

## From the Office of Clinical Informatics **Rehab Optimization** PT Charges by Member Organization

June 2, 2020

On June 15, 2020, the Rehab Optimization project will be implemented. Therapists will begin documenting charges within the documentation forms. This flyer will display what charges can be documented by each of the Member Organizations by Physical Therapists.

## **Time Spent with Patient Charge Section**

The first column of the table displays the charge name. The remaining columns are for each of the Member Organizations.

**NOTE**:

If a treatment was performed that has a charge documentation field for it, and the column for your facility indicates your location doesn't charge for it, this treatment is not charged for by your facility. Documenting a Unit charge will result in a Suspended charge which will need to be corrected if you charge for it.

NOTE:

Each Member Organization should only document a charge if there is a YES in the column for their facility. Documentation of a charge with a NO in the column will result in a suspended charge and will need to be corrected.

| AR<br>Gould   | Blue Hill<br>Hospital | CA<br>Dean                        | ЕММС  | Inland   | Mercy  | SVH   |  |  |  |  |  |
|---------------|-----------------------|-----------------------------------|---|--|--|---|--|--|--|--|--|
| Untimed Codes |                       |                                   |   |  |  |   |  |  |  |  |  |
| Yes           | Yes                   | Yes                               | Yes   | Yes  | Except<br>Lymphedema   | Yes   |  |  |  |  |  |
| Yes           | Yes                   | Yes                               | Yes   | Yes  | Except<br>Lymphedema   | Yes   |  |  |  |  |  |
| Yes           | Yes                   | Yes                               | Yes   | Yes  | Except<br>Lymphedema   | Yes   |  |  |  |  |  |
| Yes           | Yes                   | Yes                               | Yes   | Yes  | Except<br>Lymphedema   | Yes   |  |  |  |  |  |
| No            | No                    | No                                | No  | No   | Outpatient   | Yes   |  |  |  |  |  |
| Yes           | Yes                   | Yes                               | Union<br>Street   | Yes  | Except<br>Lymphedema   | Yes   |  |  |  |  |  |
|               | Yes Yes Yes No        | Yes Yes Yes Yes Yes Yes Yes No No | GouldHospitalDeanYesYesYesYesYesYesYesYesYesYesYesYesNoNoNo | GouldHospitalDeanYesYesYesYesYesYesYesYesYesYesYesYesYesYesYesNoNoNoYesYesYesUnion | GouldHospitalDeanYesNoNoNoNoYesYesYesUnionYes | Gould Hospital Dean   Yes Yes Yes Yes Except Lymphedema   Yes Yes Yes Yes Yes Except Lymphedema   Yes Yes Yes Yes Yes Except Lymphedema   Yes Yes Yes Yes Yes Except Lymphedema   No No No No No Outpatient   Yes Yes Yes Union Yes Except   Except Except Lymphedema |  |  |  |  |  |

| Unattended E-Stim  | Yes         | Yes                   | Yes        | Union<br>Street                  | Yes                        | Except<br>Lymphedema | No  |
|--|-------------|-----------------------|------------|----------------------------------|----------------------------|----------------------|-----|
| Vasopneumatic<br>Devices                                       | No          | No                    | Yes        | No                               | No                         | Except<br>Lymphedema | No  |
| Charge Name  | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | ЕММС                             | Inland                     | Mercy                | SVH |
| Paraffin   | Yes         | No                    | Yes        | No                               | Yes                        | Except<br>Lymphedema | Yes |
| Whirlpool/<br>Fluidotherapy                                    | Yes         | No                    | Yes        | Inpatient<br>&<br>Lymphed<br>ema | No                         | Except<br>Lymphedema | No  |
| СРМ  | No          | No                    | No         | No                               | Inland<br>Hospital<br>only | No                   | No  |
| Charge Name  | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | ЕММС                             | Inland                     | Mercy                | SVH |
| Biofeedback  | Yes         | No                    | No         | No                               | Yes                        | Except<br>Lymphedema | No  |
| Biofeedback<br>Peri/Urethral/<br>Rectal -Initial 15<br>minutes | Yes         | No                    | No         | No                               | Hospital only              | No                   | No  |
| MMT, Extremity/<br>Trunk Exclude<br>Hands                      | No          | No                    | No         | No                               | No                         | Except<br>Lymphedema | Yes |
| Group Therapy  | No          | Yes                   | Yes        | Except<br>Cutler                 | Yes                        | Yes                  | No  |
| Timed Codes  |             |                       |            |                                  |                            |                      |     |
| Attended E-Stim  | Yes         | Yes                   | Yes        | Yes                              | Yes                        | Except<br>Lymphedema | Yes |
| Iontophoresis  | Yes         | Yes                   | Yes        | No                               | Yes                        | Except<br>Lymphedema | Yes |

