2013 CPT CODES FOR OCCUPATIONAL THERAPY

The following CPT© codes are frequently used by occupational therapists to report services in various settings. Additional codes, such as Case Management, and Psychiatry codes, are sometimes accepted by private insurers for classifying and billing OT services. Not all codes are accepted by all payers, including Medicare. Limitations on use of one or more of these codes may be established by state regulation and/or payer policy. Always review state rules, the official CPT© book, and request information from specific insurers concerning codes, time frames, and payment policy. **NOTE: Medicare requires the use of CPT© 2013 codes effective January 1, 2013.**

The work of the qualified healthcare professional consists of face-to-face time with the patient (and caregiver, if applicable) delivering skilled services. For the purpose of determining the total time of a service, incremental intervals of treatment at the same visit may be accumulated.

PHYSICAL MEDICINE & REHABILITATION

97003 Occupational therapy evaluation
97004 Occupational therapy re-evaluation

MODALITIES

Any physical agent applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy.

Supervised

The application of a modality that does not require direct (one-on-one) patient contact.

97010 Application of a modality to one or more areas; hot or cold packs
97012 traction, mechanical
97014 electrical stimulation (unattended)
97016 vasopneumatic devices
97018 paraffin bath
97022 whirlpool
97024 diathermy (eg, microwave)
97026 infrared
97028 ultraviolet

Constant Attendance

The application of a modality that requires direct (one-on-one) patient contact.

97032 Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes (For transcutaneous electrical modulation pain reprocessing (TEMPR/scrambler therapy), use 0278T
97033 iontophoresis, each 15 minutes
97034 contrast baths, each 15 minutes
97035 ultrasound, each 15 minutes
97036 Hubbard tank, each 15 minutes
97039 Unlisted modality (specify type and time if constant attendance)

THERAPEUTIC PROCEDURES

A manner of effecting change through the application of clinical skills and/or services that attempt to improve function.

Physician or other qualified health care professional (ie therapist) required to have direct (one-on-one) patient contact.

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112 neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113 aquatic therapy with therapeutic exercises
97116 gait training (includes stair climbing)
97124 massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) *(Note: For myofascial release, use 97140)*
97139 Unlisted therapeutic procedure (specify)
97140 Manual therapy techniques (e.g., mobilization /manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes (Do not report 97140 in conjunction with 29581-29584)
97150 Therapeutic procedure(s), group (2 or more individuals)
(*Group therapy procedures involve constant attendance of the physician* ***or other qualified health care professional (ie*** *therapist), but by definition do not require one-on-one patient contact by the same physician or other qualified health care professional)*
97530 Therapeutic activities, direct (one on one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97532 Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535 Self care/home management training (e.g., 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

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+ Add-on Code

97537 Community/work reintegration training (e.g., 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
97545 Work hardening/conditioning; initial 2 hours
+ 97546 each additional hour

ACTIVE WOUND CARE MANAGEMENT

Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing. Services require direct (one-on-one) contact with the patient.

97597 Debridement (eg, high pressure water jet 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 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 (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session
97605 Negative pressure wound therapy (e.g., Vacuum assisted drainage collection), 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 total wound(s) surface area greater than 50 square centimeters

TESTS AND MEASUREMENTS

Requires direct one-on-one patient contact

97750 Physical performance test or measurement (e.g., 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

ORTHOTIC MANAGEMENT AND PROSTHETIC MANAGEMENT

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
(Code 97760 should not be reported with 97116 for the same extremity)
97761 Prosthetic training, upper and/or lower extremity(s), each 15 minutes
97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes

OTHER PROCEDURES

97799 Unlisted physical medicine/rehabilitation service or procedure

SPECIAL OTORHINOLARYNGOLOGIC SERVICES

92526 Treatment of swallowing dysfunction and/or oral function for feeding

EVALUATIVE AND THERAPEUTIC SERVICES

92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour
+92618 each additional 30 minutes (List separately in addition to code for primary procedure)
92606 Therapeutic service(s) for the use of non-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 interpretation and report only
92614 Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording
92615 interpretation and report only

MUSCLE AND RANGE OF MOTION TESTING

95831 Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
95832 hand, with or without comparison with normal side
95833 total evaluation of body, excluding hands
95834 total evaluation of body, including hands
95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852 hand, with or without comparison with normal side

OTHER PROCEDURES

95992 Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day. *(Not covered by Medicare, use 97112)*

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CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g., NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

96110 Developmental screening, with interpretation and report, per standardized instrument form
+96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or congnitive functioning by standardized developmental instruments) with interpretation and report
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

HEALTH AND BEHAVIOR ASSESSMENT/ INTERVENTION *(Not covered under Medicare for OT- See CPT book for additional instructions for use of these codes.)*

96150 Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysicological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151 re-assessment
96152 Health and behavior intervention, each 15 minutes; face-to-face; individual
96153 group (2 or more patients)
96154 family (with the patient present)
96155 family (without the patient present)

MEDICAL TEAM CONFERENCE, DIRECT (FACE-TO-FACE) CONTACT WITH PATIENT AND/OR FAMILY

(Not covered by Medicare)
99366 Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional
99368 Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional

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