speech/Language Treatment Individual) is replaced with one or any combination of the following CPT codes:

- 92507 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual*
- 92510 *Aural rehabilitation following cochlear implant (includes evaluation of aural rehabilitation status and hearing, therapeutic services) with or without speech processor programming*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*
- G0198 *Patient adaptation and training for use of speech generating devices*

Y2411, Y2412, Y2413 (Speech/Language Group) are replaced with one or any combination of the following CPT codes:

- 92508 *Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals*

BILLING GUIDE FOR SPEECH/LANGUAGE SERVICES

Local Education Agencies	Independent Practitioners
<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Not required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>	<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>
CMS-1500 Instructions	CMS-1500 Instructions
<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #19: Carolina ACCESS referral not required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment = 92506 (1 unit = 1 event) 92551 (1 unit = 1 event) 92610 (1 unit = 1 event) G0193 (1 unit = 1 event) G0195 (1 unit = 1 event) G0197 (1 unit = 1 event) G0199 (1 unit = 1 event) Treatment = 92507 (1 unit = 1 event) 92508 (1 unit = 1 event) 92510 (1 unit = 1 event) 92526 (1 unit = 1 event) G0198 (1 unit = 1 event) Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Enter Provider Number</p>	<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #15: If DEC referred, enter date of physician's order Block #19: Carolina ACCESS referral is required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 11 - Office 12 - Home 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment = 92506 (1 unit = 1 event) 92551 (1 unit = 1 event) 92610 (1 unit = 1 event) G0193 (1 unit = 1 event) G0195 (1 unit = 1 event) G0197 (1 unit = 1 event) G0199 (1 unit = 1 event) Treatment = 92507 (1 unit = 1 event) 92508 (1 unit = 1 event) 92510 (1 unit = 1 event) 92526 (1 unit = 1 event) G0198 (1 unit = 1 event) Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Provider Number Individual Provider Number = PIN Group Provider Number = GRP</p>

OCCUPATIONAL THERAPY SERVICES

Local Education Agencies (LEAs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas of functioning, and shall yield a written report.

- activities of daily living assessment
- sensorimotor assessment
- neuromuscular assessment
- fine motor assessment
- feeding/oral motor assessment
- visual perceptual assessment
- perceptual motor development assessment
- musculoskeletal assessment
- gross motor assessment
- functional mobility assessment
- pre-vocational assessment

CPT Code Conversion

Y2405 (Occupational Therapy Assessment) is replaced with one or any combination of the following CPT codes:

- 97003 *Occupational therapy evaluation*
- 97004 *Occupational therapy re-evaluation*
- 92610 *Evaluation of swallowing and oral function for feeding*
- 95831 *Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk*
- 95832 *Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side*
- 95833 *Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands*
- 95834 *Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands*
- 97703 *Checkout for orthotic/prosthetic use, established patient, each 15 minutes*
- 97750 *Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report*

Treatment

Service may include one or more of the following, as appropriate:

- activities of daily living training
- sensory integration
- neuromuscular development
- muscle strengthening, endurance training
- feeding/oral motor training
- adaptive equipment application
- visual perceptual training
- facilitation of gross motor skills
- facilitation of fine motor skills
- fabrication and application of splinting and orthotic devices

- manual therapy techniques
- sensorimotor training
- pre-vocational training
- functional mobility training
- perceptual motor training

CPT Code Conversion

Y2406 (Occupational Therapy Treatment) is replaced with one or any combination of the following CPT codes:

- 29075 *Application, cast; figure-of-eight elbow to finger (short arm)*
- 29085 *Application, cast; figure-of-eight hand and lower forearm (gauntlet)*
- 29105 *Application of long arm splint (shoulder to hand)*
- 29125 *Application of short arm splint (forearm to hand); static*
- 29126 *Application of short arm splint (forearm to hand); dynamic*
- 29130 *Application of finger splint; static*
- 29131 *Application of finger splint; dynamic*
- 29240 *Strapping; shoulder (eg, Velpeau)*
- 29260 *Strapping; elbow or wrist*
- 29280 *Strapping; hand or finger*
- 29530 *Strapping; knee*
- 29540 *Strapping; ankle and/or foot*
- 92065 *Orthoptic and/or pleoptic training, with continuing medical direction and evaluation*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*
- 97110 *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
- 97112 *Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities*
- 97116 *Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)*
- 97140 *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*
- 97504 *Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes*
- 97520 *Prosthetic training, upper and/or lower extremities, each 15 minutes*
- 97530 *Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes*
- 97533 *Sensory integrative activities to enhance sensory processing and promote adaptive response to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes*
- 97535 *Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by the provider, each 15 minutes*
- 97542 *Wheelchair management/propulsion training, each 15 minutes*

Independent Practitioners (IPs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas, and shall yield a written evaluation report.

