

BCBSIL Medicaid Physical and Occupational Therapy Code List

| CPT® Code | CPT® Code Description |
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| 29105 | Application of long arm splint (shoulder to hand) |
| 29125 | Application of short arm splint (forearm to hand); static |
| 29126 | Application of short arm splint (forearm to hand); dynamic |
| 29130 | Application of finger splint; static |
| 29131 | Application of finger splint; dynamic |
| 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 |
| 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) |
| 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side |
| 97010 | Application of a modality to 1 or more areas; hot or cold packs |
| 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 |

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| 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 |
| 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) |
| 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) |
| 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. |
| 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 |

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| 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) |
| 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 |
| 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 |
| 97799 | Unlisted physical medicine/rehabilitation service or procedure |
| G0281 | Electrical stimulation, (unattended), 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 |
| G0282 | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 |
| G0283 | Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care |
| 90901 | Biofeedback Training By Any Modality |
| 92548 | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; |
| 92626 | Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour |
| 92627 | Evaluation of auditory function rehabilitation status for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) |
| 92630 | Auditory Rehabilitation; Prelingual Hearing Loss |
| 92633 | Auditory Rehabilitation; Postlingual Hearing Loss |
| 95992 | Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day |
| 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 |
| 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) |

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| 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 |
| 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 |
| 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 |
| 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 |

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