



## Blue Care Network of Michigan Musculoskeletal Physical and Occupational Therapy Code List

Category	CPT® Code	CPT® Code Description	Commerical	Medicare
PT/OT	97010	Application of a modality to 1 or more areas; hot or cold packs	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97012	Application of a modality to 1 or more areas; traction, mechanical	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97016	Application of a modality to 1 or more areas; vasopneumatic devices	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97018	Application of a modality to 1 or more areas; paraffin bath	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97022	Application of a modality to 1 or more areas; whirlpool	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97026	Application of a modality to 1 or more areas; infrared	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97028	Application of a modality to 1 or more areas; ultraviolet	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
OT	97036	Application of a modality to 1 or more areas; hubbard tank, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97039	Unlisted modality (specify type and time if constant attendance)	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commerical	Medicare
PT/OT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	PA Medical Necessity Review	PA Medical Necessity Review
OT	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97124	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97139	Unlisted therapeutic procedure (specify)	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97150	Therapeutic procedure(s), group (2 or more individuals)	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commerical	Medicare
PT	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.	PA Medical Necessity Review	PA Medical Necessity Review
PT	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.	PA Medical Necessity Review	PA Medical Necessity Review
PT	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.	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commerical	Medicare
PT	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.	PA Medical Necessity Review	PA Medical Necessity Review
OT	97165	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.	PA Medical Necessity Review	PA Medical Necessity Review
OT	97166	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.	PA Medical Necessity Review	PA Medical Necessity Review

Category	CPT® Code	CPT® Code Description	Commerical	Medicare
OT	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.	PA Medical Necessity Review	PA Medical Necessity Review
OT	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.	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Non Covered Service	Non Covered Service
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review

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PT/OT	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	Non Covered Service	Non Covered Service
PT/OT	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97545	Work Hardening /Conditioning; Initial 2 Hours	Non Covered Service	Non Covered Service
PT/OT	97546	Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	Non Covered Service	Non Covered Service
PT/OT	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	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	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97799	Unlisted physical medicine/rehabilitation service or procedure	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	PA Medical Necessity Review	PA Medical Necessity Review

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