Washington State Health Care Authority

Medicaid Provider Guide

Neurodevelopmental Centers
Clients 20 Years of Age and Younger

[Refer to WAC 182-545-900]

A Billing Instruction

About This Publication

This publication supersedes all previous *Neurodevelopmental Centers Billing Instructions* published by the Medicaid Program of the Health Care Authority (the Agency). Services and/or equipment related to any of the programs listed below must be billed using their specific billing instructions:

- Hearing Hardware for Clients 20 Years of Age and Younger
- Home Health Services
- Outpatient Hospital Services
- Outpatient Rehabilitation
- Physician-Related Services/Healthcare Professional Services

Note: The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
Code changes #Memo 11-68	Jan. 1, 2012	Coverage C.4 and C.5	Coverage Table	Added new procedure codes, 92558 and 92618; updated code 92605
		Various	Various	General housekeeping changes (edits, links, and references) for clarity.

Copyright Disclosure

How Can I Get Agency Provider Documents?

To download and print Agency provider numbered memos and billing instructions, go to the Agency's website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link).

Table of Contents

Important Contacts

Note: This section contains important contact information relevant to neurodevelopmental centers. For more contact information, see the Agency's *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Agency's *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Prior authorization or exception to rule	
General definitions and abbreviations	Please refer to the Agency *Glossary*.

About the Centers

What Is the Function of Neurodevelopmental Centers?

The neurodevelopmental centers (NDCs) provide physical therapy, speech therapy, occupational therapy, and audiology services to children with neuromuscular or developmental disorders. Neurodevelopmental centers serve clients 20 years of age and younger, although some centers may limit the age groups served.

Examples of disorders affecting these children are:

- Cerebral palsy;
- Down's syndrome;
- Autism;
- Pervasive developmental delay; and
- Other disorders involving neurodevelopmental function.

General Requirements for an NDC [WAC 182-545-900(2)]

To provide and be reimbursed for the services listed in the coverage section, the Agency requires neurodevelopmental centers to:

- Be contracted with the Department of Health (DOH) as a neurodevelopmental center and provide documentation of their DOH contract to the Agency; ***and***

- Have an approved core provider agreement with the Agency.

Who May Provide Services? [WAC 182-545-200(1), WAC 182-531-0375]

The following healthcare professionals may provide services within their scope of practice to eligible clients in neurodevelopmental centers:

- A licensed occupational therapist;
- A licensed occupational therapy assistant (OTA) supervised by a licensed occupational therapist;
- A licensed physical therapist or physiatrist;
- A physical therapist assistant supervised by a licensed physical therapist;
- A speech-language pathologist who has been granted a certificate of clinical competence by the American Speech, Hearing and Language Association;
- A speech-language pathologist who has completed the equivalent educational and work experience necessary for such a certificate; and
- An audiologist who is licensed or registered to perform audiology services.

Note: The client's attending physician must initiate all services in an NDC by requesting an evaluation.

Client Eligibility

Who Is Eligible to Receive Services? [WAC 182-545-900]

Eligible clients 20 years of age and younger may receive services in a neurodevelopmental center as described in these billing instructions, depending on their benefit package.

> **Note:** Refer to the *Scope of Coverage Chart* web page at: http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html for an up-to-date listing of Benefit Service Packages.

Please see the Agency's *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility

Managed Care Clients

[Refer to WAC 182-538-063 for Medical Care Services Clients]

Clients who are enrolled with a Agency-contracted managed care organization (MCO) are eligible for services in a neurodevelopmental center, and those services will be covered under the Agency's fee-for-service program. When verifying eligibility using ProviderOne, if the client is enrolled in a Agency-contracted MCO, the Client Benefit Inquiry screen will display managed care enrollment.

Primary Care Case Management (PCCM)

For the client who has chosen care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain or be referred for services via a PCCM provider. The PCCM provider is responsible for coordination of care just like the PCP would be in a plan setting.

> **Note:** To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. Please see the Agency's *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Coverage

What Is Covered? [Refer to WAC 182-545-900]

The Agency covers unlimited services in a neurodevelopmental center for clients 20 years of age and younger. (See the Coverage Table on the next few pages.)

The Agency covers specific evaluation and management procedures (CPT® code 99201-99215 and 99367).