- activities of daily living assessment
- sensorimotor assessment
- neuromuscular assessment
- fine motor assessment
- feeding/oral motor assessment
- visual perceptual assessment
- perceptual motor development assessment
- musculoskeletal assessment
- gross motor assessment
- functional mobility assessment
- pre-vocational assessment

CPT Code Conversion

Y2405 (Occupational Therapy Assessment) is replaced with one or any combination of the following CPT codes:

- | | |
|-------|---|
| 97003 | <i>Occupational therapy evaluation</i> |
| 97004 | <i>Occupational therapy re-evaluation</i> |
| 92610 | <i>Evaluation of oral and pharyngeal swallowing function</i> |
| 95831 | <i>Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk</i> |
| 95832 | <i>Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side</i> |
| 95833 | <i>Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands</i> |
| 95834 | <i>Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands</i> |
| 97703 | <i>Checkout for orthotic/prosthetic use, established patient, each 15 minutes</i> |
| 97750 | <i>Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report</i> |

Treatment

Service may include one or more of the following, as appropriate:

- activities of daily living training
- neuromuscular development
- muscle strengthening, endurance training
- feeding/oral motor training
- adaptive equipment application
- visual perceptual training
- facilitation of gross motor skills
- facilitation of fine motor skills

- fabrication and application of splinting and orthotic devices
- manual therapy techniques
- sensorimotor training
- pre-vocational training
- functional mobility training
- perceptual motor training

CPT Code Conversion

Y2406 (Occupational Therapy Treatment) is replaced with one or any combination of the following CPT codes:

- 29075 *Application, cast; figure-of-eight elbow to finger (short arm)*
- 29085 *Application, cast; figure-of-eight hand and lower forearm (gauntlet)*
- 29105 *Application of long arm splint (shoulder to hand)*
- 29125 *Application of short arm splint (forearm to hand); static*
- 29126 *Application of short arm splint (forearm to hand); dynamic*
- 29130 *Application of finger splint; static*
- 29131 *Application of finger splint; dynamic*
- 29240 *Strapping; shoulder (eg, Velpeau)*
- 29260 *Strapping; elbow or wrist*
- 29280 *Strapping; hand or finger*
- 29530 *Strapping; knee*
- 29540 *Strapping; ankle and/or foot*
- 92065 *Orthoptic and/or pleoptic training, with continuing medical direction and evaluation*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*
- 97110 *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
- 97112 *Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities*
- 97116 *Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)*
- 97140 *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*
- 97504 *Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes*
- 97520 *Prosthetic training, upper and/or lower extremities, each 15 minutes*
- 97530 *Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes*
- 97533 *Sensory integrative activities to enhance sensory processing and promote adaptive response to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes*
- 97535 *Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by the provider, each 15 minutes*
- 97542 *Wheelchair management/propulsion training, each 15 minutes*

BILLING GUIDE FOR OCCUPATIONAL THERAPY SERVICES

Local Education Agencies	Independent Practitioners
<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Not required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>	<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>
Local Education Agencies	Independent Practitioners
<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #19: Carolina ACCESS referral not required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment = 92610 (1 unit = 1 event) 95831 (1 unit = 1 event) 95832 (1 unit = 1 event) 95833 (1 unit = 1 event) 95834 (1 unit = 1 event) 97003 (1 unit = 1 event) 97004 (1 unit = 1 event) 97703 (1 unit = 15 minutes) 97750 (1 unit = 15 minutes) Treatment = 92065 (1 unit = 1 event) 92526 (1 unit = 1 event) 97110 (1 unit = 15 minutes) 97112 (1 unit = 15 minutes) 97116 (1 unit = 15 minutes) 97140 (1 unit = 15 minutes) 97504 (1 unit = 15 minutes) 97542 (1 unit = 15 minutes) 97520 (1 unit = 15 minutes) 97530 (1 unit = 15 minutes) 97533 (1 unit = 15 minutes) 97535 (1 unit = 15 minutes) 29075 (1 unit = 1 event)</p>	<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #15: If DEC referred, enter date of physician's order Block #19: Carolina ACCESS referral is required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 11 - Office 12 - Home 99 - School, Head Start, Child Care Block 24C: Type of Service Enter 01 or leave blank Block 24D: Assessment = 92610 (1 unit = 1 event) 95831 (1 unit = 1 event) 95832 (1 unit = 1 event) 95833 (1 unit = 1 event) 95834 (1 unit = 1 event) 97003 (1 unit = 1 event) 97004 (1 unit = 1 event) 97703 (1 unit = 15 minutes) 97750 (1 unit = 15 minutes) Treatment = 92065 (1 unit = 1 event) 92526 (1 unit = 1 event) 97110 (1 unit = 15 minutes) 97112 (1 unit = 15 minutes) 97116 (1 unit = 15 minutes) 97140 (1 unit = 15 minutes) 97504 (1 unit = 15 minutes) 97542 (1 unit = 15 minutes) 97520 (1 unit = 15 minutes) 97530 (1 unit = 15 minutes)</p>

