

Outpatient Rehabilitation (Physical Therapy, Occupational Therapy)



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative	Applicable States/Territories
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Outpatient Rehabilitation (Physical Therapy, Occupational Therapy)

			Contractors (MACs)	
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 12	<u>§40</u> – Comprehensive Outpatient Rehabilitation Facility (CORF) Coverage		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§220</u> – Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§220.1</u> – Conditions of Coverage and Payment for Outpatient Physical Therapy, Occupational Therapy, or Speech-Language Pathology Services		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§220.1.2</u> – Plans of Care for Outpatient Physical Therapy, Occupational Therapy, or Speech-		

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		Language Pathology Services		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§220.2</u> – Reasonable and Necessary Outpatient Rehabilitation Therapy Services		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§220.3</u> – Documentation Requirements for Therapy Services		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§230</u> – Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§230.1</u> – Practice of Physical Therapy		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§230.2</u> – Practice of Occupational Therapy		
Internet-Only Manuals (IOMs)	Pub. 100-02, Medicare Benefit Policy Manual, Chapter 15	<u>§230.5</u> – Physical Therapy, Occupational Therapy and Speech-Language Pathology Services Provided Incident to the Services of Physicians and		

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		Non-Physician Practitioners (NPP)		
NCD	Acupuncture for Chronic Lower Back Pain (cLBP)	<u>30.3.3</u>		
NCD	Diathermy Treatment	<u>150.5</u>		
NCD	Electrical Stimulation (ES) and Electromagnetic Therapy for the Treatment of Wounds	<u>270.1</u>		
NCD	Fluidized Therapy Dry Heat for Certain Musculoskeletal Disorders	<u>150.8</u>		
NCD	Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions	<u>240.3</u>		
LCD	Nerve Blocks for Peripheral Neuropathy	<u>L35222</u>	J5 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE
LCA	Billing and Coding: Nerve Blocks for Peripheral Neuropathy	<u>A57589</u>	J8 - Wisconsin Physicians Service Insurance Corporation	IN, MI
LCD	Outpatient Physical and Occupational Therapy Services	<u>L33631</u>		
LCD	Billing and Coding: Outpatient Physical and Occupational Therapy Services	<u>A56566</u>	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI
LCD	Pain Management	<u>L33622</u>		
LCA	Billing and Coding: Pain Management	<u>A52863</u>	JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD	Peripheral Nerve Blocks	<u>L36850</u>		
LCD	Billing and Coding: Peripheral Nerve Blocks	<u>A57452</u>		
LCD	Nerve Blocks for Peripheral Neuropathy	<u>L35249</u>	J15 - CGS Administrators,	KY, OH
LCA		<u>A57663</u>		

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	<p>Billing and Coding: Nerve Blocks for Peripheral Neuropathy</p> <p>Outpatient Physical and Occupational Therapy Services</p> <p>Billing and Coding: Outpatient Physical and Occupational Therapy Services</p>	<p><u>L34049</u></p> <p><u>A57067</u></p>	<p>LLC (Part A/B MAC)</p>	
LCD LCA	<p>Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma</p> <p>Billing and Coding: Injections - Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton's Neuroma</p> <p>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</p> <p>Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy</p> <p>Billing and Coding: Medical Necessity of Therapy Services</p> <p>Billing and Coding: Therapy Evaluation, Re-Evaluation and Formal Testing</p>	<p><u>L34218</u></p> <p><u>A57079</u></p> <p><u>L35456</u></p> <p><u>A56034</u></p> <p><u>A53304</u></p> <p><u>A53309</u></p>	<p>JE - Noridian Healthcare Solutions, LLC</p>	<p>CA, HI, NV, American Samoa, Guam, Northern Mariana Islands</p>
LCD LCA	<p>Nerve Blockade for Treatment of Chronic Pain and Neuropathy</p> <p>Billing and Coding: Nerve Blockade for Treatment of Chronic Pain and Neuropathy</p> <p>Billing and Coding: Medical Necessity of Therapy Services</p> <p>Billing and Coding: Therapy Evaluation, Re-Evaluation and Formal Testing</p>	<p><u>L35457</u></p> <p><u>A52725</u></p> <p><u>A52775</u></p> <p><u>A52773</u></p>	<p>JF - Noridian Healthcare Solutions, LLC</p>	<p>AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY</p>

LCD	Nerve Blocks and Electrostimulation for Peripheral Neuropathy	L37642	JJ - Palmetto GBA (Part A/B MAC) JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCA	Billing and Coding: Nerve Blocks and Electrostimulation for Peripheral Neuropathy	A56731		
LCD	Outpatient Occupational Therapy	L34427		
LCA	Billing and Coding: Outpatient Occupational Therapy	A53064		
LCA	Outpatient Physical Therapy	L34428		
LCA	Billing and Coding: Outpatient Physical Therapy	A53065		
LCD	Peripheral Nerve Blocks	L33933	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI
LCA	Billing and Coding: Peripheral Nerve Blocks	A57788		

