

Therapy

Where to find state policy

The [Medicaid Services Manual \(MSM\)](#) Chapter 1700 contains State policy for all therapy services, including respiratory therapy services (not discussed here. See MSM Chapter 1700 Section 1703.4). For coverage options under a Medicaid waiver program, see MSM [Chapters 2300](#) and [2400](#).

What's in Table 34A

The following describes the columns in Table 34A:

- **Code:** All codes in the table are covered. With the exception of lymphedema therapy services, codes that are not in the table are not covered.
- **Description:** This is the code description per the CPT Manual.
- **Session Limit:** *This column indicates the number of units allowed per day, by the same provider, with the same recipient. Codes with a 1 unit maximum are occurrence-based and all other codes are time-based. A combination of occurrence- and time-based codes may be used, but may not exceed a total of four units.*
- **Other Instructions:** Other important information regarding the code.

Prior authorization for therapy services

With the exception of evaluation and re-evaluation codes, all physical, occupational, speech and language, respiratory therapy and maintenance therapy services must be prior authorized.

How to request prior authorization

Submit prior authorization requests to Hewlett Packard Enterprise using the online prior authorization system on the Provider Web Portal or using paper form [FA-7](#). Complete all applicable form fields.

The request must include measurable goals and sufficient documentation to illustrate that the proposed services are medically necessary as defined in MSM Chapters 100 and 1700. If you have any questions regarding authorization, call Hewlett Packard Enterprise at (800) 525-2395.

How to bill for therapy services

Enter one date of service per claim line (*From* and *To* dates must be the same). Include the appropriate modifier (i.e., GO) on all claims. After prior authorization is issued, billed services must match the approved authorization. Be sure to include the authorization number on all claims.

Table 34A: **Covered Codes for Therapy Providers**

Code	Description	Session Limit	Prior Authorization	Other Instructions
Covered Codes for Occupational Therapists (OT) - Use modifier GO when billing these codes.				
97003*	Occupational therapy evaluation	1 unit	Not Required	Limited to 1 evaluation per provider, per condition, per calendar year.
97004*	Occupational therapy re-evaluation	1 unit	Not Required	Limited to once every 3 months.
97010	Application of a modality to one or more areas; hot or cold packs	1 unit	Required	Covered codes in the range of 97010-97124 are limited to 4 modalities and/or therapeutic procedures in one day.
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	1 unit	Required	See "Other Instructions" for code 97010.
97016*	Application of a modality to one or more areas; vasopneumatic devices	1 unit	Required	See "Other Instructions" for code 97010.
97018	Application of a modality to one or more areas; paraffin bath	1 unit	Required	See "Other Instructions" for code 97010.
97022*	Application of a modality to one or more areas; whirlpool	1 unit	Required	See "Other Instructions" for code 97010.
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	1 unit	Required	See "Other Instructions" for code 97010.

Code	Description	Session Limit	Prior Authorization	Other Instructions
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	1 unit	Required	See "Other Instructions" for code 97010.
97124	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	1 unit	Required	See "Other Instructions" for code 97010.
97140*	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
		OR 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals.)	1 unit	Required	Bill 1 unit for <i>each</i> recipient per session.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	
97532*	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 min.	4 units	Required	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97140.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min.	4 units	Required	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	Required	
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

*** NOTE:** Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.

Code	Description	Session Limit	Prior Authorization	Other Instructions
Covered Codes for Physical Therapists (PT) - Use modifier GP when billing these codes.				
97001*	Physical therapy initial evaluation	1 unit	Not Required	Limited to 1 evaluation per provider, per condition, per calendar year.
97002*	Physical therapy re-evaluation	1 unit	Not Required	Limited to once every 3 months.
97010	Application of a modality to one or more areas: hot or cold packs	4 units	Required	
97012*	Application of a modality to one or more areas; traction, mechanical	4 units	Required	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	4 units	Required	
97016*	Application of a modality to one or more areas: vasopneumatic devices	4 units	Required	
97018	Application of a modality to one or more areas: paraffin bath	4 units	Required	
97022*	Application of a modality to one or more areas; whirlpool	4 units	Required	
97024	Application of a modality to one or more areas; diathermy	4 units	Required	
97026	Application of a modality to one or more areas; infrared	4 units	Required	
97028	Application of a modality to one or more areas; ultraviolet	4 units	Required	
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	4 units	Required	
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	4 units	Required	
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	4 units	Required	
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	4 units	Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	4 units	Required	
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	4 units	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	4 units	Required	
97113*	Therapeutic procedure, one or more areas, each 15min.; aquatic therapy with therapeutic	4 units	Required	
97116*	Therapeutic procedure, one or more areas, each 15 min.; gait training	4 units	Required	
97124*	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	Required	Any combination of codes 92507, 92508, 92526, 97124, 97532 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
97140*	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	See "Other Instructions" for code 97110.
		Or 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals)	1 unit	Required	Bill 1 unit for <i>each</i> recipient per session.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	
97532*	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97124.