CMS-1500 Instructions, continued

Local Education Agencies	Independent Practitioners
<p>Block 24D: Treatment =</p> <ul style="list-style-type: none"> 29085 (1 unit = 1 event) 29105 (1 unit = 1 event) 29125 (1 unit = 1 event) 29126 (1 unit = 1 event) 29130 (1 unit = 1 event) 29131 (1 unit = 1 event) 29240 (1 unit = 1 event) 29260 (1 unit = 1 event) 29280 (1 unit = 1 event) 29530 (1 unit = 1 event) 29540 (1 unit = 1 event) <p>Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Enter Provider Number</p>	<p>Block 24D: Treatment =</p> <ul style="list-style-type: none"> 97533 (1 unit = 15 minutes) 97535 (1 unit = 15 minutes) 29075 (1 unit = 1 event) 29085 (1 unit = 1 event) 29105 (1 unit = 1 event) 29125 (1 unit = 1 event) 29126 (1 unit = 1 event) 29130 (1 unit = 1 event) 29131 (1 unit = 1 event) 29240 (1 unit = 1 event) 29260 (1 unit = 1 event) 29280 (1 unit = 1 event) 29530 (1 unit = 1 event) 29540 (1 unit = 1 event) <p>Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Provider Number Individual Provider Number = PIN Group Provider Number = GRP</p>

PHYSICAL THERAPY SERVICES

Local Education Agencies (LEAs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas of functioning, and shall yield a written report.

- neuromotor assessment
- range of motion, joint integrity and functional mobility, flexibility assessment
- gait, balance, and coordination assessment
- posture and body mechanics assessment
- soft tissue assessment
- pain assessment
- cranial nerve assessment
- clinical electromyographic assessment
- nerve conduction, latency and velocity assessment
- manual muscle test
- activities of daily living assessment
- cardiac assessment
- pulmonary assessment
- sensory motor assessment
- feed/oral motor assessment

CPT Codes Conversion

Y2407 (Physical Therapy Assessment) is replaced with one or any combination of the following CPT codes:

- | | |
|-------|--|
| 97001 | <i>Physical therapy evaluation</i> |
| 97002 | <i>Physical therapy re-evaluation</i> |
| 92610 | <i>Evaluation of oral and pharyngeal swallowing function</i> |
| 95831 | <i>Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk</i> |
| 95832 | <i>Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side</i> |
| 95833 | <i>Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands</i> |
| 95834 | <i>Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands</i> |
| 97703 | <i>Checkout for orthotic/prosthetic use, established patient, each 15 minutes</i> |
| 97750 | <i>Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes</i> |

Treatment

Service may include one or more of the following, as appropriate:

- manual therapy techniques
- fabrication and application of orthotic devices
- therapeutic exercise
- functional training
- facilitation of motor milestones
- sensory motor training
- cardiac training
- pulmonary enhancement
- adaptive equipment application
- feeding/oral motor training
- activities of daily living training
- gait training
- posture and body mechanics training
- muscle strengthening
- gross motor development
- modalities
- therapeutic procedures
- hydrotherapy
- manual manipulation

CPT Code Conversion

Y2408 (Physical Therapy Treatment) is replaced with one or any combination of the following CPT codes:

- 29075 *Application, cast; figure-of-eight elbow to finger (short arm)*
- 29085 *Application, cast; figure-of-eight hand and lower forearm (gauntlet)*
- 29105 *Application of long arm splint (shoulder to hand)*
- 29125 *Application of short arm splint (forearm to hand); static*
- 29126 *Application of short arm splint (forearm to hand); dynamic*
- 29130 *Application of finger splint; static*
- 29131 *Application of finger splint; dynamic*
- 29240 *Strapping; shoulder (eg, Velpeau)*
- 29260 *Strapping; elbow or wrist*
- 29280 *Strapping; hand or finger*
- 29405 *Application of short leg cast (below knee to toes)*
- 29505 *Application of long leg splint (thigh to ankle or toes)*
- 29515 *Application of short leg splint (calf to foot)*
- 29530 *Strapping; knee*

- 29540 *Strapping; ankle and/or foot*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*
- 97110 *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
- 97112 *Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities*
- 97116 *Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)*
- 97140 *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*
- 97504 *Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes*
- 97520 *Prosthetic training, upper and/or lower extremities, each 15 minutes*
- 97530 *Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes*
- 97533 *Sensory integrative activities to enhance sensory processing and promote adaptive response to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes*
- 97535 *Self-care/home management training (eg, activities of daily living (ADL)and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by the provider, each 15 minutes*
- 97542 *Wheelchair management/propulsion training, each 15 minutes*

Independent Practitioners (IPs)

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas, and shall yield a written evaluation report.

