

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 batch | | 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 |

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| 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 |

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| OT | 97799 | Unlisted physical medicine/rehabilitation procedure | | Out Of Scope | Included | Included - Out of Scope for CHIP | Included |

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