

**HIP  
MSK Therapies - PTOT, CHIRO Code List**

Category	Procedure Code	Procedure Code Description	HIP Commercial	HIP Medicaid	HIP Medicare
CHIRO	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL ONE TO TWO REGIONS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL THREE TO FOUR REGIONS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL FIVE REGIONS	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINA	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; AND MEDICAL DECISION MAKING	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISI	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISI	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALL	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EX	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDE	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MED	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
CHIRO	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT WHICH REQUIRES AT LEAST TWO OF THESE THREE KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMIN	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	90901	Biofeedback Training By Any Modality	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	95851	Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	95852	Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97010	Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97012	Application Of A Modality To 1 Or More Areas; Traction, Mechanical	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97014	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97016	Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97018	Application Of A Modality To 1 Or More Areas; Paraffin Bath	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97022	Application Of A Modality To 1 Or More Areas; Whirlpool	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97024	Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97026	Application Of A Modality To 1 Or More Areas; Infrared	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97028	Application Of A Modality To 1 Or More Areas; Ultraviolet	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97032	Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97033	Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97034	Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97035	Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97036	Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes	PA Medical Necessity Review	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	PA Medical Necessity Review
PT/OT; Chiro	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	PA Medical Necessity Review
PT/OT; Chiro	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	PA Medical Necessity Review
PT/OT; Chiro	97113	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97116	Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Acupuncture, Massage Therapy	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	PA Medical Necessity Review
PT/OT; Acupuncture	97139	Unlisted Therapeutic Procedure (Specify)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Acupuncture, Chiro, Massage Therapy	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	PA Medical Necessity Review
PT/OT	97150	Therapeutic Procedure(S), Group (2 Or More Individuals)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review

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	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	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	PA Medical Necessity Review
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	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	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	PA Medical Necessity Review
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	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	PA Medical Necessity Review
PT/OT; Chiro	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	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
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	PA Medical Necessity Review

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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97542	Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97545	Work Hardening /Conditioning; Initial 2 Hours	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97546	Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT	97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97750	Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT/ST	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	PA Medical Necessity Review
PT/OT; Chiro	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	PA Medical Necessity Review	PA Medical Necessity Review	PA Medical Necessity Review
PT/OT; Chiro	97761	Prosthetic(S) Training, Upper And/Or Lower Extremity(ies), Initial Prosthetic(S) Encounter, Each 15 Minutes	PA Medical Necessity Review	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	PA Medical Necessity Review
PT/OT; Chiro	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	PA Medical Necessity Review