

**Prior Authorization Procedure List: Musculoskeletal Physical Therapy Management**

				Jefferson Health Plans		Health Partners Plans	
Category	CPT® Codes	CPT® / HCPCS Description	Notations	JHP Commercial (ACA)	JHP Medicare	HPP Medicaid CHIP Excluded for PT/OT	DHS Healthy Beginnings
OT	97010	Application of a modality to 1 or more areas; hot or cold packs		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97012	Application of a modality to 1 or more areas; traction, mechanical		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97016	Application of a modality to 1 or more areas; vasopneumatic devices		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97018	Application of a modality to 1 or more areas; paraffin bath		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97022	Application of a modality to 1 or more areas; whirlpool		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97026	Application of a modality to 1 or more areas; infrared		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97028	Application of a modality to 1 or more areas; ultraviolet		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97039	Unlisted modality (specify type and time if constant attendance)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
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		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97129	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact.		Out Of Scope	Included	Included - Out of Scope for CHIP	Included

Category	CPT® Codes	CPT® / HCPCS Description	Notations	JHP Commercial (ACA)	JHP Medicare	HPP Medicaid CHIP Excluded for PT/OT	DHS Healthy Beginnings
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)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97139	Unlisted therapeutic procedure (specify)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97150	Therapeutic procedure(s), group (2 or more individuals)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97165	OT Initial Evaluation		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97166	OT Initial Evaluation		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97167	OT Initial Evaluation		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97168	OT Re-Evaluation		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97535	Self-care/home management training (eg, activities of daily living (ADL) & compensatory training, meal preparation, safety procedures, & instructions in use of assistive technology devices/adaptive equipment) direct 1:1 contact by provider, each 15 min.		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
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 by provider, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97545	Work hardening/conditioning; initial 2 hours		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT/OT	97550	Caregiver Training Strategies&Tq 1St 30 Minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT/OT	97551	Caregiver Training Strategies&Tq Ea Addl 15 Min		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT/OT	97552	Group Caregiver Training Strategies & Technique		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	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		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
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 by provider, with written report, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
OT	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
PT	97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes		Out Of Scope	Included	Included - Out of Scope for CHIP	Included
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		Out Of Scope	Included	Included - Out of Scope for CHIP	Included

Category	CPT® Codes	CPT® / HCPCS Description	Notations	JHP Commercial (ACA)	JHP Medicare	HPP Medicaid CHIP Excluded for PT/OT	DHS Healthy Beginnings
OT	97799	Unlisted physical medicine/rehabilitation procedure		Out Of Scope	Included	Included - Out of Scope for CHIP	Included

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