KANSAS

MEDICAL

ASSISTANCE

PROGRAM

PROVIDER MANUAL

Physical Therapy
## PART II
### PHYSICAL THERAPY PROVIDER MANUAL

Introduction

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### BENEFITS AND LIMITATIONS

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This is the provider specific section of the manual. This section (Part II) was designed to provide information and instructions specific to Physical Therapy providers. It is divided into two subsections: Billing Instructions and Benefits and Limitations.

The **Billing Instructions** subsection gives an example of the billing form applicable to physical therapy services. Following the form example are instructions for completing and submitting the HCFA-1500 claim form.

The **Benefits and Limitations** subsection defines specific aspects of the scope of physical therapy services allowed within the Kansas Medical Assistance Program.

**HIPAA Compliance**

As a participant in the Kansas Medical Assistance program, providers are required to comply with compliance reviews and complaint investigations conducted by the Secretary of the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164. Providers are required to furnish the Department of Health and Human Services all information required by the Department during its review and investigation. The provider is required to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas Attorney General's Office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

A provider who receives such a request for access to or inspection of documents and records must promptly and reasonably comply with access to the records and facility at reasonable times and places. A provider must not obstruct any audit, review or investigation, including the relevant questioning of employees of the provider. The provider shall not charge a fee for retrieving and copying documents and records related to compliance reviews and complaint investigations.
7000. PHYSICAL THERAPY BILLING INSTRUCTIONS

Introduction to the HCFA-1500 Claim Form Updated 11/03

Physical Therapy providers must use the HCFA-1500 claim form (unless submitting electronically) when requesting payment for medical services and supplies provided under the Kansas Medical Assistance Program. An example of the HCFA-1500 claim form is in the forms section at the end of this manual. The Kansas MMIS will be using electronic imaging and optical character recognition (OCR) equipment. Therefore, information will not be recognized if not submitted in the correct fields as instructed.

EDS does not furnish the HCFA-1500 claim form to providers. Refer to Section 1100.

Complete the following HCFA-1500 Claim Form fields when applicable:

Complete, line by line instructions for completion of the HCFA 1500 is available in the General Billing manual, pages 5-14 through 5-19.

SUBMISSION OF CLAIM:

Send completed first page of each claim and any necessary attachments to:

Kansas Medical Assistance Program
Office of the Fiscal Agent
P.O. Box 3571
Topeka, Kansas 66601-3571
8100. COPAYMENT  Updated 11/03

Physical Therapy services require a copayment of $1.00 per date of service. (Refer to Section 3000 for exceptions.)

Bill all services provided on the same date on the same claim form. If multiple claims are submitted for the same date(s) of service, copayment will be deducted for each claim submitted.

Do not reduce charges or balance due by the copayment amount. This reduction is automatically made during claim processing.
Kansas Medical Assistance beneficiaries will be assigned to one or more Medical Assistance benefit plans. The assigned plan or plans will be listed on the beneficiary ID card. These benefit plans entitle the beneficiary to certain services. From the provider's perspective, these benefit plans are very similar to the type of coverage assignment in the previous MMIS. If there are questions about service coverage for a given benefit plan, contact the Medical Assistance Customer Service Center at 1-800-933-6593 or (785) 274-5990.
Physical Therapy Services:
All therapy must be prescribed by a physician.

**Habilitative** - Habilitative therapy is covered only for participants age 0 to under the age of 21. Therapy must be medically necessary. Therapy is covered for any birth defects/developmental delays only when approved and provided by an Early Childhood Intervention (ECI), Head Start or Local Education Agency (LEA) program. Therapy treatments performed in the Local Education Agency (LEA) settings may be habilitative or rehabilitative for disabilities due to birth defects or physical trauma/illness. The purpose of this therapy is to maintain maximum possible functioning for children.

Rehabilitative - All therapies must be physically rehabilitative. Therapies are covered only when rehabilitative in nature and provided following physical debilitation due to an acute physical trauma or illness.

Therapy codes must be billed as one unit equals one visit unless the description of the code specifies the unit.

**Provider Requirements:**
Physical therapy services can be provided by a registered physical therapist, licensed in the State of Kansas, or by a certified physical therapy assistant working under the supervision of a registered physical therapist.

**Procedure Codes:**
Physical therapists shall bill their services using appropriate Current Procedural Terminology (CPT) codes. Refer to Section 1300 in the provider manual for information on how to obtain a CPT manual.

