

Bulletin: MSA 05-64

Distribution: Outpatient Hospitals
Rehab Facilities
Practitioners

Issued: December 1, 2005

Subject: Serial Casting by Outpatient Therapy Providers

Effective: January 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Serial casting is a process in which a joint (or joints) which normally lacks full range of motion is immobilized with a rigid cast. During this procedure, the affected joint (or joints) is gradually and repeatedly set in more anatomically correct alignment to improve joint alignment and/or to achieve a decrease in abnormal tone and increased muscle length, resulting in an increase in the range of motion.

Casts are applied and removed in succession, usually every week, over a specified period of time. Upon removal of each cast, the limb is stretched and a new cast is applied immediately to hold the limb in place.

Coverage Conditions

Serial casting coverage conditions apply to the following Medicaid-enrolled outpatient therapy providers:

- Outpatient Hospital
- Comprehensive Outpatient Rehabilitation Facility
- Outpatient Rehabilitation Agency
- CARF-Accredited Medical Rehabilitation Program

Serial casting is a covered Medicaid/CSHCS benefit when performed by, or under the direct supervision of, a qualified occupational therapist or physical therapist, and is defined in a treatment plan as medically necessary rehabilitation services for improving range of motion and/or reducing tone. Either the physician referral for therapy services must specifically indicate that the beneficiary is being referred for serial casting, or the referring physician must provide written concurrence of any treatment plan including serial casting. For CSHCS beneficiaries without dual Medicaid eligibility, the service must be directly related to the CSHCS-eligible diagnosis and must be referred by the beneficiary's assigned pediatric sub-specialist.

Serial casting is billed using HCPCS code 97760 along with the appropriate modifier as follows:

- GO: Services delivered under an outpatient occupational therapy plan of care
- GP: Services delivered under an outpatient physical therapy plan of care

Refer to the Michigan Medicaid Provider Manual for prior authorization and additional therapy policy requirements.

Manual Maintenance

This bulletin should be retained until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Paul Reinhart, Director
Medical Services Administration