



## 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).

### What's in table 34A

The following describes the columns in Table 34A:

- **Code:** All codes in the table are covered. Codes that are not in the table are not covered.
- **Description:** This is the code description per the CPT Manual.
- **Session Limit:** *This column tells 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.

### How to know when prior authorization is required

Some services *always require prior authorization as specified* in Table 34A.

Recipients can receive, once per calendar year, medically necessary service on 12 separate *days* (if age 21 or older) or 24 separate *days* (if under age 21) per discipline, before prior authorization is required. A day may include more than one provider type and/or session before prior authorization is required.

Evaluations/Reevaluations do not count as one of these days and do not require prior authorization, however, they are limited as specified in Table 34A.

Refer to MSM [Chapter 1700](#) for coverage and limitations.

### How to bill for therapy services

Enter one date of service per claim line (*From* and *To* dates must be the same). Include the designated provider modifier 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.

### How to request prior authorization

Prior authorization is required for services that exceed the 12- or 24-day limitation described in MSM [Chapter 1700](#).

Submit prior authorization requests to HP Enterprise Services using EVS or 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. If you have any questions regarding authorization, call HP Enterprise Services at (800-525-2395).



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**Non-covered services**

Non-covered therapy services include:

- Athletic training evaluation (codes 97005 and 97006)
- Unlisted modality (code 97039)
- Unlisted therapeutic procedure (code 97139)
- Community/work reintegration training (code 97537)
- Work hardening/conditioning (codes 97545 and 97546)
- Maintenance therapy for Lymphdema
- Services for non-speech-generating communication devices (codes 92605 and 92606)

(For coverage options under a Medicaid waiver program, see MSM [Chapters 2300](#) and [2400](#).)

Table 34A: Covered Codes for Therapy Providers

Code	Description	Session Limit	Other Instructions
Covered Codes for Occupational Therapists (OT) - Use modifier GO when billing these codes.			
<b>97003</b>	Occupational therapy evaluation	1 unit	Limited to 1 evaluation per provider, per condition, per calendar year.
<b>97004</b>	Occupational therapy re-evaluation	1 unit	Limited to once every 3 months.
<b>97010</b>	Application of a modality to one or more areas; hot or cold packs	1 unit	Covered codes in the range of 97010-97124 are limited to 4 modalities and/or therapeutic procedures in one day.
<b>97014</b>	Application of a modality to one or more areas; electrical stimulation (unattended)	1 unit	See <i>other instructions</i> for code 97010.
<b>97016</b>	Application of a modality to one or more areas; vasopneumatic devices	1 unit	See <i>other instructions</i> for code 97010.
<b>97018</b>	Application of a modality to one or more areas; paraffin bath	1 unit	See <i>other instructions</i> for code 97010.
<b>97022</b>	Application of a modality to one or more areas; whirlpool	1 unit	See <i>other instructions</i> for code 97010.
<b>97032</b>	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	1 unit	See <i>other instructions</i> for code 97010.
<b>97033</b>	Application of a modality to one or more areas; iontophoresis, each 15 min.	1 unit	See <i>other instructions</i> for code 97010.
<b>97034</b>	Application of a modality to one or more areas; contrast baths, each 15 min.	1 unit	See <i>other instructions</i> for code 97010.
<b>97035</b>	Application of a modality to one or more areas; ultrasound, each 15 min.	1 unit	See <i>other instructions</i> for code 97010.
<b>97036</b>	Application of a modality to one or more areas; Hubbard tank, each 15 min.	1 unit	See <i>other instructions</i> for code 97010.



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Code	Description	Session Limit	Other Instructions
<b>97110</b>	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	1 unit	See <i>other instructions</i> for code 97010. Prior authorization is required when used with code 97140. See <i>other Instructions</i> for code 97140.
<b>97112</b>	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	1 unit	See <i>other instructions</i> for code 97010.
<b>97124</b>	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	1 unit	See <i>other instructions</i> for code 97010.
<b>97140</b>	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140 <b>OR</b> 6 combined units of codes 97140, 97110 and/or 97535	Prior authorization is <i>always</i> required. One prior authorization is issued for ICD-9 codes 457.0, 457.1 and 757.0 for use with a combination of 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.
<b>97150</b>	Therapeutic procedure(s), group (A group is 2 or more individuals.)	1 unit	Bill 1 unit for <i>each</i> recipient in the group.
<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	
<b>97532</b>	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	
<b>97533</b>	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	



