

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

Category	CPT® Code	CPT® Code Description	Code Type	Commercial	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.	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
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

Category	CPT® Code	CPT® Code Description	Code Type	Commercial	Medicare
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(ies), Lower Extremity(ies) 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(ies), Initial Prosthetic(S) Encounter, Each 15 Minutes	CPT/HCPCS	No	Yes
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

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OT	<b>G0160</b>	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	<b>G0281</b>	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc.	CPT/HCPCS	No	Yes
PT	<b>G0282</b>	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281	CPT/HCPCS	No	Yes
PT/OT	<b>G0283</b>	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	<b>G0329</b>	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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