

Medicaid Purchasing Administration (MPA)



Neurodevelopmental Centers Billing Instructions

ProviderOne Readiness Edition

About This Publication

This publication supersedes all previous Department/MPA *Neurodevelopmental Centers Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services. Services and/or equipment related to any of the programs listed below must be billed using their specific billing instructions:

- Hearing Aids and Services
- Home Health Services
- School-Based Healthcare Services
- Occupational Therapy Services
- Outpatient Hospital

Note: The Department 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.

Effective Date

The effective date of this publication is: **05/09/2010**.

2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Pages Affected

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How Can I Get Department/MPA Provider Documents?

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

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Important Contacts

Note: This section contains important contact information relevant to Neurodevelopmental Centers. For more contact information, see the Department/MPA *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 Department/MPA <i>Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Electronic or paper billing	
Finding Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Prior authorization, limitation extensions, or exception to rule	

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/MPA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Current Procedural Terminology (CPT™) – A description of medical procedures available from the American Medical Association of Chicago, Illinois.

Department - The state Department of Social and Health Services (the Department).

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system assigned number that uniquely identifies a single Client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

About the Centers

What Is the Purpose of Neurodevelopmental Centers?

The purpose of Neurodevelopmental Centers is to provide therapy and related services to children with neuromuscular or developmental disorders. Neurodevelopmental Centers serve children from birth through adolescence, although some centers may limit the age groups served.

Examples of disorders affecting these children are:

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

Client Eligibility

Who Is Eligible?

Please see the Department/MPA *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.

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.

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

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

Coverage

The Department pays only for covered services listed in this section when they are:

- Within the scope of an eligible client's medical care program; and
- Medically necessary and prescribed by a physician, physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

The Department recommends that services:

- Begin within 30 days of the date prescribed; and
- Are for conditions resulting from injuries and/or medically recognized diseases and defects.

What Is Covered?

The Department covers unlimited physical therapy, speech/audiology, and occupational therapy services for clients 20 years of age and younger.

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

Limitations

The Department does not cover duplicate services for occupational and physical therapy for the same client when both providers are performing the same or similar service(s).

Are School-Based Healthcare Services Covered?

The Department covers physical therapy, speech/audiology, and occupational therapy services provided in a school setting for school-contracted services that are noted in the client's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Refer to the current Department/MPA *School-Based Healthcare Services for Children in Special Education Billing Instructions*. (See *Important Contacts*.)

What Is Not Covered?

The Department does not cover services (physical therapy, speech/audiology, and occupational therapy) included as part of the reimbursement for other treatment programs. This includes, but is not limited to, hospital inpatient and nursing facility services.

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Coverage Table and Fee Schedule

Note: Due to its licensing agreement with the American Medical Association, the Department 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				
95831		Limb muscle testing, manual		
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
96125		Cognitive test by hc pro.		
97001		PT evaluation		
97002		PT re-evaluation		
97005		Athletic train eval		Not covered service
97006		Athletic train re-eval		Not covered service
97010		Hot or cold packs therapy		Bundled service
97012		Mechanical traction therapy		
97014		Electric stimulation therapy		
97016		Vasopneumatic device therapy		
97018		Paraffin bath therapy		
97022		Whirlpool therapy		
97024		Diathermy treatment		
97026		Infrared therapy		
97028		Ultraviolet therapy		
Note: The following procedures codes require the therapy provider be in constant attendance.				
97032		Electrical stimulation		
97033		Electric current therapy		
97034		Contrast bath therapy		
97035		Ultrasound therapy		
97036		Hydrotherapy		
97039		Physical therapy treatment		
97110		Therapeutic exercises		
97112		Neuromuscular reeducation		
97113		Aquatic therapy/exercises		

