## Billing Procedure and Billing Codes Handmaster Plus

| Handmaster Plus                                      | CPT Procedure               | CPT Supply                                | HCPCS II                        |
|--|-----------------------------|---|---------------------------------|
|  | Code                        | Code                                      | Codes                           |
| Hand, Wrist,<br>Forearm, Elbow<br>Exerciser/Exercise | *97110 Therapeutic Exercise | **99070 Additional Supplies and Materials | <b>A9300</b> Exercise Equipment |

\*Therapeutic Exercise (97110) requires direct one-on-one provision of service according to Medicare guidelines. Therapeutic Exercise includes activities related to strengthening, endurance training, range of motion, stabilization and flexibility, utilizing dynamic activities—in other words, it is the "-ing" code (i.e. pulling, squeezing, spreading, lifting, etc.).

A single 15-minute unit (for a timed CPT therapeutic exercise) should be reported for a treatment greater than or equal to 8 minutes (minimum for approval) and less than 23 minutes. This time includes consult and exercise.

Separate coding is usually required when **billing for medical supplies and equipment.** Always check with payers for reimbursement information and specific coding requirements. Include a letter of medical necessity whenever possible. Describe the Handmaster Plus as specifically as possible in relation to patient's needs and limitations (strengthening, re-balancing, stabilizing, stimulating, etc.).

\*\*The use of **HCPCS codes** is vital in order to obtain accurate and complete reimbursement. Handmaster Plus billed with **CPT code 99070** may not be reimbursed unless identified with the specific **HCPCS code A9300**. Most payers require that 1) the supply be described, 2) medical necessity be established, and 3) some require that an invoice be attached to the claim.

## In summary, documentation is the key to reimbursement:

- Check with payers for reimbursement information and specific coding requirements.
- Demonstrate the need for skilled therapy based on the patient's functional needs and limitations.
- Show that therapy and supplies provided are medically necessary and most appropriate for the patient.
- > Document progress toward functional goals.
- > Use proper codes to reflect the unique skills of the therapist.
- > Include invoice whenever possible.