- neuromotor assessment
- range of motion, joint integrity, functional mobility, and flexibility assessment
- gait, balance, and coordination assessment
- posture and body mechanics assessment
- soft tissue assessment
- pain assessment
- cranial nerve assessment
- clinical electromyographic assessment
- nerve conduction, latency and velocity assessment
- manual muscle test
- reflex integrity
- activities of daily living assessment
- cardiac assessment
- pulmonary assessment
- sensory motor assessment
- feeding/oral motor assessment

CPT Code Conversion

Y2407 (Physical Therapy Assessment) is replaced with one or any combination of the following CPT codes:

- 97001 *Physical therapy evaluation*
- 97002 *Physical therapy re-evaluation*
- 92610 *Evaluation of oral and pharyngeal swallowing function*
- 95831 *Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk*
- 95832 *Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side*
- 95833 *Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands*
- 95834 *Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands*
- 97703 *Checkout for orthotic/prosthetic use, established patient, each 15 minutes*
- 97750 *Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes*

Treatment

Service may include one or more of the following, as appropriate:

- manual therapy techniques
- fabrication and application of orthotic device
- therapeutic exercise
- functional training
- facilitation of motor milestones
- sensory motor training
- cardiac training
- pulmonary enhancement
- adaptive equipment application
- feeding/oral motor training
- activities of daily living training
- gait training
- posture and body mechanics training
- muscle strengthening
- gross motor development
- modalities
- therapeutic procedures
- hydrotherapy
- manual manipulation
- wheelchair management

CPT Code Conversion

Y2408 (Physical Therapy Treatment) is replaced with one or any combination of the following CPT codes:

- 29075 *Application, cast; figure-of-eight elbow to finger (short arm)*
- 29085 *Application, cast; figure-of-eight hand and lower forearm (gauntlet)*
- 29105 *Application of long arm splint (shoulder to hand)*
- 29125 *Application of short arm splint (forearm to hand); static*
- 29126 *Application of short arm splint (forearm to hand); dynamic*
- 29130 *Application of finger splint; static*
- 29131 *Application of finger splint; dynamic*
- 29240 *Strapping; shoulder (eg, Velpeau)*
- 29260 *Strapping; elbow or wrist*
- 29280 *Strapping; hand or finger*
- 29405 *Application of short leg cast (below knee to toes)*
- 29425 *Application of short leg cast (below knee to toes); walking or ambulatory type*
- 29505 *Application of long leg splint (thigh to ankle or toes)*
- 29515 *Application of short leg splint (calf to foot)*
- 29530 *Strapping; knee*
- 29540 *Strapping; ankle*
- 92526 *Treatment of swallowing dysfunction and/or oral function for feeding*

- 97010 *Application of a modality to one or more areas; hot or cold packs*
- 97012 *Application of a modality to one or more areas; traction, mechanical*
- 97016 *Application of a modality to one or more areas; vasopneumatic devices*
- 97018 *Application of a modality to one or more areas; paraffin bath*
- 97020 *Application of a modality to one or more areas; microwave*
- 97022 *Application of a modality to one or more areas; whirlpool*
- 97024 *Application of a modality to one or more areas; diathermy*
- 97026 *Application of a modality to one or more areas; infrared*
- 97028 *Application of a modality to one or more areas; ultraviolet*
- 97032 *Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes*
- 97033 *Application of a modality to one or more areas; iontophoresis, each 15 minutes*
- 97034 *Application of a modality to one or more areas; contrast baths, each 15 minutes*
- 97035 *Application of a modality to one or more areas; ultrasound, each 15 minutes*
- 97036 *Application of a modality to one or more areas; Hubbard tank, each 15 minutes*
- 97110 *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
- 97112 *Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities*
- 97116 *Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)*
- 97124 *Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)*
- 97140 *Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes*
- 97504 *Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes*
- 97520 *Prosthetic training, upper and/or lower extremities, each 15 minutes*
- 97530 *Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes*
- 97533 *Sensory integrative activities to enhance sensory processing and promote adaptive response to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes*
- 97535 *Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by the provider, each 15 minutes*
- 97542 *Wheelchair management/propulsion training, each 15 minutes*
- 97601 *Removal of devitalized tissue from wound(s); selective debridement, without anesthesia (eg, pressure waterjet, sharp selective debridement with scissors, scalpel and tweezers), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session*
- 97602 *Removal of devitalized tissue from wound(s); non selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session*