Coverage Table

Note: Due to its licensing agreement with the American Medical Association, the Agency publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Physical Therapy				
64550		Apply neurostimulator		Not covered
95831	GP	Limb muscle testing, manual		Muscle testing procedures cannot be billed in combination with each other. Can be billed alone or with other PT/OT procedure codes
95832	GP	Hand muscle testing, manual		
95833	GP	Body muscle testing, manual		
95834	GP	Body muscle testing, manual		
95851	GP	Range of motion measurements		Excluding hands
95852	GP	Range of motion measurements		Including hands
96125	GP	Cognitive test by hc pro.		
97010	GP	Hot or cold packs therapy		Included in primary services. Bundled
97012	GP	Mechanical traction therapy		
97014	GP	Electric stimulation therapy		
97016	GP	Vasopneumatic device therapy		
97018	GP	Paraffin bath therapy		
97022	GP	Whirlpool therapy		
97024	GP	Diathermy treatment		
97026	GP	Infrared therapy		
97028	GP	Ultraviolet therapy		
Note: The following procedures codes require the therapy provider be in constant attendance.				
97001	GP	PT evaluation		
97002	GP	PT re-evaluation		
97005		Athletic train eval		**Not covered**
97006		Athletic train reeval		**Not covered**
97032	GP	Electrical stimulation		Timed 15 min units
97033	GP	Electric current therapy		Timed 15 min units
97034	GP	Contrast bath therapy		Timed 15 min units
97035	GP	Ultrasound therapy		Timed 15 min units
97036	GP	Hydrotherapy		Timed 15 min units
97039	GP	Physical therapy treatment		
97110	GP	Therapeutic exercises		Timed 15 min units
97112	GP	Neuromuscular reeducation		Timed 15 min units
97113	GP	Aquatic therapy/exercises		Timed 15 min units
Note: The following procedures codes require the therapy provider be in constant attendance.				

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97116	GP	Gait training therapy		Timed 15 min units
97124	GP	Massage therapy		Timed 15 min units
97139	GP	Physical medicine procedure		
97140	GP	Manual therapy		Timed 15 min units
97150	GP	Group therapeutic procedures		
97530	GP	Therapeutic activities		Timed 15 min units
97532		Cognitive skills development		**Not covered**
97533		Sensory integration		**Not covered**
97535	GP	Self care mngment training		Timed 15 min units
97537	GP	Community/work reintegration		Timed 15 min units
97542	GP	Wheelchair mngment training		Assessment is limited to four 15-min units per assessment. Indicate on claim wheelchair assessment
97545		Work hardening		**Not covered**
97546		Work hardening add-on		**Not covered**
97597	GP	Active wound care/20 cam or <		Do not use in combination with 11040-11044. Limit one per client per day
97598	GP	Active wound care > 20 cm		Do not use in combination with 11040-11044.
97602	GP	Wound(s) care non-selective		Do not use in combination with 11040-11044.
97605	GP	Neg press wound tx, <50 cm		Included in primary services. Bundled
97606	GP	Neg press wound tx, >50 cm		Included in primary services. Bundled
97750	GP	Physical performance test		Do not use to bill for an evaluation (97001) or re-eval (97002)
97755	GP	Assistive technology assess		Timed 15 min units
97760	GP	Orthotic mgmt and training		Can be billed alone or with other PT/OT procedure codes.
97761	GP	Prosthetic training		Timed 15 min units
97762	GP	C/o for orthotic/prosth use		Use this code for DME assessment. Use modifier TS for follow up service. Can be billed alone or with other PT/OT procedure codes.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97799	GP	Physical medicine procedure		Use this code for custom hand splints. Use modifier to indicate right (RT) or left (LT) hand. Documentation must be attached to claim.
Team Conferences				
99367		Team conf w/o pat by phys		
Pediatric Evaluations				
99201		Office/outpatient visit, new		
99202		Office/outpatient visit, new		
99203		Office/outpatient visit, new		
99204		Office/outpatient visit, new		
99205		Office/outpatient visit, new		
99211		Office/outpatient visit, est		
99212		Office/outpatient visit, est		
99213		Office/outpatient visit, est		
99214		Office/outpatient visit, est		
99215		Office/outpatient visit, est		
Speech-Language Pathologists				
92506	GN	Speech/hearing evaluation		
92507	GN	Speech/hearing therapy		
92508	GN	Speech/hearing therapy		
92526	GN	Oral function therapy		
92551	GN	Pure tone hearing test, air		
92597	GN	Oral speech device eval		
92605	GN	Evaluation for rx of nonspeech device 1 hr		Limit 1 hour Included in primary services. Bundled
92618	GN	Eval for rx of nonspeech device addl		Add on to 92605 Each additional 30 minutes. Bundled. **Effective Jan. 1, 2012**
92606	GN	Non-speech device service		Included in Primary services. Bundled
92607	GN	Ex for speech device rx, 1hr		Limit 1 hour
92608	GN	Ex for speech device rx addl		Each additional 30 min
92609	GN	Use of speech device service		
92610	GN	Evaluate swallowing function		
92611	GN	Motion fluoroscopy/swallow		
92630	GN	Aud rehab pre-ling hear loss		
92633	GN	Aud rehab postling hear loss		
96125	GN	Cognitive test by hc pro		
97532	GN	Cognitive skills development		Timed 15 min units

