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
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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](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

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<th>Prior Approval for Treatments: Not required</th>
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<th>Treatments: Billed on a separate claim form</th>
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**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 =
  - 92551 (1 unit = 1 event)
  - 92552 (1 unit = 1 event)
  - 92553 (1 unit = 1 event)
  - 92555 (1 unit = 1 event)
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  - 92592 (1 unit = 1 event)

## Independent Practitioners

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<th>Treatments: Billed on a separate claim form</th>
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**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 is required
- **Block #21:** ICD-9-CM diagnosis required 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 =
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  - 92552 (1 unit = 1 event)
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CMS-1500 Instructions, continued

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<td>92595 (1 unit = 1 event)</td>
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<tr>
<td>Treatment =</td>
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<td>92510 (1 unit = 1 event)</td>
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<td>Individual Provider Number = PIN</td>
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<tr>
<td>Group Provider Number = GRP</td>
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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 pharangeal 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 pharangeal 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

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## CMS-1500 Instructions

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<td>Block #19:</td>
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<td>Block #21:</td>
<td>ICD-9-CM diagnosis appropriate for service provided</td>
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<td>Date of Service</td>
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<tr>
<td>Block #24B:</td>
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<td>Type of Service</td>
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**Example of 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)

**Example of 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)

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<td>Block #5:</td>
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<td>Block #15:</td>
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<td>Signature of provider</td>
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<td>Provider Number</td>
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**Example of 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)

**Example of 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)

**Example of Charges:**
- 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)

**Example of Total Charges:**
- 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)

**Example of Signature of provider:**

**Example of Provider Number:**

Individual Provider Number = PIN
Group Provider Number = GRP
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  Occupational therapy evaluation
- 97004  Occupational therapy re-evaluation
- 92610  Evaluation of oral and pharangeal 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

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

The following table outlines the billing requirements for occupational therapy services provided by Local Education Agencies and Independent Practitioners in North Carolina. The claim form type, prior approval requirements, and billing formats are specified for both categories.

## 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

### Blocks
- **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)

## 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

### Blocks
- **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)
CMS-1500 Instructions, continued

<table>
<thead>
<tr>
<th>Local Education Agencies</th>
<th>Independent Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Block 24D:</strong></td>
<td></td>
</tr>
<tr>
<td>Treatment =</td>
<td>Treatment =</td>
</tr>
<tr>
<td>29085 (1 unit = 1 event)</td>
<td>97533 (1 unit = 15 minutes)</td>
</tr>
<tr>
<td>29105 (1 unit = 1 event)</td>
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<td>29130 (1 unit = 1 event)</td>
<td>29105 (1 unit = 1 event)</td>
</tr>
<tr>
<td>29131 (1 unit = 1 event)</td>
<td>29125 (1 unit = 1 event)</td>
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<tr>
<td>29240 (1 unit = 1 event)</td>
<td>29126 (1 unit = 1 event)</td>
</tr>
<tr>
<td>29260 (1 unit = 1 event)</td>
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<td>29280 (1 unit = 1 event)</td>
<td>29131 (1 unit = 1 event)</td>
</tr>
<tr>
<td>29530 (1 unit = 1 event)</td>
<td>29240 (1 unit = 1 event)</td>
</tr>
<tr>
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<td>29260 (1 unit = 1 event)</td>
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<tr>
<td>Block #24F: Charges</td>
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<td>Block #28: Total Charges</td>
<td>Block #28: Total Charges</td>
</tr>
<tr>
<td>Block #29: Enter if a third party made payment</td>
<td>Block #29: Enter if a third party made payment</td>
</tr>
<tr>
<td>Block #30: Balance due</td>
<td>Block #30: Balance due</td>
</tr>
<tr>
<td>Block #31: Signature of provider</td>
<td>Block #31: Signature of provider</td>
</tr>
<tr>
<td>Block #33: Enter Provider Number</td>
<td>Block #33: Provider Number</td>
</tr>
<tr>
<td></td>
<td>Individual Provider Number = PIN</td>
</tr>
<tr>
<td></td>
<td>Group Provider Number = GRP</td>
</tr>
</tbody>
</table>
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  Physical therapy evaluation
97002  Physical therapy re-evaluation
92610  Evaluation of oral and pharangeal 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 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:

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

<table>
<thead>
<tr>
<th>Local Education Agencies</th>
<th>Independent Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claim Form Type:</strong> CMS-1500</td>
<td><strong>Claim Form Type:</strong> CMS-1500</td>
</tr>
<tr>
<td><strong>Prior Approval for Evaluations:</strong> Not required</td>
<td><strong>Prior Approval for Evaluations:</strong> Not required</td>
</tr>
<tr>
<td><strong>Prior Approval for Treatments:</strong> Not required</td>
<td><strong>Prior Approval for Treatments:</strong> Required</td>
</tr>
<tr>
<td><strong>Assessment:</strong> Billed on one claim form</td>
<td><strong>Assessment:</strong> Billed on one claim form</td>
</tr>
<tr>
<td><strong>Treatments:</strong> Billed on a separate claim form</td>
<td><strong>Treatments:</strong> Billed on a separate claim form</td>
</tr>
</tbody>
</table>

### 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:**
- 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)

**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)
- 97535 (1 unit = 15 minutes)
- 29075 (1 unit = 1 event)
- 29085 (1 unit = 1 event)
### CMS-1500 Instructions, continued

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<td><strong>Block #33:</strong> Enter Provider Number</td>
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Individual Provider Number = PIN
Group Provider Number = GRP
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:
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   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
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<td>Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; subsequent days</td>
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<td>Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; demonstration and/or evaluation</td>
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<tr>
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<td>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation</td>
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<td>94668</td>
<td>Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent</td>
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<tr>
<td>94760</td>
<td>Noninvasive ear or pulse oximetry for oxygen saturation; single determination</td>
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<td>99503</td>
<td>Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)</td>
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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)
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   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

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Rates for Independent Practitioners, continued

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### APPENDIX B: RATES FOR LOCAL EDUCATION AGENCIES

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Rates for Local Education Agencies, continued

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P.O. Box 300001
Raleigh, North Carolina 27622