

7th CHARACTER ICD-10 AND THERAPY CODES

Scope

This policy applies to:

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| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input checked="" type="checkbox"/> Medicare | |

Policy

Original Effective Date: 04/01/2022

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not reimburse **subsequent** physical therapy (PT), occupational therapy (OT), or speech language pathology (SLP) therapy visits when billed with ICD-10 code(s) where the seventh character of “A” is billed in any position.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services guidelines.

CPT codes affected – including but not limited to:

Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92526	Treatment of swallowing dysfunction and/or oral function for feeding
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97140	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)

97164	Reevaluation of physical therapy established plan of care, requiring: 1) An examination, including a review of history and use of standardized tests and measures; and 2) Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.
97168	Reevaluation of occupational therapy established plan of care, requiring: 1) An assessment of changes in patient functional or medical status with revised plan of care; 2) An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and 3) A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or when a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9129	Occupational therapy, in the home, per diem
S9131	Physical therapy; in the home, per diem

Policy Definitions

A – Initial encounter, which is when the patient is receiving active treatment for the injury/condition

D – Subsequent encounter, which is for encounters after the patient has received active treatment for the injury/condition and is receiving routine care during the healing or recovery phase

S – Sequela, which is when the patient is being treated for complications or conditions that arise as a direct result of a condition, such as recent pain due to an old injury or treatment of scar formation after a burn

Prerequisite(s)

Not applicable

References

[Web PT](#) – Physical Therapists' Guide to ICD-10

[CMS ICD-10 Coding Guidelines](#) – ICD-10-CM Official Guidelines for Coding and Reporting

[PT Management Support Systems](#) – ICD-10 7th Character Use Guidelines

[AAPC](#) – Initial, Subsequent or Sequela Encounter

Frequently Asked Questions

Not applicable

Revision History

11/15/2021 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.