BILLING GUIDE FOR PHYSICAL THERAPY

Local Education Agencies	Independent Practitioners
<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Not required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>	<p>Claim Form Type: CMS-1500 Prior Approval for Evaluations: Not required Prior Approval for Treatments: Required Assessment: Billed on one claim form Treatments: Billed on a separate claim form</p>
CMS-1500 Instructions	CMS-1500 Instructions
<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #19: Carolina ACCESS referral not required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment = 92610 (1 unit = 1 event) 95831 (1 unit = 1 event) 95832 (1 unit = 1 event) 95833 (1 unit = 1 event) 95834 (1 unit = 1 event) 97001 (1 unit = 1 event) 97002 (1 unit = 1 event) 97703 (1 unit = 15 minutes) 97750 (1 unit = 15 minutes) Treatment = 92526 (1 unit = 1 event) 97110 (1 unit = 15 minutes) 97112 (1 unit = 15 minutes) 97116 (1 unit = 15 minutes) 97504 (1 unit = 15 minutes) 97140 (1 unit = 15 minutes) 97542 (1 unit = 15 minutes) 97520 (1 unit = 15 minutes) 97530 (1 unit = 15 minutes) 97533 (1 unit = 15 minutes) 97535 (1 unit = 15 minutes) 29075 (1 unit = 1 event) 29085 (1 unit = 1 event)</p>	<p>Block #1: Type of Coverage Block #1A: Medicaid Identification Number Block #2: Patient's Name Block #3: Patient's Date of Birth Block #5: Patient's Address/Telephone Block #10: If applicable to patient's condition Block #15: If DEC referred, enter date of physician's order Block #19: Carolina ACCESS referral is required Block #21: ICD-9-CM diagnosis appropriate for service provided Block #24A: Date of Service Block #24B: Place of Service 11 - Office 12 - Home 99 - School, Head Start, Child Care Block #24C: Type of Service Enter 01 or leave blank Block #24D: Assessment = 92610 (1 unit = 1 event) 95831 (1 unit = 1 event) 95832 (1 unit = 1 event) 95833 (1 unit = 1 event) 95834 (1 unit = 1 event) 97001 (1 unit = 1 event) 97002 (1 unit = 1 event) 97703 (1 unit = 15 minutes) 97750 (1 unit = 15 minutes) Treatment = 92526 (1 unit = 1 event) 97110 (1 unit = 15 minutes) 97112 (1 unit = 15 minutes) 97116 (1 unit = 15 minutes) 97504 (1 unit = 15 minutes) 97140 (1 unit = 15 minutes) 97542 (1 unit = 15 minutes) 97520 (1 unit = 15 minutes) 97530 (1 unit = 15 minutes) 97533 (1 unit = 15 minutes)</p>

CMS-1500 Instructions, continued

Local Education Agencies	Independent Practitioners
<p>Block #24D: Treatment =</p> <ul style="list-style-type: none"> 29105 (1 unit = 1 event) 29125 (1 unit = 1 event) 29126 (1 unit = 1 event) 29130 (1 unit = 1 event) 29131 (1 unit = 1 event) 29240 (1 unit = 1 event) 29260 (1 unit = 1 event) 29280 (1 unit = 1 event) 29530 (1 unit = 1 event) 29540 (1 unit = 1 event) 29405 (1 unit = 1 event) 29505 (1 unit = 1 event) 29515 (1 unit = 1 event) <p>Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Enter Provider Number</p>	<p>Block #24D: Treatment =</p> <ul style="list-style-type: none"> 29075 (1 unit = 1 event) 29085 (1 unit = 1 event) 29105 (1 unit = 1 event) 29125 (1 unit = 1 event) 29126 (1 unit = 1 event) 29130 (1 unit = 1 event) 29131 (1 unit = 1 event) 29240 (1 unit = 1 event) 29260 (1 unit = 1 event) 29280 (1 unit = 1 event) 29405 (1 unit = 1 event) 29425 (1 unit = 1 event) 29505 (1 unit = 1 event) 29515 (1 unit = 1 event) 29530 (1 unit = 1 event) 29540 (1 unit = 1 event) 97010 (1 unit = 1 event) 97012 (1 unit = 1 event) 97016 (1 unit = 1 event) 97018 (1 unit = 1 event) 97020 (1 unit = 1 event) 97022 (1 unit = 1 event) 97024 (1 unit = 1 event) 97026 (1 unit = 1 event) 97028 (1 unit = 1 event) 97032 (1 unit = 15 minutes) 97033 (1 unit = 15 minutes) 97034 (1 unit = 15 minutes) 97035 (1 unit = 15 minutes) 97036 (1 unit = 15 minutes) 97124 (1 unit = 15 minutes) 97535 (1 unit = 15 minutes) 97601 (1 unit = 1 event) 97602 (1 unit = 1 event) <p>Block #24F: Charges Block #24G: Enter number of unit(s) Block #28: Total Charges Block #29: Enter if a third party made payment Block #30: Balance due Block #31: Signature of provider Block #33: Provider Number Individual Provider Number = PIN Group Provider Number = GRP</p>

PSYCHOLOGICAL SERVICES

Local Education Agencies (LEAs) Only

Assessment

Service may include testing and/or clinical observation, as appropriate for the chronological or developmental age, for one or more of the following areas of functioning, and shall yield a written report.

