

Upper Extremity System For Pediatric Hemiplegia Support

Indications/Conditions

The following indications/objectives support the use of the UE Pediatric Hemiplegia Rehab Support System:

Note: This list is not all-inclusive – other indications may apply for which Hemiplegia Rehab Support System is an appropriate modality.



Indications	TheraTogs Objectives
§ Flexible spinal kyphosis with or without lumbar lordosis	ü Improve trunk posture as a foundation for optimum scapulo-humeral function
§ Shoulder girdle protraction	ü Improve functional alignment
§ Excess scapular winging, abduction with upward rotation, shoulder flexion/ abduction with elevation	ü Stabilize the scapulae on the thorax
§ Shoulder subluxation – mild to moderate	ü Elevate the humerus; improve functional joint alignment
§ Excess positional shoulder rotation	ü Improve functional shoulder alignment
§ Excessive positional elbow flexion or extension	ü Improve functional elbow alignment within available ROM
§ Excessive forearm pronation or supination	ü Improve functional forearm alignment with osseous constraints

Applicable Billing Options for the Hemiplegia Rehab Support System

The following coding options may be applicable when seeking insurance reimbursement for TheraTogs Hemiplegia Rehab Support System from various third party payers.

Note: Coding options vary for all payers. For instance, “T” codes are intended for use by Medicaid agents *only*. However, some Medicaid agents do not use “T” codes, instead they require use of an “L” code. For that reason, we recommend each payer (Medicaid, Medicare and commercial payers) be contacted for their coding requirements for TheraTogs *prior* to submitting a claim.

Code	Descriptor
L3999	Upper limb orthosis, NOS
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in remarks <i>(Note: Medicaid only code)</i>
T2028	Specialized supply, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>
T2029	Specialized medical equipment, not otherwise specified, waiver <i>(Note: Medicaid only code)</i>

Note: Clinicians may bill for the training & fitting of the orthosis using the CPT codes below **if** the code used to describe the TheraTogs system does **not** include the phrase “includes fitting and adjustment”.



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97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes

Hemiplegia Rehab Support System: Supporting Documentation for Payers

Many payers will require written documentation pertaining to the use of TheraTogs. It will be important to explain why TheraTogs is preferred over other orthotic devices. Photos and/or videos showing a comparison between the client with and without TheraTogs may also strengthen your submission.

The following information may be useful when preparing a letter of medical necessity for the insurance company.

The TheraTogs Hemiplegia Rehab Support System provides the following unique features and benefits:

- ü No other product provides the dynamic full torso and hip stabilization in order to promote the biomechanically correct use and rehabilitation of the injured shoulder and arm.
- ü No other product provides components for the clinician to select from to design a customized scapular and arm alignment system for each patient.



Sample Letter – Medical Necessity

Re: Client:
Birth Date:

Diagnosis:
Relevant medical/surgical history:

Parent/Guardian (if applicable):
Group #
Insured SS#:

I am seeking (preauthorization / predetermination of coverage), on behalf of (insert client name), for the provision of a TheraTogs (insert TheraTogs System recommended), and hope that the following information will be useful when making your decision.

TheraTogs undergarment and strapping systems are designed to provide the wearer with day-long carry-over and functional practice of successes in postural and joint alignment achieved during a therapy session. New studies on neuromotor re-education emphasize the need for practice – literally thousands of repetitions - to acquire new skills. To gain optimum posture and function, therefore, thousands of repetitions of movements must occur in optimum alignment. TheraTogs accomplish this objective with specialized, elastic fabrics that foster active rather than passive correction. Please refer to Table 1 on page 3 of this document for a review of (client's name's) current impairments, functional deficits, risk factors, rehabilitation goals, and rationale for this request.

My client currently uses (insert applicable DME equipment or supplies), that contribute(s) to (my client's) welfare by (explain benefits to support their previous funding), but which has failed to meet (his/her/the family's/my) rehabilitation goals. On the basis of the results observed in the clinical trial that we undertook using a TheraTogs clinical sizing kit, I am requesting TheraTogs (insert name of TheraTogs System recommended) ___ as an appropriate treatment modality in the next step of (his/her) rehabilitation program.

List modalities or strategies previously tried and note any lack of success.

TheraTogs were designed to address problems of posture and movement that are multifactorial and complex. The attending clinician identifies key issues and supervises the use of corrective strapping.

No other commercially available products satisfy the objectives of effecting immediate, problem-specific improvement in all-day posture and joint alignment with essential adaptability to support treatment goals.

Strong statement should be made regarding gains observed (comparative data is your strongest argument) and expected with TheraTogs. This portion of the letter must address medical and/or safety justification for the client, not ease for caregivers.



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Supporting Clinical Data:

(NOTE: Use comparative GMFM –66, footprint studies, gait velocity, hand use, or ADL testing to identify gains observed during the TheraTogs trial, and report them here.) (Client’s name) is expected to experience the following physiologic benefits:(Insert additional benefits such as musculoskeletal, GI, respiratory, nutrition, etc).

I anticipate that my client will require the use of TheraTogs for (insert expected frequency and duration of use). TheraTogs systems provide for some growth adjustments.

The following is a list of code(s) and typical cost of the TheraTogs product I am recommending.

TheraTogs Charges

Code	Description	Est. Cost
L1499	Spinal orthosis, not otherwise specified Note: Example only – see product-specific coding options above	

I am sure you will agree that (Insert client name) is an ideal candidate for use of the TheraTogs (insert name of TheraTogs System recommended). If you have further questions regarding this request for preauthorization, please contact me at (insert).

Sincerely,

Cynthia Clinician, PT
(Contact Info)

DISCLAIMER

This guide is designed to offer basic information regarding reimbursement for TheraTogs, Inc. products.

Third party payment is influenced by many factors, not all of which can be anticipated or resolved by TheraTogs, Inc. The information contained in this guide was gathered from a variety of third party sources and is intended to provide general information only. TheraTogs, Inc. makes no statement, promise, express or implied warranty or guarantee (i) that the list of codes and narratives is complete or error-free, (ii) that the use of this information will prevent differences of opinions or disputes with payers, (iii) that these codes will be covered, or (iv) that the provider will be guaranteed reimbursement.

Readers of this document are advised that the contents of this manual are to be used as guidelines only and are not to be construed as policies of TheraTogs, Inc. TheraTogs, Inc. recommends this information be integrated with your payer guidelines, adjusting where necessary to meet the payer’s billing requirements. This information is provided by TheraTogs, Inc. as a guide for coding TheraTogs products. It is not intended to increase or maximize reimbursement by any payer. This information is intended to assist providers in accurately obtaining coverage and reimbursement for their health care services. Providers assume full responsibility for all reimbursement decisions or actions. As with all procedures and services, you should: 1) perform the service or procedure; 2) document the service or procedure; 3) code the service, procedure and/or orthotic system or device; and 4) bill for the service, procedure, and/or orthotic system or device.

TheraTogs, Inc. assumes no responsibility for consequences attributable to or related to any use or interpretation of any information or views contained or not contained in this report. Each claim should be coded appropriately and supported with adequate documentation in the medical record. The codes listed are merely examples of codes, they are not necessarily correct coding.