| Contrast Bath                     | No          | Yes                   | Yes        | No               | Except Champio ns & Unity          | Except<br>Lymphedema | Yes |
|-----------------------------------|-------------|-----------------------|------------|------------------|------------------------------------|----------------------|-----|
| Ultrasound                        | Yes         | No                    | No         | Except<br>Cutler | Yes                                | Except<br>Lymphedema | Yes |
| Therapeutic<br>Exercise           | Yes         | Yes                   | Yes        | Yes              | Yes                                | Except<br>Lymphedema | Yes |
| Charge Name                       | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | EMMC             | Inland                             | Mercy                | SVH |
| Physical<br>Performance Test      | Yes         | Yes                   | No         | No               | Yes                                | Except<br>Inpatient  | Yes |
| Aquatic Exercise                  | No          | Yes                   | No         | No               | No                                 | Except<br>Lymphedema | Yes |
| Gait Training                     | Yes         | Yes                   | Yes        | Except<br>Cutler | Yes                                | Except<br>Lymphedema | Yes |
| Massage                           | Yes         | Yes                   | Yes        | No               | Yes                                | Yes                  | No  |
| Manual Therapy                    | Yes         | Yes                   | Yes        | Yes              | Yes                                | Except<br>Lymphedema | Yes |
| Therapeutic Activity              | Yes         | Yes                   | Yes        | Except<br>Cutler | Yes                                | Yes                  | Yes |
| Neuromuscular<br>Reeducation      | Yes         | Yes                   | Yes        | Except<br>Cutler | Yes                                | Yes                  | Yes |
| Sensory Integrative<br>Techniques | No          | Yes                   | Yes        | No               | No                                 | No                   | No  |
| Self Care/ Home<br>Management     | Yes         | Yes                   | Yes        | Except<br>Cutler | Unity &<br>Champio<br>ns           | Yes                  | Yes |
| Community/ Work<br>Reintegration  | No          | Yes                   | Yes        | Union<br>Street  | Except<br>Unity &<br>Champio<br>ns | Except<br>Lymphedema | Yes |

| Wheelchair<br>Management  | Yes         | Yes                   | Yes          | Except<br>Cutler | Except Unity & Champio ns | Except<br>Lymphedema | No  |
|---|-------------|-----------------------|--------------|------------------|---------------------------|----------------------|-----|
| Work Hardening/<br>Conditioning Initial<br>2 hours                | No          | No                    | No           | No               | No                        | Except<br>Lymphedema | No  |
| Work Hardening/<br>Conditioning Each<br>Addl Hour                 | No          | No                    | No           | No               | No                        | Except<br>Lymphedema | No  |
| Charge Name   | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean   | ЕММС             | Inland                    | Mercy                | SVH |
| Orthotic<br>Management/<br>Training, Initial                      | Yes         | Yes                   | Yes          | Union<br>Street  | Yes                       | Yes                  | Yes |
| Prosthetic<br>Management/<br>Training, Initial                    | Yes         | Yes                   | Yes          | Union<br>Street  | Yes                       | Yes                  | Yes |
| Orthotic/ Prosthetic<br>Management/<br>Training,<br>Subsequent    | Yes         | Yes                   | No           | No               | Yes                       | Except<br>Lymphedema | Yes |
| Additional PT Untim   | ed Codes    | Charges Spe           | ecific to Ou | itpatient        |                           |                      |     |
| Biofeedback<br>Peri/Urethral/<br>Rectal -Additional<br>15 minutes | Yes         | No                    | No           | No               | Hospital<br>Only          | No                   | No  |
| Canalith<br>Repositioning   | Yes         | No                    | Yes          | No               | No                        | Outpatient           | Yes |
| Developmental<br>Testing 1 <sup>st</sup> Hr.                      | No          | Yes                   | No           | No               | No                        | No                   | No  |

