

## Billing Therapeutic Activities

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### Introduction

The purpose of this policy is to establish the criteria WSI requires for reimbursement of Therapeutic Activities (CPT® 97530). WSI defines Therapeutic Activities below and documentation must clearly indicate the treatment provided aligns with this definition. In the event submitted medical documentation supports the use of other Therapeutic Procedure CPT codes rather than Therapeutic Activities (**CPT® 97530**), WSI will deny the charge.

### Definitions

Dynamic Activities - Functional tasks to develop, restore or improve one or more specific activities of daily living or employment, e.g., hand assembly tasks, transfers from chair to bed or lying to sitting, lifting, carrying, throwing, catching, writing or swinging.

Therapeutic Activities - Direct (one-on-one) patient contact by the provider with the use of dynamic activities to improve functional performance or to provide education to the patient on their condition, health and wellness or self-management techniques.

### Policy

In order to qualify for payment of Therapeutic Activities (CPT® 97530), WSI expects the submitted medical documentation supports the use of dynamic activity or education with a clinical objective to advance or assess an injured employee's capabilities. These capabilities should relate to activities of daily living or employment.

If the medical documentation does not meet the above criteria, a provider should consider if the type and level of service provided are better suited to other Therapeutic Procedure CPT Codes, e.g., 97110.

WSI will deny reimbursement if the documentation provided does not meet the criteria outlined in this policy.

For detailed guidance on how to appropriately document Therapeutic Activities, see [Appendix: Appropriate Documentation of Therapeutic Activities Examples](#).

### Reference

*Coding and Payment Guide for the Physical Therapist 2010*. Ingenix Inc; 2009.

*Appropriate Use and Documentation of Therapeutic Activities (97530) | PT Management*. (n.d.). <https://pt-management.com/blog/appropriate-use-and-documentation-of-therapeutic-activities-97530/>, last accessed 2/6/202

## Appendix

### Appropriate Documentation of Therapeutic Activities Examples

The below is excerpted from PT Management Support Systems and serves to assist providers in determining appropriate documentation of Therapeutic Activities:

Best practice is to determine what functional outcome is expected from the task. Your documentation needs to include the specific focus of the functional task and/or activity and should be clearly identified in the goals for 97530. Examples of 97530 documentation (with key words in italics) include:

#### Example 1:

PT facilitated forward reaching activities at 90 degrees of shoulder flexion. Patient was given a 4 lb. on B wrists *simulating item retrieval from shelves, placing the item on the floor and returning to the shelf*. Patient performed the activity 10 x 1 set with reports of right anterior shoulder discomfort by the 7th attempt. Patient required 25% verbal and tactile cues to perform proper lifting technique following rotator cuff injury. PT graded the task after a 5-minute therapeutic rest break to *then retrieve items at a 125 degree of shoulder flexion reaching*. Similar discomfort was reported by the 4th trial. Patient educated on various pain relief techniques that patient could perform at home. Patient verbalized understanding.

#### Example 2:

PT facilitated vestibular training *for patient to return to driving independently*. Patient instructed in simulated neck rotation tasks *mimicking skills needed to operate a vehicle*. Patient completed x 15 each side with no signs of dizziness or nystagmus. Patient was then *instructed in item retrieval tasks from floor level* to further assess any increased report in dizziness. Patient able to retrieve a total of 5 items (1 item at a time) and return to erect postural alignment in sitting without complaints of dizziness.

#### Example 3:

Patient instructed *in ladder climbing x 5 trials ascending and descending with work boots donned to increase functional use of quads needed to return to work as a firefighter*. Patient required min vc *to engage in pursed lipped breathing* as patient was becoming easily fatigued and straining causing a physical response (increased redness, shortness of breath). BP, HR, and O2 as follows 165/80-baseline was 120/75, HR 100 bpm, and O2 93%. PT instructed patient to rest despite resistance from patient. With education, patient agreed requiring 5-minute therapeutic rest. After incorporating learned strategies, patient was able to complete with increased independence and safety.

#### Example 4:

Patient instructed in *multiple squatting activities in attempt to improve functional mobility and safety, ability to retrieve items from floor level, reduce falls, and improve independence at home*. PT facilitated *mobility tasks without use of assistive device to retrieve multiple items from floor level*. Patient required CGA and mod verbal cues to get closer to object, hold object closer to the body to reduce lumbar strain as well as cues for posture, and technique to facilitate quad contraction. Patient educated on the need to reduce excessive lumbar flexion during task to reduce injury and promote proper lifting techniques.

**Example 5:**

In standing, with unilateral upper UE support as needed, patient instructed in single stance tasks *to facilitate improved standing balance while reaching for overhead items*. Patient instructed in single leg raise *while reaching for overhead items* with initial max vc and tactile cues to illicit appropriate muscles to maintain balance as well as cues to maintain hips in neutral. Progressed patient this session to standing with no UE support; however, did require min A for proper balance recovery techniques when *engaging in functional reaching (simulating reaching for grooming items in bathroom)*. Patient with min cues for posture to reduce trunk sway with standing tasks.