



eviCore: Comprehensive Physical Therapy & Occupational Therapy Prior Authorization CPT Code List

Platform: Image One, Isaac, Both

| Category | CPT® Code | CPT® Code Description | Code Type | Commercial | Medicare |
|----------|-----------|---|-----------|------------|----------|
| PT/OT | 90901 | Biofeedback Training By Any Modality | CPT/HCPCS | No | Yes |
| PT/OT | 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient | CPT/HCPCS | No | Yes |
| PT/OT | 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) | CPT/HCPCS | No | Yes |
| PT/OT | 95851 | Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine) | CPT/HCPCS | No | Yes |
| PT/OT | 95852 | Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side | CPT/HCPCS | No | Yes |
| PT | 95992 | Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day | CPT/HCPCS | No | Yes |
| PT/OT | 97010 | Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs | CPT/HCPCS | No | Yes |
| PT/OT | 97012 | Application Of A Modality To 1 Or More Areas; Traction, Mechanical | CPT/HCPCS | No | Yes |
| PT/OT | 97014 | Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended) | CPT/HCPCS | No | Yes |
| PT/OT | 97016 | Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices | CPT/HCPCS | No | Yes |
| PT/OT | 97018 | Application Of A Modality To 1 Or More Areas; Paraffin Bath | CPT/HCPCS | No | Yes |
| PT/OT | 97022 | Application Of A Modality To 1 Or More Areas; Whirlpool | CPT/HCPCS | No | Yes |
| PT/OT | 97024 | Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave) | CPT/HCPCS | No | Yes |
| PT/OT | 97026 | Application Of A Modality To 1 Or More Areas; Infrared | CPT/HCPCS | No | Yes |
| PT/OT | 97028 | Application Of A Modality To 1 Or More Areas; Ultraviolet | CPT/HCPCS | No | Yes |
| PT/OT | 97032 | Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97033 | Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97034 | Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97035 | Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97036 | Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97039 | Unlisted Modality (Specify Type And Time If Constant Attendance) | CPT/HCPCS | No | Yes |
| PT/OT | 97110 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| | 97113 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises | CPT/HCPCS | No | Yes |
| PT/OT | 97116 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing) | CPT/HCPCS | No | Yes |
| PT/OT | 97124 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion) | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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) | CPT/HCPCS | No | Yes |
| PT/OT | 97139 | Unlisted Therapeutic Procedure (Specify) | CPT/HCPCS | No | Yes |
| PT/OT | 97140 | Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes | CPT/HCPCS | No | Yes |

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| PT/OT | 97150 | Therapeutic Procedure(S), Group (2 Or More Individuals) | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |

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|----------|-----------|--|-----------|------------|----------|
| 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 | CPT/HCPCS | No | Yes |
| 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. | CPT/HCPCS | No | Yes |
| PT/OT | 97530 | Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| PT/OT | 97542 | Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97545 | Work Hardening /Conditioning; Initial 2 Hours | CPT/HCPCS | No | Yes |
| PT/OT | 97546 | Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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) | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| PT/OT | 97750 | Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| PT/OT | 97760 | Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(les), Lower Extremity(les) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT/OT | 97761 | Prosthetic(S) Training, Upper And/Or Lower Extremity(les), Initial Prosthetic(S) Encounter, Each 15 Minutes | CPT/HCPCS | No | Yes |

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|----------|--------------|--|-----------|------------|----------|
| 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 | CPT/HCPCS | No | Yes |
| PT/OT | 97799 | Unlisted Physical Medicine/Rehabilitation Service Or Procedure | CPT/HCPCS | No | Yes |
| PT | G0151 | Services Of Physical Therapist In Home Health Setting, Each 15 Minutes | CPT/HCPCS | No | Yes |
| OT | G0152 | Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT | G0157 | Services Performed By A Qualified Physical Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes | CPT/HCPCS | No | Yes |
| OT | G0158 | Services Performed By A Qualified Occupational Therapist Assistant In The Home Health Or Hospice Setting, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT | G0159 | Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes | CPT/HCPCS | No | Yes |
| OT | G0160 | Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In The Establishment Or Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes | CPT/HCPCS | No | Yes |
| PT | G0281 | Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc. | CPT/HCPCS | No | Yes |
| PT | G0282 | Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281 | CPT/HCPCS | No | Yes |
| 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 | CPT/HCPCS | No | Yes |
| PT/OT | G0329 | Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care | CPT/HCPCS | No | Yes |

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