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97533	GN	Sensory integration		Timed 15 min units
S9152	GN	Speech therapy, re-eval		
Audiologists				
69210	AF	Remove impacted ear wax		
92506	AF	Speech/hearing evaluation		
92507	AF	Speech/hearing therapy		
92508	AF	Speech/hearing therapy		
92540	AF	Basic vestibular evaluation		
92541	AF	Spontaneous nystagmus test		
92542	AF	Positional nystagmus test		
92543	AF	Caloric vestibular test		
92544	AF	Optokinetic nystagmus test		
92545	AF	Oscillating tracking test		
92546	AF	Sinusoidal rotational test		
92547	AF	Supplemental electrical test		
92550	AF	Tympanometry & reflex thresh		
92551	AF	Pure tone hearing test, air		
92552	AF	Pure tone audiometry, air		
92553	AF	Audiometry, air & bone		
92555	AF	Speech threshold audiometry		
92556	AF	Speech audiometry, complete		
92557	AF	Comprehensive hearing test		
92558	AF	Evoked otoacoustic emissions screening- audiologists		**Effective Jan. 1, 2012**
92567	AF	Tympanometry		
92568	AF	Acoustic reflex testing		
92570	AF	Acoustic immittance testing		
92579	AF	Visual audiometry (vra)		
92582	AF	Conditioning play audiometry		
92584	AF	Electrocochleography		
92585	AF	Auditor evoke potent, compre		
92586	AF	Auditor evoke potent, limit		
92587	AF	Evoked auditory test		
92588	AF	Evoked auditory test		
92601	AF	Cochlear implt f/up exam < 7		
92602	AF	Reprogram cochlear implt < 7		
92603	AF	Cochlear implt f/up exam 7 >		
92604	AF	Reprogram cochlear implt 7 >		
92611	AF	Motion fluoroscopy/swallow		
92620	AF	Auditory function, 60 min		
92621	AF	Auditory function, + 15 min		
92625	AF	Tinnitus assessment		
92626	AF	Oral function therapy		
92627	AF	Oral speech device eval		
92630	AF	Aud rehab pre-ling hear loss		
92633	AF	Aud rehab postling hear loss		

