# Coding Clarification: Codes 97542 and 97755

Significant technological advancements have resulted in increased access to mobility devices that help patients optimize function and maximize environmental access. Due to this emerging technology, there has been confusion about how to correctly report Current Procedural Terminology (CPT®) codes 97542 (wheelchair management) and 97755 (assistive technology assessment). This article clarifies the intent and appropriate use of these two codes.

### **Therapeutic Procedures**

**97542** Wheelchair management (eg, assessment, fitting, training), each 15 minutes

#### **Tests and Measurements**

**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

## **Overview of Code 97755**

Located in the Tests and Measurements subsection of the Medicine section of the CPT® 2021 code set, code 97755 may be reported for direct one-on-one assessment of a patient's need for and the ability to use assistive technology. Assistive technology includes user-interface technology and/or shared control between the user and the device, such as power mobility devices (including adaptive switches and access devices), prosthetic limb control devices, functional electrical stimulation devices, and robotic exoskeletons. For example, code 97755 may be reported for patient assessment for a power wheelchair that may include the control system, custom seating, and variable support positioning.

The desired outcome for a patient assessment is to identify technology that matches the needs of the patient appropriately. This assessment requires direct interaction between the patient and physician or other qualified health care professional (QHP). Patients who require assistive technology solutions often present with complex medical problems (eg, neuromuscular dysfunction and severe orthopedic impairments, such as high-level spinal cord injury, multiple sclerosis, Parkinson disease). Code 97755 also should be reported for the time spent assessing the extent of a patient's functional capabilities (eg, oral motor strength, range of motion and strength, ocular motor control, quality of voice output), when determining the necessary individual modifications (ie, custom design of components and systems), and analyzing the patient's overall ability to utilize these accessibility devices in everyday life. The total time spent face-to-face with the patient for the assessment would be reported with the appropriate units of code 97755. Time spent writing the assessment report is not reported separately because it is included in the relative work value of the code. Multiple units may be reported based on the aggregate amount of time spent by a physician or other QHP in direct contact with the patient on a single date of service.

#### **Coding Tip**

To report training in the use of assistive technology, report code 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,* or 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.* 

## **Overview of Code 97542**

Code 97542 is used to report management of a patient using a wheelchair including assessment (eg, postural/positioning needs), fitting (eg, pressure relief), and training (eg, getting in and out of the wheelchair safely and managing wheelchair propulsion on various terrains).

Code 97542 requires analysis of and training in safe operation of a wheelchair to achieve independent mobility (eg, maneuverability skills, assessment of patient propulsion patterns to limit upper extremity injury).