Guidelines for Billing and Coding Rehabilitative Ultrasound Imaging

How to bill clinical time for ultrasound imaging ?

When a clinic considers the time and financial commitment of adopting the innovative technology of rehabilitative ultrasound imaging (RUSI) into their clinical practice, the inevitable quarry arises about billing for this procedure.

Current CPT codes related to ultrasound imaging are limited to diagnostic procedures or guided injections performed by physicians or sonographers and are not approved for use in the practice of physical or occupational therapy.

Currently, the best practice is to fit the addition of RUSI into the structure of existing codes for PT and OT. Following some basic guidelines can be instrumental in the prevention of reimbursement denials

Basic rules to follow...

Problematic Billing Practices:

-Using the CPT code therapeutic ultrasound (97035). This is a common question since 97035 is a traditional code within physical therapy however it refers to a therapeutic modality, not training of motor control strategies, and would generate immediate denials.

-Using the CPT code for biofeedback (90912, 90901). Even though training motor control strategies with RUSI may be considered a form of "visual biofeedback training", biofeedback codes require proof of prior failed intervention and refer to equipment that is specific to the procedure of biofeedback such as surface electromyography (sEMG).

-Documenting a session of RUSI as a stand-alone procedure.

Suggested Billing Practices:

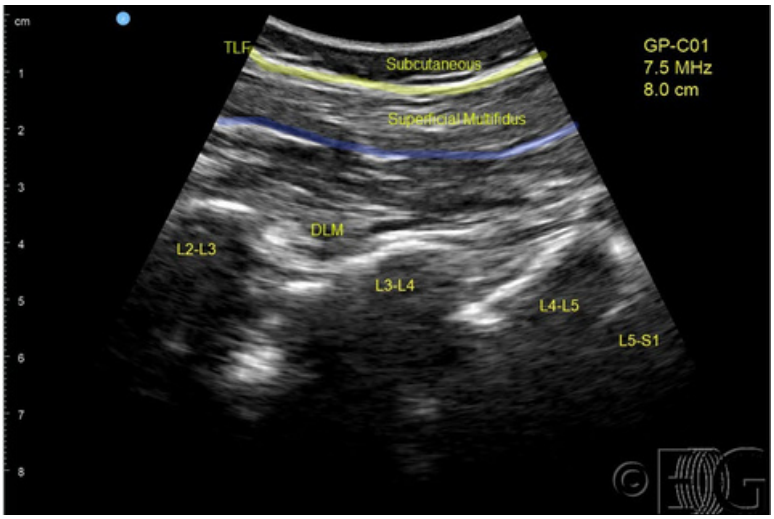
-Document RUSI as an adjunct to an existing treatment code that applies to motor control training. The most applicable CPT codes are: Therapeutic Exercise (97110), Therapeutic Activities (97530), and Neuromuscular re-education (97112)

-To avoid denials based on chart notes, the term visual feedback training is recommended versus documenting biofeedback training which is generally applied to sEMG.

Guidelines on Which Code is Appropriate...

In physical therapy, *therapeutic exercise* and *therapeutic activities* are both individualized treatments that share the common goals of improving strength, endurance, flexibility, balance, and functional movement. It can be confusing to differentiate between the two treatment methods, as both measure the same parameters. Both *therapeutic exercise* and *therapeutic activities* are billed in 8-15-minute, one-on-one sessions between a physical therapist and a patient.

...consider therapeutic exercise as a path to therapeutic activities



When differentiating between the two, consider *therapeutic exercise* as a path to *therapeutic activities*. A person recovering from lumbar surgery might begin physical therapy with therapeutic exercise in the form of prone passive lumbar extension to improve ROM and multifidus activation with RUSI to augment learning for improving motor control leading to strength training. These exercises are limited to a single parameter making it a *therapeutic exercise.*

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

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For coding purposes, Neuromuscular Re-education (NMR) 97112, is defined as: A therapeutic procedure, 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 NMR 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.* 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. Make sure your treatment plan is specific and describes your clinical rationale for performing 97112.

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While there is not one universally accepted definition, NMR generally refers to a treatment technique or exercise performed by an individual with the purpose of improving, via the nervous system, the level of communication between the body and the brain. 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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NMR encompasses the proprioceptive system that provides feedback on the status of the body internally. Therefore, 97112 could easily be justified when working with a patient post lumbar injury or a post-partum mom to improve motor control of their postural stabilizers. Incorporating equipment such as a balance board or BOSU ball for proprioceptive training with RUSI while training trunk control provides further justification for NMR. In addition, motor training that is augmented with ultrasound imaging facilitates neural input via the visual cortex.

Teaching an exercises, versus training an ADL or skill

-Using RUSI to check correct activation of the pelvic floor muscle solely for purposes of a home program would fall more under the purview of *therapeutic exercises.*
-Training motor control strategies of pelvic floor muscle to prevent incontinence or for faulty defecation mechanics utilizing visual feedback training is an excellent example of *neuromuscular re-education*

Regardless of the code used, daily notes should list the deficit being addressed, reflect the anatomic site, and the amount of time spent (e.g., Neuromotor training for improving control of deficient postural stabilizers: motor control strategies of the lumbar multifidus and transversus abdominus. Additional proprioceptive challenges with patient seated on large therapy ball. All training augmented with ultrasound imaging for visual feedback to improve patient learning, 30 minutes).