

## Billing and Coding for Rehabilitative Ultrasound Imaging (RUSI)

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No specific CPT billing codes exist for the use of RUSI, therefore, to prevent reimbursement denials, RUSI must be documented as an augmentation, or adjunct, to existing treatment code. The following codes are the most applicable for RUSI: Therapeutic Exercise (97110), Therapeutic Activities (97530), and Neuromuscular Reeducation (97112).

In physical therapy, **therapeutic exercise (TE), and therapeutic activities (TA)**, are both individualized treatments and share common goals: to improve parameters such as strength, endurance, flexibility, balance, and functional movement. It can be confusing to differentiate between the two treatment methods, as both measure the same parameters in 15-minute, one-on-one sessions between a physical therapist and patient.

In differentiating between the two, consider TE as a path to TA. A person recovering from a lumbar surgery might begin physical therapy with TE in the form of prone passive lumbar extension for ROM and multifidus activation with RUSI to augment learning for strength. These exercises are limited to a single parameter making it a TE.

As the patient's function improves, they may progress to a functional activity, such as a comprehensive core stabilization program balancing on an uneven surface. Now the treatment is a TA, because additional parameters of balance, and the possibly of endurance have been added. When a patient is expected to reach multiple outcomes by performing therapeutic movements, they are engaging in a TA. When only one outcome is expected, they are performing a TE<sup>1</sup>.

Regardless of which code is billed, TA or TE, daily notes should include documentation of the motor deficit in the objective section (e.g., Patient unable to correctly identify pelvic floor muscles demonstrating excessive bearing down.) Under the treatment section, list the anatomic site, purpose and the amount of time spent on training. (e.g., Therapeutic exercises for identification and motor activation of the pelvic floor muscles augmented with RUSI for improved patient learning, 10-second hold, and quick flicks, 15 minutes).

**Neuromuscular reeducation (NME)** is defined as: A therapeutic procedure, in one or more areas, each 15 minutes: Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

Many payers are expecting, but not requiring, a neurologic diagnosis such as CVA, or Parkinson's when 97112 is charged. If you choose to bill NME for RUSI, when treating a patient who does not have a neurological diagnosis, you must clearly document the connection between the treatment and the description of 97112.

NME is a therapeutic procedure, a manner of effecting change through the application of clinical skills and/or services, that attempts to improve function, which requires direct (one-on-one) patient contact. This procedure is used to improve balance, coordination, kinesthetic sense, and proprioception for impairments, which affect the body's neuromuscular system, such as poor static or dynamic sitting/standing, balance, and loss of gross and fine motor coordination.

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While there isn't one universally accepted definition, neuromuscular reeducation generally refers to a treatment technique or exercise, performed by an individual with the purpose of improving, via the nervous system, and the level of communication between the body and the brain. This code could easily apply when attempting to get a patient post-lumbar injury, or a postpartum mom to improve motor control of their postural stabilizers.

The NMR process also encompasses training the proprioceptive system that provides feedback solely on the status of the body internally. It is the sense that indicates whether the body is moving with required effort, as well as where the various parts of the body are located in relation to each other (e.g., balance board or BOSU ball augmented with RUSI to the transversus abdominus for training proprioception and trunk control, 10 minutes).

Your treatment plan should be specific, and describe your clinical rationale for performing 97112. Your patient history and exam findings should relate to the patient having difficulties and impaired functional capacity with certain movements, balance, coordination, kinesthetic sense, posture, and/or proprioception. The plan of care should also outline what specific parameters will be used for 97112. Daily notes should list the anatomic site, and the amount of time spent on that area (e.g., neuromotor training for the control of postural stabilizers: lumbar multifidus and transversus abdominus augmented with RUSI for improved patient learning, 15 minutes)<sup>2</sup>.

1. Biomotion Physical Therapy (2018). Therapeutic exercise vs. therapeutic activity. Retrieved from: <https://www.biomotionpt.com/therapeutic-exercise/>
2. PT Management Support Systems (2016). Use of 97112 for a Non-Neuro Diagnosis Retrieved from: <https://pt-management.com/coding/use-97112-non-neuro-diagnosis/>