| Developmental<br>Testing Physical | No          | Yes                   | No         | No                               | No     | No                   | No  |
|-----------------------------------|-------------|-----------------------|------------|----------------------------------|--------|----------------------|-----|
| Dry Needling                      | No          | No                    | No         | No                               | No     | Outpatient           | No  |
| Wound Care 20 cm<br>or less       | Yes         | Yes                   | Yes        | Inpatient<br>&<br>Lymphed<br>ema | No     | Except<br>Lymphedema | No  |
| Wound Care<br>Greater than 20 cm  | Yes         | Yes                   | Yes        | No                               | No     | Except<br>Lymphedema | No  |
| Wound(s) Care,<br>Non-select      | Yes         | Yes                   | Yes        | No                               | No     | Lymphedema           | No  |
| Negative Pressure<br>Wound        | No          | Yes                   | No         | No                               | No     | No                   | No  |
| Negative Pressure<br>Wound >50cm  | No          | Yes                   | No         | No                               | No     | No                   | No  |
| Charge Name                       | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | ЕММС                             | Inland | Mercy                | SVH |
| Additional Timed Co               | des Speci   | fic to Outpa          | tient PT   |                                  |        |                      |     |
| Phonophoresis                     | Yes         | Yes                   | Yes        | Yes                              | Yes    | No                   | No  |
| Ultraviolet                       | Yes         | No                    | No         | No                               | No     | No                   | No  |

## **Hybrid Time Based Charges**

| UI PT Charges                     |             |                       |            |      |                  |       |     |
|-----------------------------------|-------------|-----------------------|------------|------|------------------|-------|-----|
| Charge Name                       | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | ЕММС | Inland           | Mercy | SVH |
| UI Attended E-Stim                | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Evaluation, High<br>Complexity | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |

| UI Evaluation,<br>Moderate<br>Complexity            | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
|---|-------------|-----------------------|------------|------|------------------|-------|-----|
| UI Evaluation, Low<br>Complexity                    | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Re-Evaluation                                    | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Manual Therapy                                   | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Neuromuscular<br>Reeducation                     | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Physical<br>Performance Test                     | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| UI Therapeutic<br>Exercise                          | No          | No                    | No         | No   | Hospital<br>Only | No    | No  |
| Supplies & Other Cha                                | rges        |                       |            |      |                  |       |     |
| Unna Boot Appl<br>Bilateral                         | No          | No                    | Yes        | No   | No               | No    | No  |
| Strapping and Casting                               |             |                       |            | _    |                  |       |     |
| Strapping Shoulder                                  | No          | No                    | Yes        | No   | No               | Yes   | No  |
| Charge Name   | AR<br>Gould | Blue Hill<br>Hospital | CA<br>Dean | ЕММС | Inland           | Mercy | SVH |
| Long Leg Cast<br>Application                        | No          | No                    | No         | No   | No               | No    | No  |
| Strapping<br>Elbow/Wrist                            | No          | No                    | Yes        | No   | No               | Yes   | No  |
| Cylindrical Cast<br>(Thigh to Ankle)<br>Application | No          | No                    | No         | No   | No               | No    | No  |
| Strapping<br>Hand/Finger                            | No          | No                    | Yes        | No   | No               | Yes   | No  |

| Short Leg Cast<br>(Below Knees to<br>Toes) Application                           | No                   | No                    | No         | No   | No     | No                   | No  |
|--|----------------------|-----------------------|------------|------|--------|----------------------|-----|
| Strapping Hip  | No                   | No                    | Yes        | No   | No     | Yes                  | No  |
| Strapping Knee   | No                   | No                    | Yes        | No   | No     | Yes                  | No  |
| Club Foot with<br>Molding/<br>Manipulation, Long<br>or Short Cast<br>Application | No                   | No                    | No         | No   | No     | No                   | No  |
| Strapping<br>Ankle/Foot  | No                   | No                    | Yes        | No   | No     | Yes                  | No  |
| Strapping Toes   | No                   | No                    | No         | No   | No     | Yes                  | No  |
| Multilayer Leg<br>Compression  | No                   | Yes                   | No         | No   | No     | No                   | No  |
| Outpatient Specific PT   | <sup>[</sup> Strappi | ng and Casti          | ng Chargo  | es   |        |                      |     |
| Finger Static Splint   | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Back Brace   | No                   | No                    | No         | No   | No     | Except<br>Lymphedema | No  |
| Long Arm Splint  | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Finger Dynamic<br>Splint   | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Long Arm Splint  | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Long Leg Splint App  | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Charge Name  | AR<br>Gould          | Blue Hill<br>Hospital | CA<br>Dean | ЕММС | Inland | Mercy                | SVH |
| Short Arm Cast   | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Short Arm Splint   | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Short Leg Splint App   | No                   | No                    | Yes        | No   | No     | No                   | No  |
| Strapping Low Back   | No                   | No                    | Yes        | No   | No     | Yes                  | No  |

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| Strapping Thorax | No  | No | Yes | No | No | Yes        | No |
|------------------|-----|----|-----|----|----|------------|----|
| Una Boot         | Yes | No | Yes | No | No | Except     | No |
|                  |     |    |     |    |    | Lymphedema |    |