- cognitive
- emotional/personality
- adaptive behavior
- behavior
- perceptual or visual motor

CPT Code Conversion

Y2409 (Psychological Assessment) is replaced with one or any combination of the following CPT codes:

- 90801 *Psychiatric diagnostic interview examination*
- 90802 *Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication*
- 96100 *Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour*
- 96110 *Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report*
- 96111 *Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development with interpretation and report, per hour*
- 96115 *Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour*
- 96117 *Neuropsychological testing battery (eg, Halstead-Reitan, Luris, WAIS-R) with interpretation and report, per hour*

Note: All testing codes are 1-hour increments face-to-face time.

Treatment

Service may include one or more of the following, as appropriate:

- cognitive-behavioral therapy
- rational-emotive therapy
- family therapy
- sociodrama and social skills training
- sensory integrative therapy

CPT Code Conversion

Y2410 (Psychological Treatment) is replaced with one or any combination of the following CPT codes:

- 90804 *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient*
- 90806 *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient*
- 90808 *Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient*
- 90810 *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient*
- 90812 *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient*
- 90814 *Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient*
- 90846 *Family psychotherapy (without the patient present)*
- 90853 *Group psychotherapy (other than of a multiple-family group)*

BILLING GUIDE FOR PSYCHOLOGICAL SERVICES

Local Education Agencies

- Claim Form Type:** CMS-1500
- Prior Approval for Evaluations:** Not required
- Prior Approval for Treatments:** Not required
- Assessment:** Billed on one claim form
- Treatments:** Billed on a separate claim form

CMS-1500 Instructions

- Block #1:** Type of Coverage
- Block #1A:** Medicaid Identification Number
- Block #2:** Patient's Name
- Block #3:** Patient's Date of Birth
- Block #5:** Patient's Address/Telephone
- Block #10:** If applicable to patient's condition
- Block #19:** Carolina ACCESS referral not required
- Block #21:** ICD-9-CM diagnosis appropriate for service provided
- Block #24A:** Date of Service
- Block #24B:** Place of Service
 - 99 - School, Head Start, Child Care
- Block #24C:** Type of Service
 - Enter 01 or leave blank
- Block #24D:**
 - Assessment =
 - 90801 (1 unit = 1 event)
 - 90802 (1 unit = 1 event)
 - 96100 (1 unit = 1 hour)
 - 96110 (1 unit = 1 hour)
 - 96111 (1 unit = 1 hour)
 - 96115 (1 unit = 1 hour)
 - 96117 (1 unit = 1 hour)
 - Treatment =
 - 90804 (1 unit = 20 - 30 minutes)
 - 90806 (1 unit = 45 - 50 minutes)
 - 90808 (1 unit = 75 - 80 minutes)
 - 90810 (1 unit = 20 - 30 minutes)
 - 90812 (1 unit = 45 - 50 minutes)
 - 90814 (1 unit = 75 - 80 minutes)
 - 90846 (1 unit = 1 event)
 - 90853 (1 unit = 1 event)
- Block #24F:** Charges
- Block #24G:** Enter number of unit(s)
- Block #28:** Total Charges
- Block #29:** Enter if a third party made payment
- Block #30:** Balance due
- Block #31:** Signature of provider
- Block #33:** Enter Provider Number

RESPIRATORY THERAPY SERVICES

Independent Practitioners (IPs) Only

Assessment

Service may include testing and/or clinical observation, as appropriate for evaluation of pulmonary status, for one or more of the following areas, and shall yield a written evaluation report.

- collection of specimen for arterial blood gas analysis (ABGs)
- pulmonary function studies
- breath sounds
- acute and chronic lung disease patients
- ventilator dependent patients

CPT Code Conversion

Y2415 (Respiratory Therapy Assessment) is replaced with the following CPT code:

94799 *Unlisted pulmonary service or procedure*

Note: This code must be used for assessment.

