

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Occupational Therapists
Managed Care Organizations

Memorandum No: 06-53
Issued: June 30, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Supercedes # Memos:
05-54 & 05-114

Subject: Occupational Therapy Program: Fee Schedule Changes and new CPT codes

Effective for dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2006 relative value units (RVUs);
- Additions to the Current Procedural Terminology (CPT®) codes; and
- A one percent (1%) vendor rate increase.

Maximum Allowable Fees

HRSA is updating the Occupational Therapy Program fee schedule with Year 2006 RVUs. The 2006 Washington State Legislature appropriated a one percent (1%) vendor rate increase for the 2007 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view a current fee schedule, click ***Provider Publications/Fee Schedules***, then ***Accept***, then ***Fee Schedules***.

Bill HRSA your usual and customary charge.

Added Procedure Codes

The following CPT procedure codes are added to the Occupational Therapy program:

95831	95832	95833	95834
95851	95852	97010	*97014
*97018	*97032	*97034	*97140
97542	97597	97598	97602
97750	97755	97799	

* Subject to the 12 visit limitation

Providers billing for durable medical equipment (DME) needs assessments must bill with the following procedure codes:

Procedure Code	Policy /Limitations
97762	Providers must bill this code for DME assessments. Payment is limited to two assessments per calendar year, with two 15-minute increments (units) per session.
97542	Providers must bill this code for wheelchair needs assessment. Payment is limited to one assessment per calendar year, with a maximum of four 15-minute increments (units).

Custom/Non-Custom Splints

Procedure Code	Policy /Limitations/
97799	Providers must use this procedure code for custom made hand splints. Payment is limited to one per hand, per year. Providers must use modifiers RT or LT to indicate whether the splint is for the right or left hand. Prior Authorization is required to exceed the limitation. Non-custom splints must be ordered through a DME vendor.

Expedited Prior Authorization Update

HRSA has updated the Expedited Prior Authorization Criteria Coding List with the new occupational therapy codes.

**Washington State
Expedited Prior Authorization Criteria Coding List
For Occupational Therapy LEs**

OCCUPATIONAL THERAPY

CPT: 97014, 97018, 97032, 97034, 97110, 97112, 97140, 97150, 97530, 97532, 97533, 97535, 97537

Code	Criteria
644	<p><i>An additional 12 Occupational Therapy</i> visits when the client has already used the allowed visits for the current year and has <i>one</i> of the following:</p> <ol style="list-style-type: none"> 1. Hand\Upper Extremity Joint Surgery 2. CVA not requiring acute inpatient rehabilitation
645	<p><i>An additional 24 Occupational Therapy</i> visits when the client has already used the allowed visits for the current year and has recently completed an acute inpatient rehabilitation stay.</p>

Policy Clarification

Active wound care management involving selective and non-selective debridement (CPT codes 97597, 97598, and 97602). The following conditions apply:

- HRSA covers one unit each of CPT codes 97597, 97598, and 97602 per client, per day, per wound.
 - Do not bill any of these codes together for the same wound.
 - Providers may only bill any of these codes together if they are for separate wounds.
- Providers must not bill CPT codes 97597, 97598, and 97602 in addition to CPT codes 11040-11044.

Note: For multiple wounds, use modifier 59.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. Claims with a single-digit place of service code will be denied. See [Numbered Memorandum 06-26](#) for previous notification of this change.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT[®]) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/NationalCorrectCodInitEd>.

Updated Billing Instructions

HRSA has published updated *Occupational Therapy Billing Instructions* that include the July 1, 2007 Fee Schedule, EPA update, Policy Clarification, and new formatting. See "How can I get HRSA's provider documents?" for information on obtaining these new billing instructions.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.