



## Tip Sheet for Physical Medicine on iExchange

### System Tips

- ▶ Make sure to only use the “Outpatient/Facility” Treatment Setting. If you use the “Rehab” Treatment Setting, the case will not be automatically approved.
- ▶ Contact WPS Member Services for specific benefit information.
- ▶ Include your telephone number in the iExchange communication so we can call if there is an issue.
- ▶ Use the “start date of care” in both fields when entering the “start” and “end” dates.
- ▶ Use the same iExchange case throughout the course of care regardless of whether the extension is for a new diagnosis or injury.
- ▶ When entering a modality, make sure the units are actually the days.
- ▶ Use 97110 as the primary code on therapy and 98940 on chiropractic requests.
- ▶ If the treatment plan includes any of the following services, enter them individually:
  - 97022 (fluidotherapy)
  - 90901 and 90911 (biofeedback)
  - 97124 (massage therapy)
  - 97113 (aquatic therapy)
  - 97039 and 97139 (unlisted therapy with a description)
  - 97150 (group therapy)

### Service Tips

- ▶ Physical and occupational therapies are covered when the care is prescribed and followed by a physician in order to significantly improve or restore physical functions lost or impaired as a result of a disease, injury, or surgical procedure.
- ▶ Once therapeutic benefit has been achieved, or a home exercise program could be used for further gains, continuing services may not be covered.
- ▶ Most policies do not cover services, treatment, education, testing, or training related to learning disabilities or developmental delays.
- ▶ If care is expected to extend beyond 12 visits, we require clinical records before authorizing additional care. Include all daily notes, the initial evaluation,

treatment/discharge plan, number, frequency, and duration of additional care requested. Also, list uncommon therapies; we may need some clinical information.

- ▶ WPS provides many different health plans. Some have limits and others do not (ex: 40 max and 50 max plans).
- ▶ Indicate the number of visits already used when opening a case.
- ▶ Preauthorize all speech therapy after the initial evaluation.
- ▶ Do not preauthorize casting unless a modality is being billed.
- ▶ Preauthorize durable medical equipment or orthotics that cost more than \$500.
- ▶ Complete the biofeedback questionnaire services for potential auto-approval.
- ▶ Some rehabilitation programs may be considered experimental.
- ▶ The following are not covered:
  - Craniosacral therapy
  - Hippotherapy
  - Hot and cold packs
  - Diathermy
  - Infrared and laser therapy
  - Community/work reintegration training (97537)
  - Work hardening
  - Interactive metronome program
  - MEDEK therapy
  - Spinal decompression
  - Surface EMG

### **Communication Reminders**

- ▶ We note what the patient's benefit are via letter and iExchange communication.
- ▶ We request additional information through iExchange communication.
- ▶ We will notify you via iExchange if subrogation, worker's compensation or a pre-existing exclusion is involved. We need additional clinical information when injuries are work-related.
- ▶ Indicate in the iExchange communication that you will fax the notes to 608-226-4777 if you cannot include notes in the iExchange case.