Neurodevelopmental Centers

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Physical Therapy Continued				
Note: The following procedures codes require the therapy provider be in constant attendance.				
97116		Gait training therapy		
97124		Massage therapy		
97139		Physical medicine procedure		
97140		Manual therapy		
97150		Group therapeutic procedures		
97530		Therapeutic activities		
97532		Cognitive skills development		Not covered service
97533		Sensory integration		Not covered service
97535		Self care mngmt training		
97537		Community/work reintegration		
97542		Wheelchair mngmt training		
97545		Work hardening		Not covered service
97546		Work hardening add-on		Not covered service
97597		Active wound care/20 cm or <		The Department reimburses Physical Therapists for active wound care management involving selective and non-selective debridement techniques to promote healing using CPT codes. Providers may not bill CPT codes 97597, 97598, or 97602 in conjunction with one another. Providers must not bill procedure codes 97597, 97598, and 97602 in addition to CPT codes 11040-11044.
97598		Active wound care > 20 cm		
97602		Wound(s) care non-selective		
97605		Neg press wound tx, <50 cm		Bundled service
97606		Neg press wound tx, >50 cm		Bundled service
97750		Physical performance test		
97755		Assistive technology assess		
97760		Orthotic mgmt and training		
97761		Prosthetic training		
97762		C/o for orthotic/prosth use		
97799		Physical medicine procedure		

Neurodevelopmental Centers

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
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 Therapy Audiologists and Speech-Language Pathologists				
92506		Speech/hearing evaluation		
92507		Speech/hearing therapy		
92508		Speech/hearing therapy		
92540		Basic vestibular evaluation		
92540	26	Basic vestibular evaluation		
92540	TC	Basic vestibular evaluation		
92526		Oral function therapy		
92551		Pure tone hearing test, air		
92630		Aud rehab pre-ling hear loss		
92633		Aud rehab postling hear loss		
97532		Cognitive skills development		One 15 minute increment equals one visit
97533		Sensory integration		One 15 minute increment equals one visit
Audiologists Only				
69210		Remove impacted ear wax		
92541	26	Spontaneous nystagmus test		
92541	TC	Spontaneous nystagmus test		
92541		Spontaneous nystagmus test		
92542	26	Positional nystagmus test		
92542	TC	Positional nystagmus test		
92542		Positional nystagmus test		
92543	26	Caloric vestibular test		
92543	TC	Caloric vestibular test		
92543		Caloric vestibular test		
92544	26	Optokinetic nystagmus test		

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Changes are highlighted

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Coverage Table and Fee Schedule

Neurodevelopmental Centers

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Audiologists Only Continued				
92544	TC	Optokinetic nystagmus test		
92544		Optokinetic nystagmus test		
92545	26	Oscillating tracking test		
92545	TC	Oscillating tracking test		
92545		Oscillating tracking test		
92546	26	Sinusoidal rotational test		
92546	TC	Sinusoidal rotational test		
92546		Sinusoidal rotational test		
92547		Supplemental electrical test		
92552		Pure tone audiometry, air		
92553		Audiometry, air & bone		
92555		Speech threshold audiometry		
92556		Speech audiometry, complete		
92557		Comprehensive hearing test		
92567		Tympanometry		
92568		Acoustic reflex testing		
92570		Acoustic immittance testing		
92579		Visual audiometry (vra)		
92582		Conditioning play audiometry		
92584		Electrocochleography		
92585		Auditor evoke potent, compre		
92585	26	Auditor evoke potent, compre		
92585	TC	Auditor evoke potent, compre		
92586		Auditor evoke potent, limit		
92587		Evoked auditory test		
92587	26	Evoked auditory test		
92587	TC	Evoked auditory test		
92588		Evoked auditory test		
92588	26	Evoked auditory test		
92588	TC	Evoked auditory test		
92601		Cochlear implt f/up exam < 7		
92602		Reprogram cochlear implt < 7		
92603		Cochlear implt f/up exam 7 >		
92604		Reprogram cochlear implt 7 >		
92620		Auditory function, 60 min		
92621		Auditory function, + 15 min		
92625		Tinnitus assessment		
92626		Oral function therapy		
92627		Oral speech device eval		