Description

[§1861 of the Social Security Act](#)

Physical therapy (PT) is the treatment of disorders or injuries using physical methods or modalities. A PT modality is often defined as any physical agent applied to produce therapeutic changes to biologic tissues. Modalities that are generally accepted for use include exercises, thermal, cold, ultrasonic or electric energy devices. Due to the passive nature of therapeutic modalities, they are generally used to enable the individual to take part in active aspects of therapy.

PT may be indicated for treatment of muscle weakness, limitations in the range of motion, neuromuscular conditions, musculoskeletal conditions, lymphedema and for selected training of an individual in specific techniques and exercises for their own continued use at home.

Therapeutic procedures are intended as a means of effecting change using clinical skills and/or techniques and/or services whose goal is the improvement of function. PT procedures in general include therapeutic exercises and joint mobilization. These have generally been shown to be one set of effective means of treating aspects of many musculoskeletal conditions.

Medically necessary PT services must be restorative in nature or for the specific purposes of designing and teaching a maintenance program for the individual to carry out at home. The services must also relate to a

written treatment plan and be of the level of complexity that requires the judgment, knowledge and skills of a physical therapist (or medical doctor/doctor of osteopathy) to perform and/or directly supervise.

The amount, frequency and duration of PT services must be seen as medically appropriate for the specific treatment regimen and be performed by a physical therapist.

A qualified physical therapist, for benefit coverage purposes, is an individual who is licensed as a physical therapist by the state in which he or she is practicing. A physical therapist assistant (PTA) is an individual who is licensed as a PTA, if applicable, by the state in which he or she is practicing. The services of a PTA must be supervised by a licensed physical therapist at a level of supervision determined by state law or regulation.

Occupational therapy (OT) is a form of rehabilitation therapy involving the treatment of neuromuscular and other dysfunction through the use of specific tasks or goal-directed activities to improve an individual's functional performance. Therapy programs are designed to improve the individual's quality of life through the recovery of specific competencies, maximizing independence and the prevention of specific illness or disability.

OT includes helping an individual learn or relearn specific daily living skills (eg, basic activities of daily living [ADL]) such as dressing, eating, personal hygiene, self-care and mobility/transfers. OT also includes specific task oriented therapeutic activities designed to restore physical function of the shoulder, elbow, wrist and/or hand that has been lost as a result of illness or injury. Occupational therapy can include the design, fabrication and fitting/maintenance of orthotics and related self-help devices including the fitting/fabrication of splints for the upper extremity.

Medically necessary OT services must relate to a written treatment plan and be of the level of complexity that requires the judgment, knowledge and skills of an occupational therapist (or medical doctor/doctor of osteopathy) to perform and/or directly supervise these services. The amount, frequency and duration of occupational therapy services must be medically appropriate for the specific treatment regimen and be performed by an occupational therapist.

A qualified occupational therapist, for benefit coverage purposes, is an individual who is licensed as an occupational therapist by the state in which he or she is practicing. An occupational therapy assistant (OTA) is an individual who is licensed as an OTA, if applicable, by the state in which he or she is practicing. The services of an OTA must be supervised by a licensed occupational therapist at a level of supervision determined by state law or regulation.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Please refer to the above Medicare guidance for **outpatient rehabilitation therapy (physical therapy, occupational therapy)** services/items.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

[LCD - Outpatient Physical and Occupational Therapy Services \(L33631\) \(cms.gov\)](#)

This LCD is adopted to provide recommendations for jurisdictions without an LCD and intended to assist qualified professionals/auxiliary personnel in documenting to support both the medical necessity and the skilled nature of the therapy services provided.

