

Moda
Specialty Therapy Code List

| Category | CPT® Code | CPT® Code Description |
|----------------|-----------|--|
| PTOT | 420 | Physical therapy |
| PTOT | 421 | Physical therapy: visit charge |
| PTOT | 422 | Physical therapy: hourly charge |
| PTOT | 423 | Physical therapy: group rate |
| PTOT | 424 | Physical therapy: evaluation/re-evaluation |
| PTOT | 429 | Physical therapy: other physical therapy |
| PTOT | 430 | OT General |
| PTOT | 431 | OT Visit Code |
| PTOT | 432 | Occupational therapy: hourly charge |
| PTOT | 433 | Occupational therapy: group rate |
| PTOT | 434 | Occupational therapy: evaluation/re-evaluation |
| PTOT | 439 | Occupational therapy: other occupational therapy |
| Speech Therapy | 440 | Speech-language pathology |
| Speech Therapy | 441 | Speech-language pathology: Visit charge |
| Speech Therapy | 442 | Speech-language pathology: Hourly charge |
| Speech Therapy | 443 | Speech-language pathology: Group rate |
| Speech Therapy | 444 | Speech-language pathology: Evaluation/ re-evaluation |
| PTOT | 29105 | Application of long arm splint(shoulder to hand) |
| PTOT | 29125 | Application of short arm splint (forearm to hand), static |
| PTOT | 29126 | Application of short arm splint (forearm to hand), dynamic |
| PTOT | 29130 | Application of finger splint, static |
| PTOT | 29131 | Application of finger splint, dynamic |
| PTOT | 29200 | Strapping; thorax |
| PTOT | 29220 | Strapping, thorax |
| PTOT | 29240 | Strapping; shoulder (eg, Velpeau) |
| PTOT | 29260 | Strapping; elbow or wrist |
| PTOT | 29280 | Strapping; hand or finger |
| PTOT | 29520 | Strapping; hip |
| PTOT | 29530 | Strapping; knee |
| PTOT | 29540 | Strapping; ankle and/or foot |

| Category | CPT® Code | CPT® Code Description |
|----------------|--------------|--|
| PTOT | 29550 | Strapping; toes |
| Speech Therapy | 31575 | Laryngoscopy, flexible fiberoptic; diagnostic |
| Speech Therapy | 31579 | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy |
| PTOT | 90901 | Biofeedback Training By Any Modality |
| PTOT | 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 |
| PTOT | 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) |
| Speech Therapy | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| Speech Therapy | 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals |
| Speech Therapy | 92511 | Nasopharyngoscopy with endoscope (separate procedure) |
| Speech Therapy | 92520 | Laryngeal function studies (ie, aerodynamic testing and acoustic testing) |
| Speech Therapy | 92521 | Evaluation of speech fluency (eg, stuttering, cluttering) |
| Speech Therapy | 92522 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); |
| Speech Therapy | 92523 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) |
| Speech Therapy | 92524 | Behavioral and qualitative analysis of voice and resonance |
| Speech Therapy | 92526 | Treatment of swallowing dysfunction and/or oral function for feeding |
| Speech Therapy | 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech |
| Speech Therapy | 92605 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |
| Speech Therapy | 92606 | Therapeutic service(s) for the use of non-speech-generating device, including programming and modification |
| Speech Therapy | 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |
| Speech Therapy | 92608 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| Speech Therapy | 92609 | Therapeutic services for the use of speech-generating device, including programming and modification |
| Speech Therapy | 92610 | Evaluation of oral and pharyngeal swallowing function |
| Speech Therapy | 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording |
| Speech Therapy | 92612 | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; |
| Speech Therapy | 92613 | Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only |
| Speech Therapy | 92614 | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; |
| Speech Therapy | 92615 | Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only |
| Speech Therapy | 92616 | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; |
| Speech Therapy | 92617 | Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only |
| Speech Therapy | 92618 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| Chiro | 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) |
| PTOT | 95851 | Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) |
| Chiro | 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side |
| PTOT | 95852 | Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side |

