Passive Therapeutic Procedures versus Passive Modalities

<u>Passive modalities</u> utilize a tool to cause an effect (i.e. electrical stimulation, hot/cold packs, iontophoresis, ultrasound, etc.).

<u>Passive therapeutic procedures</u> are procedures that do not require energy on the part of the patient (i.e. massage, manual therapy, etc.) and are considered <u>with</u> the active therapy for purposes of the Rule of Eights.

Rule of Eights: Providers are allowed a total of 8 units of active/passive therapeutic procedures per visit with these exceptions:

• If only passive *modalities* and/or passive *therapeutic procedures* are being utilized, only 4 units may be billed per visit.

NOTE: If a physical therapy/modality is not listed in the Utilization and Treatment Guideline (U&T) or goes over the maximum threshold, services must be pre-authorized by Montana State Fund.

Passive Modalities

CPT Code	Description
97010	Hot or cold packs – one or more regions
97012	Traction – mechanical
97014	Electrical stimulation (unattended)
97016	Vasopneumatic devices
97018	Paraffin bath
97022	Whirlpool
97024	Diathermy (e.g. microwave)
97026	Infrared
97028	Ultraviolet
97032	Electrical stimulation (manual) one or more areas, ea 15 minutes
97033	Iontophoresis, ea 15 minutes
97034	Contrast Baths, ea 15 minutes
97035	Ultrasound, ea 15 minutes
97036	Hubbard tank, ea 15 minutes
97039	Unlisted modality, specify type and time if constant attendance

Active/Passive Therapeutic Procedures:

CPT Code	Description	Passive or Active
97110	Therapeutic Procedure, 1 or more areas, ea 15 minutes. Therapeutic exercises to develop strength, endurance, range of motion and flexibility.	Active
97112	Neuromuscular re-education, ea 15 minutes	Active
97113	Aquatic therapy with therapeutic exercises, ea 15 minutes	Active
97116	Gait training (includes stair climbing), ea 15 minutes	Active
97124	Massage, ea 15 minutes	Passive
97139	Unlisted therapeutic procedure. ** Passive or Active will depend upon the procedure.	Passive or Active**
97140	Manual therapy, ea 15 minutes. NOTE: This is passive unless billed with an active procedure – in that case it would be considered active.	Passive
97150	Therapeutic procedure(s), group (2 or more individuals)	Active
97530	Therapeutic activities, direct (one-on-one) pt contact, ea 15 minutes.	Active
97532	Development of cognitive skills to improve attention, memory, problem solving, direct (one-on-one) pt contact, ea 15 minutes.	Active
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) pat contact, ea 15 minutes.	Active
97535	Self-care/home management training, direct (one-on-one) pt contact, ea 15 minutes .	Active
97537	Community/Work reintegration training, direct (one-on-one) pt contact, ea 15 minutes .	Active
97542	Wheelchair management ea 15 minutes	Active
97545	Work hardening/conditioning, initial 2 hours	Active
97546	Work hardening/conditioning, ea addl hour	Active
97799	97799 Unlisted physical medicine/rehabilitation service or procedure. **Passive or Active will depend upon the procedure.	Passive or Active**
98940	Chiropractic manipulative treatment, spinal 1-2 regions	Passive
98941	Chiropractic manipulative treatment, spinal 3-4 regions	Passive
98942	Chiropractic manipulative treatment, spinal 5 regions	Passive
98943	Extraspinal, 1 or more regions	Passive

Timed Modalities (also applies to Facility services effective 7/1/2014)

Services of less than 8 minutes when that is the only service performed during a visit is not billable. Time intervals are incremented in 15-minute units (base is 8 minutes):

8-22 minutes = 1 unit 23-37 minutes = 2 units 38-52 minutes = 3 units 53-67 minutes = 4 units etc

When more than one service of a timed modality is performed in a single day, the total minutes of the service performed should be included in the patient record to substantiate the level of service. A total of 8 units of active and passive therapy may be billed per visit. If active therapy is being applied, only two units of a passive **modality** may be included in the 8 units.

- Passive therapies (listed in U&T Guidelines) will be limited to 4 units per visit, if only passive therapy is being applied. Note: Only 2 units may be billed if active therapy is being applied.
- All timed codes must have the actual time spent documented (in minutes) in the office notes submitted for each code billed for reimbursement.
- Therapy codes billed must have part of body documented or it must be clearly identified in a flow sheet or other attached documentation. If the procedures are clearly documented in the notes, a flow sheet is unnecessary. If the notes do not support the procedures billed but refers to a flow sheet then the flow sheet must be attached