General PT Guidelines²⁸

1. PT services are covered services provided the services are of a level of complexity and sophistication, or the patient's condition is such that the services can be safely and effectively performed only by a licensed physical therapist or under his/her supervision. Services normally considered a routine part of nursing care are not covered as PT (i.e., turning patients to prevent pressure injuries, walking a patient in the hallway postoperatively or ambulation without gait training).
2. Covered PT must be furnished while the individual is or was under the care of a physician. Services must relate directly and specifically to a written plan of treatment regimen established by the physician or NPP after any necessary consultation with the qualified physical therapist, or by the physical therapist providing the services and must be reasonable and necessary to the treatment of the individual's illness or injury.
3. In order for the plan of treatment to be covered, it must address a condition for which PT is an accepted method of treatment as defined by standards of medical practice. Also, the plan of treatment must be for a condition that is expected to improve significantly within a reasonable and generally predictable period of time or establishes a safe and effective maintenance program. If at any point in the treatment of an illness it is determined that the treatment is not rehabilitative or does not legitimately require the services of a qualified professional for management of a maintenance program, the services will no longer be considered reasonable and necessary and are excluded from coverage.
4. PT is only covered when it is rendered under a written plan of treatment established by the physician, NPP or the qualified physical therapist, to address specific therapeutic goals for which modalities and procedures are planned out specifically in terms of type, frequency and duration. The physician or NPP should periodically review the plan of treatment.
5. The physician or NPP and/or therapist must document the patient's functional limitations in terms that are objective and measurable.

PT Evaluation²⁸

Evaluation is a comprehensive service that requires professional skills to make clinical judgments about conditions for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities. Evaluation is warranted, e.g., for a new diagnosis or when a condition is treated in a new setting. These evaluative judgments are essential to development of the POC, including goals and the selection of interventions. The time spent in evaluation does not count as treatment time.

1. The initial examination has the following components:
 - a. The patient history to include prior level of function
 - b. Relevant systems reviews
 - c. Tests and measures
 - d. Current functional status (abilities and deficits)
2. Factors that influence the complexity of the examination and evaluation process include the clinical findings, extent of loss of function, social considerations, and the patient's overall physical function and health status. Thus, the evaluation reflects the chronicity or severity of the current problem, the possibility of multi-site or multi-system involvement, the presence of preexisting systemic conditions or diseases, and the stability of the condition. Physical therapists also consider the level of the current impairments and the probability of prolonged impairment, functional limitation, disability, the living environment, and the social supports.
3. Initial evaluations or re-evaluations may be determined reasonable and necessary even when the evaluation determines that skilled rehabilitation is not required if the patient's condition showed a need for an evaluation, or even if the goals established by the plan of treatment are not realized.
4. Re-evaluation is periodically indicated during an episode of care when the professional assessment indicates a significant improvement or decline in the patient's condition or functional status. Some regulations and state practice acts require re-evaluation at specific intervals. A re-evaluation is focused on evaluation of progress toward current goals and making a professional judgment about continued care, modifying goals, and/or treatment or terminating services.
5. A re-evaluation may be appropriate prior to a planned discharge for the purposes of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.

General OT Guidelines²⁵

1. OT services are covered services provided the services are of a level of complexity and sophistication, or the patient's condition is such that the services can be safely and effectively performed only by a licensed OT or under his/her supervision. Services normally considered a routine part of nursing care are not covered as OT (i.e., provide ADLs for patient with no rehabilitation potential).
2. In order for the plan of treatment to be covered, it must address a condition for which OT is an accepted method of treatment as defined by standards of medical practice. Also, the plan of treatment must be for a condition that is expected to improve significantly within a reasonable and generally predictable period of time or establishes a safe and effective maintenance program. If at any point in the treatment of an illness or injury it is determined that the treatment is not rehabilitative or does not legitimately require the services of a qualified professional for management of a maintenance program, the services will no longer be considered reasonable and necessary and are excluded from coverage.
3. Covered OT services must be furnished while the individual is or was under the care of a physician.

Services must relate directly and specifically to a written plan of treatment. The plan of treatment should address specific therapeutic goals, for which modalities and procedures are planned out specifically in terms of type, frequency and duration. The physician or NPP should periodically review the plan of treatment.

4. The physician, NPP and/or therapist must document the patient's functional limitations in terms that are objective and measurable.

OT Evaluation and OT Re-evaluation²⁵

Evaluation is a comprehensive service that requires professional skills to make clinical judgments about conditions, for which services are indicated based on objective measurements and subjective evaluations of patient performance and functional abilities. Evaluation is warranted, e.g., for a new diagnosis or when a condition is treated in a new setting. These evaluative judgments are essential to development of the POC, including goals and the selection of interventions. The time spent in evaluation does not count as treatment time.

1. The initial examination has the following components:

- a. The patient history to include prior level of function
- b. Relevant systems review
- c. Tests and measures
- d. Current functional status (abilities and deficits)
- e. Evaluation of patient's, physician's, NPP's and as appropriate the caregiver's goals

2. Factors that influence the complexity of the examination and evaluation process include the clinical findings, extent and duration of loss of function, prior functional level, social/environmental considerations, educational level, and the patient's overall physical and cognitive health status. Thus, the evaluation reflects the chronicity or severity of the current problem, the possibility of multi-site or multi-system involvement, the presence of preexisting systemic conditions or diseases, and the stability of the condition. OTs also consider the level of the current impairments and the probability of prolonged impairment, functional limitation, disability, the living environment, prior level of function, the social/cultural supports, psychosocial factors, and use of adaptive equipment.