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97532	AF	Cognitive skills development		One 15 minute increment equals one visit
97533	AF	Sensory integration		One 15 minute increment equals one visit
Occupational Therapy				
64550		Apply neurostimulator		Not covered service
92526	GO	Oral function therapy		
95831	GO	Limb muscle testing, manual		Muscle testing procedures cannot be billed in combination with each other. Can be billed alone or with other PT/OT procedure codes.
95832	GO	Hand muscle testing, manual		
95833	GO	Body muscle testing, manual		
95834	GO	Body muscle testing, manual		
95851	GO	Range of motion measurements		Excluding hands
95852	GO	Range of motion measurements		Including hands
96125	GO	Cognitive test by hc pro		
97003	GO	OT evaluation		
97004	GO	OT re-evaluation		
97010	GO	Hot or cold packs therapy		Included in Primary services. Bundled
97014	GO	Electric stimulation therapy		
97018	GO	Paraffin bath therapy		
97032	GO	Electrical stimulation		Timed 15 min units
97034	GO	Contrast bath therapy		Timed 15 min units
97110	GO	Therapeutic exercises		Timed 15 min units
97112	GO	Neuromuscular reeducation		Timed 15 min units
97113	GO	Aquatic therapy/exercises		Timed 15 min units
97124	GO	Massage therapy		Timed 15 min units
97140	GO	Manual therapy		Timed 15 min units
97150	GO	Group therapeutic procedures		
97530	GO	Therapeutic activities		Timed 15 min units
97532	GO	Cognitive skills development		Timed 15 min units
97533	GO	Sensory integration		Timed 15 min units
97535	GO	Self care mngment training		Timed 15 min units
97537	GO	Community/work reintegration		Timed 15 min units
97542	GO	Wheelchair mngment training		Assessment is limited to four 15-min units per assessment. Indicate on claim wheelchair assessment
97597	GO	Active wound care/20 cm or <		Do not use in combination with 11040-11044. Limit one per client per day.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
97598	GO	Active wound care > 20 cm		Do not use in combination with 11040-11044.
97602	GO	Wound(s) care non-selective		Do not use in combination with 11040-11044.
97605	GO	Neg press wound tx, <50 cm		Included in Primary services. Bundled
97606	GO	Neg press wound tx, >50 cm		Included in Primary services. Bundled
97750	GO	Physical performance test		Do not use to bill for an evaluation (97001) or re-eval (97002).
97755	GO	Assistive technology assess		Timed 15 min units
97760	GO	Orthotic mgmt and training		Can be billed alone or with other PT/OT procedure codes
97761	GO	Prosthetic training		Timed 15 min units
97762	GO, TS	C/o for orthotic/prosth use		Use this code for DME assessment. Use modifier TS for follow up service. Can be billed alone or with other PT/OT procedure codes
97799	GO & RT or LT	Physical medicine procedure		Use this code for custom hand splints. Use modifier to indicate right (RT) or left (LT) hand. Documentation must be attached to claim.

Payment

When Does the Agency Pay for Services in a Neurodevelopmental Center (NDC)? [WAC 182-545-900]

- The Agency pays for services in an NDC when the services are:
  - ✓ Covered;
  - ✓ Medically necessary, as defined in WAC 182-500-0070;
  - ✓ Within the scope of the eligible client's medical care program;
  - ✓ Ordered by a physician, physician's assistant (PA), or an advanced registered nurse practitioner (ARNP);
  - ✓ Begun within 30 days of the date ordered;
  - ✓ Provided by an approved health professional (see Section A);
  - ✓ Billed according to these billing instructions; and
  - ✓ Provided as part of an outpatient treatment program in a neurodevelopmental center, as described in WAC 182-545-900.
- The Agency does not pay for:
  - ✓ Duplicate services for the same client when two or more providers are performing the same or similar intervention(s); or
  - ✓ Services included as part of the reimbursement for other treatment programs. This includes, but is not limited to, hospital inpatient and nursing facility services.

Where Can I Find the Fee Schedule?

You can view the Agency's *Neurodevelopmental Centers Fee Schedule* online at

http://hrsa.dshs.wa.gov/RBRVS/Index.html#N

Billing and Claim Forms

Are Servicing Provider NPIs Required on All Claims?

Yes. Neurodevelopmental centers must use the servicing provider's national provider identifier (NPI) on *all* claims in order to be paid. If the servicing provider's NPI is not listed on the claim form, the claim may be denied.

Are Modifiers Required for Billing?

Yes. Neurodevelopmental centers must use the appropriate modifier when billing the Agency:

MODALITY	MODIFIERS
Physical Therapy	GP
Occupational Therapy	GO
Speech Therapy	GN
Audiology (Specialty Physician)	AF

What Are the General Billing Requirements?

Providers must follow the Agency's *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

How Do I Complete the CMS-1500 Claim Form?

Note: Refer to the Agency's *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for general instructions on completing the CMS-1500 Claim Form.

REMINDER: To avoid denial of claims, please remember to add the servicing provider's NPI and Taxonomy Code to ALL CMS-1500 claims as follows:

Billing Provider Number

Field number 33 A – NPI
Field number 33 B – Taxonomy Code

Servicing Provider Number

Field number 24 J – NPI (lower field)
Field number 24 J – Taxonomy Code (upper field)

The following CMS-1500 Claim Form instructions relate to neurodevelopmental centers:

Field No.	Name	Entry
24B	**Place of Service**	Enter 11 (office or neurodevelopmental center).