

Secretary of State  
Certificate and Order for Filing  
**PERMANENT ADMINISTRATIVE RULES**

6-14

I certify that the attached copies\* are true, full and correct copies of the PERMANENT Rule(s) adopted on 6/1/2007 by the  
Date prior to or same as filing date

Department of Human Services, Division of Medical Assistance Programs 410  
Agency and Division Administrative Rules Chapter Number

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to become effective 7/1/2007. Rulemaking Notice was published in the 5/1/2007. *Oregon Bulletin*.\*\*  
Date upon filing or later Month and Year

**RULEMAKING ACTION**

**Rule Filing Caption:** Clarify text: CPT codes, listed in Table 131-0280-1, do not require payment authorization

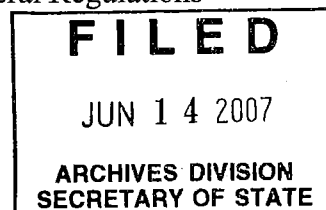
**Amend:** 410-131-0280

**Statutory Authority:** ORS 409.010, Department of Human Services functions; recipient of Federal Funds, ORS 409.110, Authority of Director, which authorize the Department of Human Services to establish rules for the administration of the Medical Assistance Programs and ORS 409.050, Rules.


**Other Authority:** 42 USC 1396a(bb), Title 42 Public Health of the Code of Federal Regulations

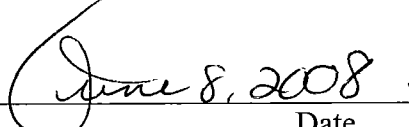
**Statutes Implemented:** ORS 414.065

**RULE SUMMARY**



The Physical and Occupational Therapy Services program rules govern the Division of Medical Assistance Programs' (DMAP) payments for services provided to certain clients. DMAP amended text in 410-131-0280 to clarify that CPT codes, listed in Table 131-0280-1, do not require payment authorization.

  
Authorized Signer: Jim Edge, Lynn Read or Jean Phillips

  
Date

410-131-0280

Occupational and Physical Therapy Codes

(1) Occupational therapists and physical therapists should use any of the following codes which are applicable according to their Licensure and Professional Standards.

(2) Inclusion of a CPT/HCPCS code on the following tables does not imply that a code is covered. Refer to OARs 410-141-0480, 410-141-0500, and 410-141-0520 for information on covered services.

(3) Services that do not require payment authorization appear on Table 131-0280-1.

(4) Services that require payment authorization include the following:

(a) Modalities -- need to be billed in conjunction with a therapeutic procedure code;

(b) Supervised -- The application of a modality that does not require direct (one-on-one) client contact by the provider. Each individual code in this series may be reported only once for each client encounter. See Table 131-0280-2.

Table 131-0280-1

Table 131-0280-2

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

## **Table 131-0280-1 Services That Do Not Require Payment Authorization**

### **(1) Evaluations and Re-evaluations - Must be performed by licensed therapists only**

Code	Procedure
97001	Physical therapy evaluation, per visit (not to be billed the same date as 97002)
97002	Physical therapy re-evaluation, per visit (not to be billed the same date as 97001)
97003	Occupational therapy evaluation, per visit (not to be billed the same date as 97004)
97004	Occupational therapy re-evaluation, per visit (not to be billed the same date as 97003)

### **(2) Application of splints**

Code	Procedure
29105	Application of long arm splint (shoulder to hand)  The only appropriate supply codes for use with this code are Q4017 through Q4020
29125	Application of short arm splint (forearm to hand); static  The only appropriate supply codes for use with this code are Q4021 through Q4024
29126	Application of short arm splint (forearm to hand); dynamic  The only appropriate supply codes for use with this code are Q4021 through Q4024

29130      Application of finger splint; static

The only appropriate supply code for use with this code is  
Q4049

29131      Application of finger splint; dynamic

The only appropriate supply code for use with this code is  
Q4051

**(3) Supplies to create splints** – Billed at acquisition cost, not to exceed  
\$62.40.

Code	Procedure
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass
Q4049	Finger splint, static
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)

## **Table 131-0280-2 Services Require Payment Authorization**

### **Application of a modality to one or more areas**

- 97012      Traction, mechanical
- 97014      Electrical stimulation (unattended)
- 97022      Whirlpool

**Constant Attendance:** The application of a modality that requires direct (one-on-one) client contact by the provider.

Application of a modality to one or more areas; each 15 minutes

- 97032      Electrical stimulation (manual)
- 97036      Hubbard tank

**Therapeutic Procedures:** Licensed therapist or licensed therapy assistant required to have direct (one-on-one) client contact.

Therapeutic procedure, one or more areas; each 15 minutes

- 97110      Therapeutic exercises to develop strength and endurance, range of motion and flexibility
- 97112      Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception
- 97113      Aquatic therapy with therapeutic exercises
- 97116      Gait training (including stair climbing)
- 97124      Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
- 97140      Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction)

## **Group Therapy**

97150 Therapeutic procedure(s), group (2 or more individuals); 1 visit = 1 unit (not to be billed on same date of service as codes 97110 through 97140)

## **Orthotic Management and Prosthetic Management**

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

97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

## **Therapeutic activities**

97530 Direct (one-on-one) client contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (not covered on same date as 97110)

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 adaptive equipment) direct one-on-one contact by provider, each 15 minutes

97542 Wheelchair management (e.g., assessment, fitting, training); each 15 minutes

## **(3) Tests and Measurements**

95831 Muscle testing, manual (separate procedure); with report; extremity (excluding hand) or trunk

95832 Hand (with or without comparison with normal side)

- 95833 Total evaluation of body, excluding hands
- 95834 Total evaluation of body, including hands
- 95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
- 95852 Hand, with or without comparison with normal side
- 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

#### **(4) Wound Care**

- 97597 Removal of devitalized tissues from wound(s), selective debridement, without anesthesia (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s) wound assessment, and instruction(s) for ongoing care, may include use of whirlpool, per session: total wound(s) surface less than or equal to 20 square centimeters
  - 97598 Removal of devitalized tissues from wound(s), selective debridement, without anesthesia (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s) wound assessment, and instruction(s) for ongoing care, may include use of whirlpool, per session: total wound(s) surface greater than 20 square centimeters
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- 97602 Removal of devitalized tissue, non-selective debridement without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care per session