Neurodevelopmental Centers

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Speech-Language Pathologists Only				
S9152		Speech Therapy Re-eval		
92605		Eval for nonspeech device rx		Included in the primary services Bundled service
92606		Non-speech device service		
92607		Ex for speech device rx, 1hr		
92608		Ex for speech device rx addl		
92609		Use of speech device service		
92610		Evaluate swallowing function		
96125		Cognitive test by hc pro.		
Occupational Therapy				
95831		Limb muscle testing, manual		
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
96125		Cognitive test by hc pro.		
97003		OT evaluation		
97004		OT re-evaluation		
97010		Hot or cold packs therapy		Bundled service
97014		Electric stimulation therapy		
97018		Paraffin bath therapy		
97032		Electrical stimulation		
97034		Contrast bath therapy		
97110		Therapeutic exercises		
97112		Neuromuscular reeducation		
97113		Aquatic therapy/exercises		
97140		Manual therapy		
97150		Group therapeutic procedures		
97530		Therapeutic activities		
97532		Cognitive skills development		
97533		Sensory integration		
97535		Self care mngment training		
97537		Community/work reintegration		
97542		Wheelchair mngment training		
97597		Active wound care/20 cm or <		Do not bill with 97598 or 97602 for same wound. Do not use in combination with 11040-11044.

Neurodevelopmental Centers

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Occupational Therapy Continued				
97598		Active wound care > 20 cm		Do not bill with 97597 or 97602 for same wound. Do not use in combination with 11040-11044.
97602		Wound(s) care non-selective		Do not bill with 97597 or 97598 for same wound. Do not use in combination with 11040-11044.
97750		Physical performance test		
97755		Assistive technology assess		
97760		Orthotic mgmt and training		
97761		Prosthetic training		
97762		C/o for orthotic/prosth use		Use this code for DME assessments.
97799	RT LT	Physical medicine procedure		Use this code for custom hand splints. Use modifier to indicate right or left hand.

Fee Schedule

You may view the Department/MPA *Neurodevelopmental Centers Fee Schedule* online at

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

Neurodevelopmental Centers

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

Physical Therapy

Who is eligible to provide physical therapy? [Refer to WAC 388-545-500(1)]

- A licensed physical therapist or physiatrist; or
- A physical therapist assistant supervised by a licensed physical therapist.

Speech-Language Pathology

Who is eligible to provide speech-language therapy?
[Refer to WAC 388-545-0700 (1)(a)(b)]

A speech-language pathologist who has:

- Been granted a certificate of clinical competence by the American Speech, Hearing and Language Association; or
- Completed the equivalent educational and work experience necessary for such a certificate.

Swallowing Evaluations

Swallowing (dysphagia) evaluations must be performed by a speech-language pathologist who:

- Holds a master's degree in speech-language pathology; and
- Has received extensive training in the anatomy and physiology of the swallowing mechanism, with additional training in the evaluation and treatment of dysphagia.

A swallowing evaluation includes:

- An oral-peripheral exam to evaluate the anatomy and function of the structures used in swallowing;
- Dietary recommendations for oral food and liquid intake, therapeutic or management techniques; and
- (May include) A videofluoroscopy for further evaluation of swallowing status and aspiration risks.

Audiology

Who is eligible to perform audiology services? [WAC 388-545-0700 (1)(c)]

An audiologist who is appropriately licensed or registered to perform audiology services within their state of residence.

What type of equipment must be used?

Audiologists must use yearly calibrated electronic equipment, according to RCW 18.35.020.

Occupational Therapy

Who is eligible to provide occupational therapy? [Refer to WAC 388-545-0300(1)]

- A licensed occupational therapist;
- A licensed occupational therapy assistant supervised by a licensed occupational therapist; or
- An occupational therapy aide, in schools, trained and supervised by a licensed occupational therapist.

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/MPA *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 Department 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.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/MPA *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.

The following CMS-1500 Claim Form instructions relate to Neurodevelopmental Centers:

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