

**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	<b>29550</b>	Strapping; toes
Speech Therapy	<b>31575</b>	Laryngoscopy, flexible fiberoptic; diagnostic
Speech Therapy	<b>31579</b>	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
PTOT	<b>90901</b>	Biofeedback Training By Any Modality
PTOT	<b>90912</b>	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	<b>90913</b>	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	<b>92507</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Speech Therapy	<b>92508</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Speech Therapy	<b>92511</b>	Nasopharyngoscopy with endoscope (separate procedure)
Speech Therapy	<b>92520</b>	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
Speech Therapy	<b>92521</b>	Evaluation of speech fluency (eg, stuttering, cluttering)
Speech Therapy	<b>92522</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
Speech Therapy	<b>92523</b>	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	<b>92524</b>	Behavioral and qualitative analysis of voice and resonance
Speech Therapy	<b>92526</b>	Treatment of swallowing dysfunction and/or oral function for feeding
Speech Therapy	<b>92597</b>	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
Speech Therapy	<b>92605</b>	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Speech Therapy	<b>92606</b>	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
Speech Therapy	<b>92607</b>	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Speech Therapy	<b>92608</b>	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	<b>92609</b>	Therapeutic services for the use of speech-generating device, including programming and modification
Speech Therapy	<b>92610</b>	Evaluation of oral and pharyngeal swallowing function
Speech Therapy	<b>92611</b>	Motion fluoroscopic evaluation of swallowing function by cine or video recording
Speech Therapy	<b>92612</b>	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
Speech Therapy	<b>92613</b>	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
Speech Therapy	<b>92614</b>	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
Speech Therapy	<b>92615</b>	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
Speech Therapy	<b>92616</b>	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
Speech Therapy	<b>92617</b>	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
Speech Therapy	<b>92618</b>	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	<b>95851</b>	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
PTOT	<b>95851</b>	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
Chiro	<b>95852</b>	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
PTOT	<b>95852</b>	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side

Category	CPT® Code	CPT® Code Description
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)
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)
PTOT	97039	Unlisted modality (specify type and time if constant attendance)

Category	CPT® Code	CPT® Code Description
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)
PTOT	97139	Unlisted therapeutic procedure (specify)
Chiro	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.
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.

Category	CPT® Code	CPT® Code Description
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
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

Category	CPT® Code	CPT® Code Description
PTOT	<b>97750</b>	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
PTOT	<b>97755</b>	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	<b>97760</b>	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	<b>97760</b>	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
Chiro	<b>97761</b>	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
PTOT	<b>97761</b>	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
PTOT	<b>97763</b>	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	<b>97799</b>	Unlisted physical medicine/rehabilitation service or procedure
Chiro	<b>98940</b>	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Chiro	<b>98941</b>	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Chiro	<b>98942</b>	Chiropractic manipulative treatment (CMT); spinal, 5 regions
PTOT	<b>G0281</b>	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.
PTOT	<b>G0282</b>	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
Chiro	<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
PTOT	<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
PTOT	<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

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