EviCore
By EVERNORTH

EOCCO

Specialty Therapy Code List

CPT/HCPC/Rev Codes	CPT® Code Description
420	Physical therapy
421	Physical therapy: visit charge
422	Physical therapy: hourly charge
423	Physical therapy: group rate
424	Physical therapy: evaluation/re-evaluation
429	Physical therapy: other physical therapy
430	OT General
431	OT Visit Code
432	Occupational therapy: hourly charge
433	Occupational therapy: group rate
434	Occupational therapy: evaluation/re-evaluation
439	Occupational therapy: other occupational therapy
440	Speech-language pathology
441	Speech-language pathology: Visit charge
442	Speech-language pathology: Hourly charge
443	Speech-language pathology: Group rate
444	Speech-language pathology: Evaluation/ re-evaluation
28520	Strapping, hip
29105	Application of long arm splint(shoulder to hand)
29125	Application of short arm splint (forearm to hand), static
29126	Application of short arm splint (forearm to hand), dynamic
29130	Application of finger splint, static
29131	Application of finger splint, dynamic
29200	Strapping; thorax
29220	Strapping, thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29520	Strapping; hip

CPT/HCPC/Rev Codes	CPT® Code Description
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
31575	Laryngoscopy, Flexible Fiberoptic; Diagnostic
31579	Laryngoscopy, Flexible Or Rigid Fiberoptic, With Stroboscopy
90901	Biofeedback training by any modality, including EMG, EEG, ECG, or other physiologic monitoring, when performed; initial 15 minutes of direct patient contact by physician or other qualified health care professional
92507	Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder, group, 2 or more individuals
92511	Nasopharyngoscopy With Endoscope (Separate Procedure)
92520	Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing)
92521	Evaluation Of Speech Fluency (Eg, Stuttering, Cluttering)
92522	Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria);
92523	Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria); With Evaluation Of Language Comprehension And Expression (Eg, Receptive And Expressive Language)
92524	Behavioral And Qualitative Analysis Of Voice And Resonance
92526	Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding
92597	Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech
92605	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour
92606	Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification
92607	Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour
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)
92609	Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification
92610	Evaluation Of Oral And Pharyngeal Swallowing Function
92611	Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording
92612	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording;
92613	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; Interpretation And Report Only
92614	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording;
92615	Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only
92616	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording;
92617	Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only

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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)
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
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
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
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic
97018	Application of a modality to 1 or more areas; paraffin bath
97026	Application of a modality to 1 or more areas; infrared
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
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
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
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/HCPC/Rev Codes	CPT® Code Description
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.
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.
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.
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.
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/HCPC/Rev Codes	CPT® Code Description
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
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.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
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
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
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
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
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)
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/HCPC/Rev Codes	CPT® Code Description
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
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
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
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
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
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes
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
97799	Unlisted physical medicine/rehabilitation service or procedure
97810	Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
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)
97813	Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
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)
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
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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