Treatment

Service may include one or more of the following, as appropriate:

- bronchodilator and aerosol therapy
- oxygen therapy
- sterile and non-sterile suctioning techniques
- tracheostomy care
- chest vibrations, postural drainage, and breathing techniques
- ventilator care
- monitoring of respiratory status (ABGs, pulse oximetry, pulmonary function studies, sputum cultures, apnea-bradycardiac monitors, etc.)

CPT Code Conversion

Y2416 (Respiratory Therapy Treatment) is replaced with one or any combination of the following CPT codes:

- 31502 *Tracheotomy tube change prior to establishment of fistula tract*
- 31720 *Catheter aspiration (separate procedure); nasotracheal*
- 94010 *Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation*
- 94060 *Bronchospasm evaluation: spirometry as in 94010 before and after bronchodilator (aerosol or parenteral)*
- 94150 *Vital capacity, total (separate procedure)*
- 94200 *Maximum breathing capacity, maximum voluntary ventilation*
- 94240 *Functional residual capacity or residual volume: helium method, nitrogen open circuit method or other method*
- 94375 *Respiratory flow volume loop*

- 94657 *Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days*
- 94664 *Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; demonstration and/or evaluation*
- 94667 *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation*
- 94668 *Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent*
- 94760 *Noninvasive ear or pulse oximetry for oxygen saturation; single determination*
- 99503 *Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)*

BILLING GUIDE FOR RESPIRATORY SERVICES

Independent Practitioners

Claim Form Type: CMS-1500

Prior Approval for Evaluations: Not required

Prior Approval for Treatments: Required

Assessment: Billed on one claim form

Treatments: Billed on a separate claim form

CMS-1500 Instructions

Block #1: Type of Coverage

Block #1A: Medicaid Identification Number

Block #2: Patient's Name

Block #3: Patient's Date of Birth

Block #5: Patient's Address/Telephone

Block #10: If applicable to patient's condition

Block #15: If DEC referred, enter date of physician's order

Block #19: Carolina ACCESS referral required

Block #21: ICD-9-CM diagnosis appropriate for service provided

Block #24A: Date of Service

Block #24B: Place of Service

11 - Office

12 - Home

99 - School, Head Start, Child Care

Block #24C: Type of Service

Enter 01 or leave blank

Block #24D:

Assessment =

94799 (1 unit = 1 event)

Treatment =

31502 (1 unit = 1 event)

31720 (1 unit = 1 event)

94010 (1 unit = 1 event)

94060 (1 unit = 1 event)

94150 (1 unit = 1 event)

94200 (1 unit = 1 event)

94240 (1 unit = 1 event)

94375 (1 unit = 1 event)

94657 (1 unit = 1 event)

94664 (1 unit = 1 event)

94667 (1 unit = 1 event)

94668 (1 unit = 1 event)

94760 (1 unit = 1 event)

99503 (1 unit = 1 event)

Block #24F: Charges

Block #24G: Enter number of unit(s)

Block #28: Total Charges

Block #29: Enter if a third party made payment

Block #30: Balance due

Block #31: Signature of provider

Block #33: Enter Provider Number

Individual Provider Number = PIN

Group Provider Number = GRP

APPENDIX A: RATES FOR INDEPENDENT PRACTITIONERS

Procedure Code	Time Segment per CPT Description	Rates
G0193	per event	\$ 78.50
G0195	per event	125.60
G0197	per event	125.60
G0198	per event	62.80
G0199	per event	62.80
29075	per event	47.10
29085	per event	47.10
29105	per event	47.10
29125	per event	31.40
29126	per event	47.10
29130	per event	20.93
29131	per event	47.10
29240	per event	31.40
29260	per event	31.40
29280	per event	31.40
29405	per event	62.80
29425	per event	62.80
29505	per event	78.50
29515	per event	62.80
29530	per event	31.40
29540	per event	31.40
31502	per event	31.40
31720	per event	20.93
92065	per event	31.40
92506	per event	125.60
92507	per event	62.80
92508	per event	31.40
92510	per event	62.80
92610	per event	125.60
92526	per event	47.10
92551	per event	15.70

Procedure Code	Time Segment per CPT Description	Rates
92552	per event	\$ 15.70
92553	per event	31.40
92555	per event	15.70
92556	per event	31.40
92557	per event	62.80
92567	per event	15.70
92568	per event	15.70
92569	per event	15.70
92571	per event	31.40
92572	per event	31.40
92576	per event	31.40
92579	per event	31.40
92582	per event	31.40
92583	per event	31.40
92585	per event	125.60
92587	per event	15.70
92588	per event	31.40
92589	per event	94.20
92590	per event	78.50
92591	per event	94.20
92592	per event	15.70
92593	per event	31.40
92594	per event	15.70
92595	per event	31.40
94010	per event	62.80
94060	per event	62.80
94150	per event	26.17
94200	per event	15.70
94240	per event	62.80
94375	per event	31.40
94657	per event	31.40