3. Initial evaluations or re-evaluations may be determined reasonable and necessary, even when the evaluation determines that skilled rehabilitation is not required if the patient's condition showed a need for an evaluation, or even if the goals established by the plan of treatment are not realized.

4. Re-evaluation is periodically indicated during an episode of care when the professional assessment indicates a significant improvement or decline in the patient's condition or functional status that was not anticipated in the POC. Some regulations and state practice acts require re-evaluation at specific intervals. A re-evaluation is focused on evaluation of progress toward current goals and making a professional judgment about continued care, modifying goals, and/or treatment or terminating services. OTAs may assist the OT in a re-evaluation within their scope of practice by gathering objective data, tests,

measurements, etc.; however, the OT must actively and personally participate in the re-evaluation and is responsible for the assessment and the POC.

5. A re-evaluation may be appropriate prior to a planned discharge for the purposes of determining whether goals have been met, or for the use of the physician or the treatment setting at which treatment will be continued.

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

The following services will not be considered medically reasonable and necessary:

- Diathermy or ultrasound heat treatments for asthma, bronchitis, or any other pulmonary condition. Refer to the [NCD Heat Treatment, Including the Use of Diathermy and Ultra-Sound for Pulmonary Conditions \(240.3\)](#).
- **Dry needling** for any condition other than chronic low back pain. Refer to the [NCD Acupuncture for Chronic Lower Back Pain \(cLBP\) \(30.3.3\)](#).^{14,15,19,29,31,34}
- Nerve blocks with or without the use of **electrostimulation**, and the use of electrostimulation alone for the treatment of multiple neuropathies or peripheral neuropathies caused by underlying systemic diseases.^{20,21,22,23,24,30,31} Use of physical medicine and rehabilitation CPT/HCPCS codes (97032, 97139, G0282, G0283) for treatment of neuropathies or peripheral neuropathies caused by underlying systemic diseases is inappropriate.^{7,8,9,15,16}

A review of the current medical literature shows that there is no evidence to determine that these services are standard medical treatments. There is an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of these services in clinical management.

Services which do not meet the requirements for covered therapy services in Medicare manuals are not payable using codes and descriptions as therapy services. For Example, services related to activities for the general good and welfare of patients, such as general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation, do not constitute (covered) therapy services for Medicare purposes.¹¹ Services related to recreational activities such as golf, tennis, running, etc., are also not covered as therapy services.^{26,27}

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	
20561	Needle insertion(s) without injection(s); 3 or more muscles	
20999	Unlisted procedure, musculoskeletal system, general	
29200	Strapping; thorax	
29240	Strapping; shoulder (eg, Velpeau)	
29260	Strapping; elbow or wrist	
29280	Strapping; hand or finger	
29520	Strapping; hip	
29530	Strapping; knee	
29540	Strapping; ankle and/or foot	
29550	Strapping; toes	
29799	Unlisted procedure, casting or strapping	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)	
92526	Treatment of swallowing dysfunction and/or oral function for feeding	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	
92630	Auditory rehabilitation; prelingual hearing loss	
92633	Auditory rehabilitation; postlingual hearing loss	
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	

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96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	
96004	Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report	
97010	Application of a modality to 1 or more areas; hot or cold packs	Bundled
97012	Application of a modality to 1 or more areas; traction, mechanical	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	
97016	Application of a modality to 1 or more areas; vasopneumatic devices	
97018	Application of a modality to 1 or more areas; paraffin bath	
97022	Application of a modality to 1 or more areas; whirlpool	
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	
97026	Application of a modality to 1 or more areas; infrared	
97028	Application of a modality to 1 or more areas; ultraviolet	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance)	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	

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97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
97150	Therapeutic procedure(s), group (2 or more individuals)	
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	

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97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	

<p align="center">97165</p>	<p>Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.</p>	
<p align="center">97166</p>	<p>Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.</p>	

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97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes	

Outpatient Rehabilitation (Physical Therapy, Occupational Therapy)

97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
97545	Work hardening/conditioning; initial 2 hours	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes	
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	
97799	Unlisted physical medicine/rehabilitation service or procedure	
CPT® Category III Code(s)	Description	Comments
0733T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days	
0734T	Remote body and limb kinematic measurement-based therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month	
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (List separately in addition to code for primary procedure)	
HCPCS Code(s)	Description	Comments
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	

G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
S9152	Speech therapy, re-evaluation	Not Covered
V5362	Speech screening	
V5363	Language screening	
V5364	Dysphagia screening	

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Change Summary

- 01/01/2024 New Policy.