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|----------------|-----------|--|
| Speech Therapy | 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| Speech Therapy | 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument |
| Speech Therapy | 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour |
| Speech Therapy | 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) |
| Speech Therapy | 96125 | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report |
| Chiro | 97010 | Application of a modality to 1 or more areas; hot or cold packs |
| PTOT | 97010 | Application of a modality to 1 or more areas; hot or cold packs |
| Chiro | 97012 | Application of a modality to 1 or more areas; traction, mechanical |
| PTOT | 97012 | Application of a modality to 1 or more areas; traction, mechanical |
| Chiro | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| PTOT | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| Chiro | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices |
| PTOT | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices |
| Chiro | 97018 | Application of a modality to 1 or more areas; paraffin bath |
| PTOT | 97018 | Application of a modality to 1 or more areas; paraffin bath |
| Chiro | 97022 | Application of a modality to 1 or more areas; whirlpool |
| PTOT | 97022 | Application of a modality to 1 or more areas; whirlpool |
| Chiro | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) |
| PTOT | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) |
| Acupuncture | 97026 | Application of a modality to 1 or more areas; infrared |
| Chiro | 97026 | Application of a modality to 1 or more areas; infrared |
| PTOT | 97026 | Application of a modality to 1 or more areas; infrared |
| Chiro | 97028 | Application of a modality to 1 or more areas; ultraviolet |
| PTOT | 97028 | Application of a modality to 1 or more areas; ultraviolet |
| Chiro | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |
| PTOT | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |
| Chiro | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes |
| PTOT | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes |
| Chiro | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes |
| PTOT | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes |
| Chiro | 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes |
| PTOT | 97035 | Application of a modality to 1 or more areas; ultrasound, each 15 minutes |
| Chiro | 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes |
| PTOT | 97036 | Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes |
| Chiro | 97039 | Unlisted modality (specify type and time if constant attendance) |

| Category | CPT® Code | CPT® Code Description |
|-----------------|--------------|---|
| PTOT | 97039 | Unlisted modality (specify type and time if constant attendance) |
| Acupuncture | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| Chiro | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| PTOT | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| 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 |
| 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 |
| PTOT | 97113 | Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises |
| Chiro | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| PTOT | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| Acupuncture | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| Massage Therapy | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| Acupuncture | 97139 | Unlisted therapeutic procedure (specify) |
| PTOT | 97139 | Unlisted therapeutic procedure (specify) |
| Acupuncture | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| Chiro | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| Massage Therapy | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| PTOT | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| PTOT | 97150 | Therapeutic procedure(s), group (2 or more individuals) |
| PTOT | 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. |
| PTOT | 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. |
| PTOT | 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. |

| Category | CPT® Code | CPT® Code Description |
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| PTOT | 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. |
| PTOT | 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. |
| PTOT | 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. |
| PTOT | 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 |
| PTOT | 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. |
| Chiro | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| PTOT | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| PTOT | 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes |
| PTOT | 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 |
| PTOT | 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 |
| PTOT | 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes |
| PTOT | 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 |

| Category | CPT® Code | CPT® Code Description |
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| PTOT | 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) |
| PTOT | 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 |
| PTOT | 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 |
| PTOT | 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 |
| Chiro | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes |
| PTOT | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes |
| PTOT | 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 |
| Chiro | 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 |
| PTOT | 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 |
| Chiro | 97761 | Prosthetic training, upper and/or lower extremity(s), each 15 minutes |
| PTOT | 97761 | Prosthetic(s) training, upper and/or lower extremit(ies), initial prosthetic(s) encounter, each 15 minutes |
| PTOT | 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 |
| PTOT | 97799 | Unlisted physical medicine/rehabilitation service or procedure |
| Acupuncture | 97810 | Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| Acupuncture | 97811 | Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure) |
| Acupuncture | 97813 | Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient |
| Acupuncture | 97814 | Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with insertion of needle(s) (List separately in addition to code for primary procedure) |
| Chiro | 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions |
| Chiro | 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions |
| Chiro | 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions |
| Chiro | 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions |
| PTOT | G0281 | Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc. |
| PTOT | G0282 | Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281 |
| 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 |
| 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 |
| PTOT | 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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