Rates for Independent Practitioners, continued

Procedure Code	Time Segment per CPT Description	Rates
94664	per event	\$ 31.40
94667	per event	\$ 52.33
94668	per event	41.87
94760	per event	10.47
94799	per event	94.20
95831	per event	15.70
95832	per event	15.70
95833	per event	31.40
95834	per event	47.10
97001	per event	125.60
97002	per event	62.80
97003	per event	125.60
97004	per event	62.80
97010	per event	15.70
97012	per event	15.70
97016	per event	15.70
97018	per event	15.70
97020	per event	15.70
97022	per event	31.40
97024	per event	15.70
97026	per event	15.70
97028	per event	15.70

Procedure Code	Time Segment per CPT Description	Rates
97032	each 15 min	\$ 15.70
97033	each 15 min	15.70
97034	each 15 min	15.70
97035	each 15 min	15.70
97036	each 15 min	15.70
97110	each 15 min	15.70
97112	each 15 min	15.70
97116	each 15 min	15.70
97124	each 15 min	15.70
97140	each 15 min	15.70
97504	each 15 min	15.70
97520	each 15 min	15.70
97530	each 15 min	15.70
97533	each 15 min	15.70
97535	each 15 min	15.70
97542	each 15 min	15.70
97601	per event	20.93
97602	per event	20.93
97703	each 15 min	15.70
97750	each 15 min	15.70
99503	per event	94.20

APPENDIX B: RATES FOR LOCAL EDUCATION AGENCIES

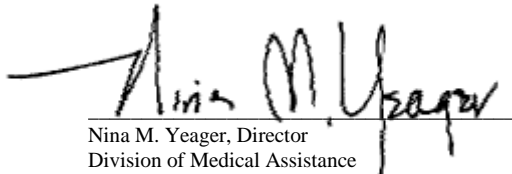
Procedure Code	Time Segment per CPT Description	Rates
G0193	per event	\$ 59.00
G0195	per event	94.40
G0197	per event	94.40
G0198	per event	47.20
G0199	per event	47.20
29075	per event	39.39
29085	per event	39.39
29105	per event	39.39
29125	per event	26.26
29126	per event	39.39
29130	per event	17.51
29131	per event	39.39
29240	per event	26.26
29260	per event	26.26
29280	per event	26.26
29405	per event	52.52
29505	per event	65.65
29515	per event	52.52
29530	per event	26.26
29540	per event	26.26
90801	per event	49.92
90802	per event	49.92
90804	20-30 min	24.96
90806	45-50 min	41.60
90808	75-80 min	66.56
90810	20-30 min	24.96
90812	45-50 min	41.60
90814	75-80 min	66.56
90846	per event	49.92
90853	per event	49.92
92065	per event	26.26


Procedure Code	Time Segment per CPT Description	Rates
92506	per event	\$ 94.40
92507	per event	47.20
92508	per event	11.82
92510	per event	47.20
92610	per event	94.40
92526	per event	35.40
92551	per event	11.80
92552	per event	11.80
92553	per event	23.60
92555	per event	11.80
92556	per event	23.60
92557	per event	47.20
92567	per event	11.80
92568	per event	11.80
92569	per event	11.80
92571	per event	23.60
92572	per event	23.60
92576	per event	23.60
92579	per event	23.60
92582	per event	23.60
92583	per event	23.60
92585	per event	94.40
92587	per event	11.80
92588	per event	23.60
92589	per event	70.80
92590	per event	59.00
92591	per event	70.80
92592	per event	11.80
92593	per event	23.60
92594	per event	11.80
92595	per event	23.60

Rates for Local Education Agencies, continued

Procedure Code	Time Segment per CPT Description	Rates
95831	per event	\$ 13.13
95832	per event	13.13
95833	per event	26.26
95834	per event	39.39
96100	per hour	49.92
96110	per hour	49.92
96111	per hour	49.92
96115	per hour	49.92
96117	per hour	49.92
97001	per event	105.04
97002	per event	52.52
97003	per event	105.04
97004	per event	52.52

Procedure Code	Time Segment per CPT Description	Rates
97110	each 15 min	\$ 13.13
97112	each 15 min	13.13
97116	each 15 min	13.13
97140	each 15 min	13.13
97504	each 15 min	13.13
97520	each 15 min	13.13
97530	each 15 min	13.13
97533	each 15 min	13.13
97535	each 15 min	13.13
97542	each 15 min	13.13
97703	each 15 min	13.13
97750	each 15 min	13.13


Nina M. Yeager, Director
Division of Medical Assistance
Department of Health and Human Services


Ricky Pope
Executive Director
EDS

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