Code	Description	Session Limit	Prior Authorization	Other Instructions
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97124.
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97110.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min	4 units	Required	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	Required	
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

Code	Description	Session Limit	Prior Authorization	Other Instructions
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

*** NOTE:** Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.

Covered Codes for Respiratory Therapists (RT)

94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Not Required	
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional		Not Required	
94015	Patient-initiated spirometric recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)		Not Required	
94016	Patient-initiated spirometric recording, review and interpretation only by a physician or other health care professional		Not Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Not Required	
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine)		Not Required	
94150	Vital capacity, total (separate procedure)		Not Required	
94200	Maximum breathing capacity, maximal voluntary ventilation		Not Required	
94250	Expired gas collection, quantitative, single procedure (separate procedure)		Not Required	
94375	Respiratory flow volume loop		Not Required	
94400	Breathing response to CO ₂ (CO ₂ response curve)		Not Required	
94450	Breathing response to hypoxia (hypoxia response curve)		Not Required	
94620	Pulmonary stress testing, simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		Not Required	
94621	Pulmonary stress testing, complex (including measurements of CO ₂ production, O ₂ uptake, and electrocardiographic recordings)		Not Required	
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)		Required	
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis		Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		Required	
94662	Continuous negative pressure ventilation (CNP), initiation and management		Required	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		Not Required	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or		Required	
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent demonstration and/or		Required	
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple		Not Required	
94681	Oxygen uptake, expired gas analysis; including CO ₂ output, percentage oxygen		Not Required	
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)		Not Required	
94726	Plethysmography for determination of lung volumes and, when performed, airway		Not Required	
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		Not Required	
94728	Airway resistance by impulse oscillometry		Not Required	
94729	Diffusing capacity (e.g., carbon monoxide, membrane) (List separately in addition to code for primary procedure)		Not Required	
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements)		Not Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		Not Required	
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)		Not Required	
94770	Carbon dioxide, expired gas determination by infrared analyzer		Not Required	
Covered Codes for Speech Therapists (ST) - Use modifier GN when billing these codes.				
92507*	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual		Required	Any combination of codes 92507, 92508, 92526, 97532 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
92508*	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, 2 or more individuals		Required	See "Other Instructions" for code 92507.
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)		Required	
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)		Not Required	
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)		Not Required	
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)		Not Required	
92524	Behavioral and qualitative analysis of voice and resonance		Not Required	
92526*	Treatment of swallowing dysfunction and/or oral function for feeding		Required	See "Other Instructions" for code 92507.

Code	Description	Session Limit	Prior Authorization	Other Instructions
92601	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; with programming		Not Required	
92602	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; subsequent reprogramming		Not Required	
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming		Not Required	
92604	Diagnostic analysis of cochlear implant, age 7 yrs or older; subsequent reprogramming		Not Required	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour		Required	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification		Required	
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour		Required	
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes		Required	
92609	Therapeutic services for the use of speech-generating device, including programming and modification		Required	
92626	Evaluation of auditory rehabilitation status; first hour		Not Required	
92627	Evaluation of auditory rehabilitation status; each additional 15 min. (List separately in addition to code for primary procedure)		Not Required	
92630	Auditory rehabilitation; pre-lingual hearing loss		Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
92633	Auditory rehabilitation; post-lingual hearing loss		Required	
97532*	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 92507.
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 92507.
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
<p>* NOTE: Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.</p>				