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Code	Description	Session Limit	Other Instructions
<b>97535</b>	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Prior authorization is required when used with code 97140.
<b>97542</b>	Wheelchair management/ propulsion training, each 15 min.	4 units	
<b>97760</b>	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	
<b>97761</b>	Prosthetic training, upper and/or lower extremities, each 15 min.	4 units	
<b>97762</b>	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	
<b>Covered Codes for Physical Therapists (PT) - Use modifier GP when billing these codes.</b>			
<b>97001</b>	Physical therapy initial evaluation	1 unit	Limited to 1 evaluation per provider, per condition, per calendar year.
<b>97002</b>	Physical therapy re-evaluation	1 unit	Limited to once every 3 months.
<b>97010</b>	Application of a modality to one or more areas: hot or cold packs	4 units	
<b>97012</b>	Application of a modality to one or more areas; traction, mechanical	4 units	
<b>97014</b>	Application of a modality to one or more areas; electrical stimulation (unattended)	4 units	
<b>97016</b>	Application of a modality to one or more areas; vasopneumatic devices	4 units	
<b>97018</b>	Application of a modality to one or more areas; paraffin bath	4 units	
<b>97022</b>	Application of a modality to one or more areas; whirlpool	4 units	
<b>97024</b>	Application of a modality to one or more areas diathermy	4 units	
<b>97026</b>	Application of a modality to one or more areas; infrared	4 units	
<b>97028</b>	Application of a modality to one or more areas; ultraviolet	4 units	
<b>97032</b>	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	4 units	
<b>97033</b>	Application of a modality to one or more areas; iontophoresis, each 15 min.	4 units	



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Code	Description	Session Limit	Other Instructions
<b>97034</b>	Application of a modality to one or more areas; contrast baths, each 15 min.	4 units	
<b>97035</b>	Application of a modality to one or more areas; ultrasound, each 15 min.	4 units	
<b>97036</b>	Application of a modality to one or more areas; Hubbard tank, each 15 min.	4 units	
<b>97110</b>	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	4 units	Prior authorization is required when used with code 97140. See <i>other instructions</i> for code 97140.
<b>97112</b>	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	4 units	
<b>97113</b>	Therapeutic procedure, one or more areas, each 15 min.; aquatic therapy with therapeutic exercises	4 units	
<b>97116</b>	Therapeutic procedure, one or more areas, each 15 min.; gait training	4 units	
<b>97124</b>	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	See <i>other instructions</i> for 92507.
<b>97140</b>	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140 Or 6 combined units of codes 97140, 97110 and/or 97535	Prior authorization is <i>always</i> required. One prior authorization is issued for ICD-9 codes 457.0, 457.1 and 757.0 for use with a combination of 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.
<b>97150</b>	Therapeutic procedure(s), group (A group is 2 or more individuals.)	1 unit	Bill 1 unit for <i>each</i> recipient in the group.
<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	
<b>97532</b>	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	See <i>other instructions</i> for 92507.



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Code	Description	Session Limit	Other Instructions
<b>97533</b>	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15	4 units	See <i>other instructions</i> for 92507.
<b>97535</b>	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Prior authorization is required when used with code 97140. See <i>other instructions</i> for code 97140.
<b>97542</b>	Wheelchair management/ propulsion training, each 15 min.	4 units	
<b>97760</b>	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	
<b>97761</b>	Prosthetic training, upper and/or lower extremities, each 15 min	4 units	
<b>97762</b>	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	
<b>Covered Codes for Speech Therapists (ST) - Use modifier GN when billing these codes.</b>			
<b>92506</b>	Evaluation of speech, language, voice, communication, and/or auditory processing	1 unit	Limited to 1 evaluation per provider, per condition, per <i>calendar year</i> .
<b>92507</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	1 unit	Any combination of codes 92507, 92508, 92526, 97124, 97532 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
<b>92508</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	1 unit	See <i>other instructions</i> for 92507.
<b>92520</b>	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)	1 unit	Prior authorization is <i>not</i> required. This is not counted as a therapy session.
<b>92526</b>	Treatment of swallowing dysfunction and/or oral function for feeding	1 unit	See <i>other instructions</i> for 92507.
<b>92601</b>	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; with programming	1 unit	
<b>92602</b>	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; subsequent reprogramming	1 unit	
<b>92603</b>	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	1 unit	



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Code	Description	Session Limit	Other Instructions
<b>92604</b>	Diagnostic analysis of cochlear implant, age 7 yrs or older; subsequent reprogramming	1 unit	
<b>92626</b>	Evaluation of auditory rehabilitation status; first hour	1 unit	Prior authorization is <i>always</i> required.
<b>92627</b>	Evaluation of auditory rehabilitation status; each additional 15 min.	N/A	Prior authorization is <i>always</i> required. Enter the primary code (92626) and this code on separate claim lines. Bill 1 unit for each additional 15 minutes used to complete the evaluation, consistent with the prior authorization.
<b>92630</b>	Auditory rehabilitation; pre-lingual hearing loss	1 unit	Prior authorization is <i>always</i> required.
<b>92633</b>	Auditory rehabilitation; post-lingual hearing loss	1 unit	Prior authorization is <i>always</i> required.
<b>97124</b>	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	See <i>other instructions</i> for 92507.
<b>97532</b>	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	
<b>97533</b>	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15	4 units	