

WellCare Health Plans
Physical and Occupational Therapy Code List

Category/ Grouping	CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Medicare Requires Prior Authorization
PT/OT	420	Physical Therapy	Yes	Yes
PT/OT	421	Physical Therapy: Visit Charge	Yes	Yes
PT/OT	422	Physical Therapy: Hourly Charge	Yes	Yes
PT/OT	423	Physical Therapy: Group Rate	Yes	Yes
PT/OT	424	Physical Therapy: Evaluation/Re-Evaluation	Yes	Yes
PT/OT	429	Physical Therapy: Other Physical Therapy	Yes	Yes
PT/OT	430	OT General	Yes	Yes
PT/OT	431	OT Visit Code	Yes	Yes
PT/OT	432	Occupational Therapy: Hourly Charge	Yes	Yes
PT/OT	433	Occupational Therapy: Group Rate	Yes	Yes
PT/OT	434	Occupational Therapy: Evaluation/Re-Evaluation	Yes	Yes
PT/OT	439	Occupational Therapy: Other Occupational Therapy	Yes	Yes
PT/OT	28520	Strapping, hip	No	No
PT/OT	29105	Application of long arm splint(shoulder to hand)	No	No

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PT/OT	29125	Application of short arm splint (forearm to hand), static	No	No
PT/OT	29126	Application of short arm splint (forearm to hand), dynamic	No	No
PT/OT	29130	Application of finger splint, static	No	No
PT/OT	29131	Application of finger splint, dynamic	No	No
PT/OT	29200	Strapping; thorax	No	No
PT/OT	29220	Strapping, thorax	No	No
PT/OT	29240	Strapping; shoulder (eg, Velpeau)	No	No
PT/OT	29260	Strapping; elbow or wrist	No	No
PT/OT	29280	Strapping; hand or finger	No	No
PT/OT	29520	Strapping; hip	No	No
PT/OT	29530	Strapping; knee	No	No
PT/OT	29540	Strapping; ankle and/or foot	No	No
PT/OT	29550	Strapping; toes	No	No
PT/OT	90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	No	No
Chiro (PTOT)	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	No	No
PT/OT (& Chiro)	95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	Yes	Yes
Chiro (PTOT)	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	No	No
PT/OT (& Chiro)	95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	Yes	Yes
Chiro (PTOT)	97001	Physical therapy evaluation	No	No

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Chiro (PTOT)	97002	Physical therapy re-evaluation	No	No
Chiro (PTOT)	97003	Occupational therapy evaluation	No	No
Chiro (PTOT)	97004	Occupational therapy re-evaluation	No	No
Chiro (PTOT)	97010	Application of a modality to 1 or more areas; hot or cold packs	No	No
PT/OT (& Chiro)	97010	Application of a modality to 1 or more areas; hot or cold packs	Yes	Yes
Chiro (PTOT)	97012	Application of a modality to 1 or more areas; traction, mechanical	No	No
PT/OT (& Chiro)	97012	Application of a modality to 1 or more areas; traction, mechanical	Yes	Yes
Chiro (PTOT)	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	No	No
PT/OT (& Chiro)	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Yes	Yes
Chiro (PTOT)	97016	Application of a modality to 1 or more areas; vasopneumatic devices	No	No
PT/OT (& Chiro)	97016	Application of a modality to 1 or more areas; vasopneumatic devices	Yes	Yes
Chiro (PTOT)	97018	Application of a modality to 1 or more areas; paraffin bath	No	No
PT/OT (& Chiro)	97018	Application of a modality to 1 or more areas; paraffin bath	Yes	Yes
Chiro (PTOT)	97020	Microwave	No	No
PT/OT (& Chiro)	97020	Microwave	No	No
Chiro (PTOT)	97022	Application of a modality to 1 or more areas; whirlpool	No	No
PT/OT (& Chiro)	97022	Application of a modality to 1 or more areas; whirlpool	Yes	Yes
Chiro (PTOT)	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	No	No
PT/OT (& Chiro)	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Yes	Yes
Chiro (Acupuncture & PTOT)	97026	Application of a modality to 1 or more areas; infrared	No	No

