

2024 FREQUENTLY USED CPT® CODES FOR OCCUPATIONAL THERAPY

The following CPT® codes are frequently used by occupational therapists to report services in various settings. **Not all codes are accepted by all payers.** Limitations on using one or more of these codes may be established by state regulation and/or payer policy. Always review state rules, the official CPT® manual, and request information from specific insurers concerning codes, time frames, and payment policy. *Note:* CPT® codes listed are effective as of January 1, 2024.

The work of the qualified health professional consists of face-to-face time with the patient (and/or 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. In order to code the services below, the qualified health care professional (i.e., therapist or assistant) is required to have direct (one-on-one) patient contact except where otherwise noted.

PHYSICAL MEDICINE & REHABILITATION

OCCUPATIONAL THERAPY EVALUATIONS

Occupational therapy evaluations include an occupational profile, medical and therapy history, relevant assessments, and development of a plan of care, which reflects the therapist's clinical reasoning and interpretation of the data.

- 97165** Occupational therapy evaluation, **low complexity**
- 97166** Occupational therapy evaluation, **moderate complexity**
- 97167** Occupational therapy evaluation, **high complexity**
- 97168** Occupational therapy **re-evaluation**

Report 97168 for performance of a re-evaluation that is based on an established and ongoing plan of care.

Please refer to the CPT® coding book for further guidance on the occupational therapy evaluation codes, including the components that must be documented in order to report the selected complexity level of occupational therapy evaluations.

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
- 97018** paraffin bath
- 97022** whirlpool
- 97024** diathermy (e.g., microwave)
- G0283** Electrical stimulation (unattended), to 1 or more areas for indication(s) other than wound care, as part of a therapy plan of care

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

- 97035** ultrasound, each 15 minutes

THERAPEUTIC PROCEDURES

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

- 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)
- 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; initial 15 minutes
- +97130** Each additional 15 minutes (List separately in addition to code for primary procedure.)
- 97139** Unlisted therapeutic procedure (specify)
- 97140** Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
- 97150** Therapeutic procedure(s), group (2 or more)
(Report for each member of the group)
*(Group therapy procedures involve constant attendance by the **qualified health care professional** [i.e., therapist or assistant], but by definition do not require one-on-one patient contact by the same health care professional.)*
- 97530** Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

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- 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 [ADLs] 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 (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 (e.g., assessment, fitting, training), each 15 minutes
- 97545** Work hardening/conditioning; initial 2 hours
- +97546** Each additional hour (List separately in addition to code for primary procedure.)
(Use 97546 in conjunction with 97545.)
- 97550** Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes
- +97551** Each additional 15 minutes (List separately in addition to code for primary service)
- 97552** Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers

ACTIVE WOUND CARE MANAGEMENT

Active wound care procedures are performed to remove devitalized and/or necrotic tissue and promote healing.

- 97597** Debridement (e.g., high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), open wound (e.g., 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, larval therapy), including topical application(s), wound assessment, and instructions(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
- 97610** Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

TEST AND MEASUREMENTS

- 97750** Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
- 97755** Assistive technology assessment (e.g., 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 TRAINING AND PROSTHETIC MANAGEMENT

- 97760** 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
- 97761** Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, 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

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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 endoscopic evaluation of swallowing by cine or video recording

92613 interpretation and report only

92614 Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording

92615 interpretation and report only

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

MUSCLE AND RANGE OF MOTION TESTING

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) (e.g., Epley maneuver, Semont maneuver), per day

CENTRAL NERVOUS SYSTEM

ASSESSMENT/TESTS (E.G., NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)

96110 Developmental screening (e.g., developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument

(For an emotional/behavioral assessment, use 96127)

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

+96113 Each additional 30 minutes (List separately in addition to code for primary procedure.)

96125 Standardized cognitive performance testing (e.g., 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

96127 Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

(For developmental screening, use 96110)

HEALTH AND BEHAVIOR ASSESSMENT AND INTERVENTION

(Not covered under Medicare for OT—See CPT® book for additional instructions for use of these codes.)

96156 Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)

96158 Health behavior intervention, individual, face-to-face; initial 30 minutes

+96159 Each additional 15 minutes (List separately in addition to code for primary procedure.)

96164 Health behavior intervention, group (2 or more patients) face-to-face; initial 30 minutes

+96165 Each additional 15 minutes (List separately in addition to code for primary procedure.)

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- 96167** Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
- +96168** Each additional 15 minutes (List separately in addition to code for primary procedure.)
- 96170** Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
- +96171** Each additional 15 minutes (List separately in addition to code for primary procedure.)

ADAPTIVE BEHAVIOR SERVICES

(Please refer to the CPT® book for additional instructions for use of these codes.)

ADAPTIVE BEHAVIOR ASSESSMENTS

- 97151** Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
- 97152** Behavior identification—supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
- 0362T** Behavior identification supporting assessment, each 15 minutes of technician's time face-to-face with a patient

(For behavior identification supporting assessment with four required components, use 0362T.)

ADAPTIVE BEHAVIOR TREATMENT

Adaptive behavior treatment codes 97153, 97154, 97155, 97156, 97157, 97158, 0373T describe services that address specific treatment targets and goals based on results of previous assessments (see 97151, 97152, 0362T), and include ongoing assessment and adjustment of treatment protocols, targets, and goals.

- 97153** Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes

- 97154** Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
- 97155** Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
- 97156** Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
- 97157** Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
- 97158** Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
- 0373T** Adaptive behavior treatment with protocol modification, each 15 minutes of technician's time face-to-face with a patient

(For adaptive behavior treatment with protocol modification with four required components, use 0373T.)

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE

- 98970** Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 98971** 11–20 minutes
- 98972** 21 or more minutes
- G2250** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment

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- G2251** Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

REMOTE THERAPEUTIC MONITORING SERVICES

(Please refer to the CPT® book for additional instructions for use of these codes.)

- 98975** Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
- 98976** Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- 98977** Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES

- 98980** Remote therapeutic monitoring treatment management services, physician, or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
- +98981** Each additional 20 minutes (List separately in addition to code for primary procedure)

MEDICAL TEAM CONFERENCES

(Not covered under Medicare for OT—See CPT® book for additional instructions for use of these codes.)

- 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 non-physician 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 non-physician qualified health care professional