



Medicaid Provider Manual



2.3 PHYSICAL THERAPY SERVICES (INCLUDES ASSISTIVE TECHNOLOGY DEVICE SERVICES)

2.3.A. PHYSICAL THERAPY SERVICES

Definition	Physical therapy (PT) must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem. Physical therapy services must require the skills, knowledge and education of a PT or PTA to provide therapy. Treatment is performed through the use of therapeutic exercises and rehabilitative procedures.
Prescription	Physical therapy services must be prescribed by a physician or licensed physician's assistant and updated annually. A stamped physician signature is not acceptable.
Provider Qualifications	<p>PT services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A licensed physical therapist (PT); or ▪ A licensed physical therapy assistant (PTA) under the direction of a licensed physical therapist (PT) (i.e., the PT supervises and monitors the PTA's performance with continuous assessment of the beneficiary's progress). All documentation must be reviewed and signed by the supervising PT.
Evaluations for Physical Therapies	<p>Evaluations are formalized testing and reports to determine a beneficiary's need for services and recommend a course of treatment. They may be completed by a PT.</p> <p>Evaluations include:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different than the treatment diagnosis; ▪ Current therapy being provided to the beneficiary in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (i.e., functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (e.g., strength, dexterity, range of motion) directly affecting the beneficiary's ability to function; ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary.



Medicaid Provider Manual

<p>Assessments for Durable Medical Equipment</p>	<p>If an ISD physical therapist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>
<p>Services</p>	<p>Physical therapy services include:</p> <ul style="list-style-type: none"> ▪ Group therapy provided in a group of two to eight beneficiaries; ▪ Gait training; ▪ Training in functional mobility skills (e.g., ambulation, transfers, and wheelchair mobility); ▪ Stretching for improved flexibility; and ▪ Modalities to allow gains of function, strength or mobility.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for physical therapy services:</p> <ul style="list-style-type: none"> ▪ 97001 – Physical therapy evaluation. This code can be used by itself or with the HT or TM modifiers. ▪ 97110 – Therapeutic procedure, one or more areas, each 15 minutes. Therapeutic exercises to develop strength and endurance, range of motion, and flexibility. ▪ 97116 – Gait training (includes stair climbing), each 15 minutes. ▪ 97150 – Therapeutic procedure(s), group (2 or more individuals). ▪ 97530 – Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes. ▪ 97542 – Wheelchair management (e.g., assessment, fitting, training), each 15 minutes. (If wheelchair management services are provided for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers. ▪ 97755 – Assistive technology assessment (e.g., to restore, augment, or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report, each 15 minutes. (If assessments are done for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers.)



Medicaid Provider Manual

2.3.B. ASSISTIVE TECHNOLOGY DEVICE SERVICES

Definition	<p>Assistive Technology Device Services General Description:</p> <p>Utilizing the description in Section 602(2) of the Individuals with Disabilities Education Act (IDEA), the term 'assistive technology device' means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Therapists should restrict their evaluations and services to those within the scope of their practice and consistent with their education and training.</p>
Prescription	<p>Assistive technology device services must be prescribed by a physician and updated annually. A stamped physician signature is not acceptable.</p>
Provider Qualifications	<p>Assistive technology device services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ a licensed physical therapist (PT); or ▪ a licensed physical therapy assistant (PTA).
Evaluations for Assistive Technology Devices	<p>Evaluations are formalized testing and reports for the development of the beneficiary's treatment plan. They may be completed by a PT.</p> <p>An evaluation includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the beneficiary in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The beneficiary's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the beneficiary's performance components (strength, dexterity, range of motion, sensation, perception) directly affecting the beneficiary's ability to function; ▪ Assessment of the beneficiary's cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the beneficiary in the school environment and home.
Assessments for Durable Medical Equipment	<p>If an ISD physical therapist performs assessments for DMEPOS that are billed by a Medicaid medical supplier, the clinician must comply with all prior authorization policies and procedures regarding that DMEPOS item. For example, a physician must order the assessment. The clinician must comply with all requirements for the assessments specified in the Medical Supplier Chapter of this manual. For example, the clinician must perform and write his/her own evaluation and may not sign evaluations completed by a medical supplier. Three appropriate economical alternatives must be ruled out for some items. (Refer to the Medical Supplier Chapter of this manual for details.) If the child is also receiving physical therapy, occupational therapy, speech pathology or audiology services in another outpatient setting, it may be more appropriate for the outpatient clinician to perform the assessment. The ISD clinician must coordinate with all clinicians in other settings.</p>



Medicaid Provider Manual

<p>Services</p>	<p>ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. The direct acquisition of medical equipment, such as wheelchairs, etc., is not a covered benefit of the SBS program; this service must be billed under the Medical Supplier program coverage. The direct acquisition of medical equipment is covered under the Medical Supplier Medicaid benefit.</p> <p>Assistive Technology Device Services include:</p> <ul style="list-style-type: none"> ▪ Coordinating and using other therapies, interventions, or services with the ATD. ▪ Training or technical assistance for the beneficiary or, if appropriate, the beneficiary's parent/guardian. ▪ Training or technical assistance for professionals providing other education or rehabilitation services to the beneficiary receiving ATD services. ▪ Evaluating the needs of the beneficiary, including a functional evaluation of the beneficiary. ATD services are intended to directly assist a beneficiary with a disability in the selection, coordination of acquisition, or use of an ATD. ▪ Selecting, providing for the acquisition of the device, designing, fitting customizing, adapting, applying, retaining or replacing the ATD, including orthotics. ▪ Wheelchair assessment, fitting, training. If the wheelchair assessment is for equipment billed by a Medical Supplier, all prior authorization and coverage policies and procedures in the Medical Supplier Chapter of this manual must be adhered to by school based providers.
<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for ATD services:</p> <ul style="list-style-type: none"> ▪ 97112 – Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities ▪ 97535 – Self-care/home management training (e.g., 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 provider, each 15 minutes. ▪ 97542 – Wheelchair management (e.g., assessment, fitting, training), each 15 minutes. If wheelchair management services are provided for equipment that is covered under the Medicaid Durable Medical Equipment (DME) program, all policies and procedures applicable to that program must be adhered to by school based providers. ▪ 97760 – Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), and/or trunk, each 15 minutes. ▪ 97761 – Prosthetic training, upper and/or lower extremity(s), each 15 minutes.