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PT/OT (Acupuncture & Chiro)	97026	Application of a modality to 1 or more areas; infrared	Yes	Yes
Chiro (PTOT)	97028	Application of a modality to 1 or more areas; ultraviolet	No	No
PT/OT (& Chiro)	97028	Application of a modality to 1 or more areas; ultraviolet	Yes	Yes
Chiro (PTOT)	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	No	No
PT/OT (& Chiro)	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Yes	Yes
Chiro (PTOT)	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	No	No
PT/OT (& Chiro)	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Yes	Yes
Chiro (PTOT)	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	No	No
PT/OT (& Chiro)	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Yes	Yes
Chiro (PTOT)	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	No	No
PT/OT (& Chiro)	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Yes	Yes
Chiro (PTOT)	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	No	No
PT/OT (& Chiro)	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Yes	Yes
Chiro (PTOT)	97039	Unlisted modality (specify type and time if constant attendance)	No	No
PT/OT (& Chiro)	97039	Unlisted modality (specify type and time if constant attendance)	Yes	Yes
Chiro (Acupuncture & PTOT)	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	No	No
PT/OT (Acupuncture & Chiro)	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Yes	Yes
Chiro (PTOT)	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	No	No

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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	Yes	Yes
PT/OT	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Yes	Yes
Chiro (PTOT)	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	No	No
PT/OT (& Chiro)	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Yes	Yes
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)	Yes	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	Yes	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)	Yes	Yes
PT/OT (& Acupuncture)	97139	Unlisted therapeutic procedure (specify)	Yes	Yes
Chiro (Acupuncture & Massage Therapy & PT/OT)	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	No	No
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	Yes	Yes
PT/OT	97150	Therapeutic procedure(s), group (2 or more individuals)	Yes	Yes

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PT/OT	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.	Yes	Yes
PT/OT	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.	Yes	Yes
PT/OT	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.	Yes	Yes

Category/ Grouping	CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Medicare Requires Prior Authorization
PT/OT	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.	Yes	Yes
PT/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.	Yes	Yes
PT/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.	Yes	Yes

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PT/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.	Yes	Yes
PT/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.	Yes	Yes
Chiro (PTOT)	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	No	No
PT/OT (& Chiro)	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Yes	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	Yes	Yes

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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	Yes	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	Yes	Yes
PT/OT	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Yes	Yes
PT/OT	97545	Work hardening /conditioning; initial 2 hours	No	No
PT/OT	97546	Work hardening /conditioning; each additional hour (list separately in addition to code for primary procedure)	No	No
Chiro (PTOT)	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	No	No
PT/OT (& Chiro)	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Yes	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	Yes	Yes
Chiro (PTOT)	97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	Termed	Termed
PT/OT (& Chiro)	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremit(ies), lower extremit(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes	Yes	Yes
PT/OT (& Chiro)	97761	Prosthetic(s) training, upper and/or lower extremit(ies), initial prosthetic(s) encounter, each 15 minutes	Yes	Yes
PT/OT	97799	Unlisted physical medicine/rehabilitation service or procedure	Yes	Yes
Chiro	98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Yes	Yes

Category/ Grouping	CPT® Code	CPT® Code Description	Medicaid Requires Prior Authorization	Medicare Requires Prior Authorization
Chiro	98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Yes	Yes
Chiro	98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	Yes	Yes
Chiro	98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	No	No
PT/OT	4018F	Therapeutic Exercise For The Involved Joint(S) Instructed Or Physical Or Occupational Therapy Prescribed (Oa)	Yes	Yes
PT/OT	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)	Yes	Yes
PT/OT	G0151	Services of physical therapist in home health setting, each 15 minutes	Yes	Yes
PT/OT	G0152	Services of occupational therapist in home health setting, each 15 minutes	Yes	Yes
PT/OT	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Yes	Yes
PT/OT	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Yes	Yes
PT/OT	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	Yes	Yes
PT/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	Yes	Yes
PT/OT	G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.	No	No
PT/OT	G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	No	No
Chiro (PTOT)	G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	No	No
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	Yes	Yes

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PT/OT	S8948	Application Of A Modality (Requiring Constant Provider Attendance) To One Or More Areas; Low-Level Laser; Each 15 Minutes	Yes	Yes
PT/OT	S8950	Complex Lymphedema Therapy, Each 15 Minutes	Yes	Yes
PT/OT	S8990	Physical Or Manipulative Therapy Performed For Maintenance Rather Than Restoration	Yes	Yes
PT/OT	S9129	Occupational Therapy, In The Home, Per Diem	Yes	Yes
PT/OT	S9131	Physical Therapy; In The Home, Per Diem	Yes	Yes
PT/OT	S9476	Vestibular Rehabilitation Program, Nonphysician Provider, Per Diem	No	No

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