Therapists will not be reimbursed for services provided outside their scope of practice. Questions regarding specific procedure code coverage can be directed to the Provider Assistance Unit (refer to Section 1000).

When a CPT code is not available, the service is not covered by Kansas Medical Assistance Program. NOC (not otherwise classified) codes are non-covered. Claims which only describe a service and do not provide the CPT procedure code will be denied.
8400. Updated 11/03

Documentation:
A copy of the physician's order for physical therapy must be retained with the medical record.

To verify services provided in the course of a postpayment review, documentation in the consumer's medical record must support the service billed. Documentation shall be legible and complete. Proper documentation need not appear in any specific format; however, it must include the following:

- Pertinent past and present medical history with approximate date of diagnosis
- Identification of expected goals or outcomes
- Description of therapy and length of time spent on treatment
- Consumer's response to therapy
- Progress toward goal(s)
- Therapist shall date and sign by discipline each entry

Autoauthentication (computerized authentication) of documentation for the medical record is acceptable as long as it meets federal guidelines. Federal regulation 42CFR 482.24 (c) (1) (i) requires that there be a method of determining that the individual authenticated the document after transcription. All entries shall be legible and complete. Entries must be authenticated and dated promptly by the person (identified by name and discipline) who is responsible for providing the service. The author of each entry must be identified and authenticate his/her entry. Authentication may include the author's signature, written initials, or computer entry.

If services were performed by a certified physical therapy assistant, supervision must be clearly documented. This may include, but is not limited to, the registered physical therapist initializing each treatment note written by the certified physical therapy assistant, or the registered physical therapist writing “Treatment was supervised” followed by their signature.

Limitations:
Therapy services are limited to 6 months for non-KAN Be Healthy participants (except the provision of therapy under HCBS), per injury, to begin at the discretion of the provider. There is no limitation for KAN Be Healthy participants.
### HEALTH INSURANCE CLAIM FORM

<table>
<thead>
<tr>
<th>Part</th>
<th>Information</th>
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<tbody>
<tr>
<td>1.</td>
<td>MEDICARE MEDICAID CHAMPUS CHAMPVA OPPO</td>
</tr>
<tr>
<td>2.</td>
<td>INSURED'S D.O.B. MONTH DAY YEAR</td>
</tr>
<tr>
<td>3.</td>
<td>PATIENT'S D.O.B. MONTH DAY YEAR</td>
</tr>
<tr>
<td>4.</td>
<td>INSURED'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>5.</td>
<td>PATIENT'S ADDRESS (No., Street)</td>
</tr>
<tr>
<td>6.</td>
<td>PATIENT RELATIONSHIP TO INSURED</td>
</tr>
<tr>
<td>7.</td>
<td>INSURED'S ADDRESS (No., Street)</td>
</tr>
<tr>
<td>8.</td>
<td>CITY STATE ZIP CODE</td>
</tr>
<tr>
<td>9.</td>
<td>OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>10.</td>
<td>INSURED'S D.O.B. MONTH DAY YEAR</td>
</tr>
<tr>
<td>11.</td>
<td>INSURED'S D.O.B. MONTH DAY YEAR</td>
</tr>
<tr>
<td>12.</td>
<td>PATIENT'S D.O.B. MONTH DAY YEAR</td>
</tr>
<tr>
<td>13.</td>
<td>INSURED'S D.O.B. MONTH DAY YEAR</td>
</tr>
</tbody>
</table>

### READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

14. DATE OR Current DATE
15. PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY DURING THE PREVIOUS 12 MONTHS
16. DATES PATIENT UNABLE TO WORK DUE TO CURRENT OCCUPATION FROM TO
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
18. D.O.B. NUMBER OF REFERRING PHYSICIAN

### SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS)

19. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS)
20. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (IF OTHER THAN HOME OR OFFICE)

### SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS)

21. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS)
22. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (IF OTHER THAN HOME OR OFFICE)

### PHYSICIAN OR SUPPLIER INFORMATION

23. PHYSICIAN'S D.O.B. MONTH DAY YEAR
24. PHYSICIAN'S D.O.B. MONTH DAY YEAR
25. PHYSICIAN'S D.O.B. MONTH DAY YEAR

### KANSAS MEDICAL ASSISTANCE PHYSICAL THERAPY PROVIDER MANUAL BENEFITS & LIMITATIONS

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