

Billing Guidelines for Therapy Providers

(Provider Type 34: Physical Therapy, Occupational Therapy, Speech Therapy and Respiratory 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/Re-evaluations 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 (effective 09/01/06)

Enter one date of service per claim line (the 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 First Health Services using the [Online Prior Authorization System \(OPAS\)](#) or paper [form FH-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 First Health Services at (800) 525-2395.

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 & 97546)
- Maintenance therapy for Lymphedma
- Services for non-speech-generating communication devices (codes 92605 & 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.			
97003	Occupational therapy evaluation	1 unit	Limited to 1 evaluation per provider, per condition, per <u>calendar</u> year.
97004	Occupational therapy re-evaluation	1 unit	Limited to once every 3 months.
97010	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.
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	1 unit	See "Other Instructions" for code 97010.
97016	Application of a modality to one or more areas; vasopneumatic devices	1 unit	See "Other Instructions" for code 97010.
97018	Application of a modality to one or more areas; paraffin bath	1 unit	See "Other Instructions" for code 97010.
97022	Application of a modality to one or more areas; whirlpool	1 unit	See "Other Instructions" for code 97010.
97032	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	1 unit	See "Other Instructions" for code 97010.
97033	Application of a modality to one or more areas; iontophoresis, each 15 min.	1 unit	See "Other Instructions" for code 97010.
97034	Application of a modality to one or more areas; contrast baths, each 15 min.	1 unit	See "Other Instructions" for code 97010.
97035	Application of a modality to one or more areas; ultrasound, each 15 min.	1 unit	See "Other Instructions" for code 97010.
97036	Application of a modality to one or more areas; Hubbard tank, each 15 min.	1 unit	See "Other Instructions" for code 97010.
97110	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	1 unit	See "Other Instructions" for code 97010. Prior authorization is required when used with code 97140. See "Other Instructions" for code 97140.
97112	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	1 unit	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	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 OR 6 combined units of codes 97140, 97110 and/or 97535	Prior authorization is <u>always</u> 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.
97150	Therapeutic procedure(s), group (A group is 2 or more individuals.)	1 unit	Bill 1 unit for <u>each</u> recipient in the group.
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	

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

Code	Description	Session Limit	Other Instructions
97034	Application of a modality to one or more areas; contrast baths, each 15 min.	4 units	
97035	Application of a modality to one or more areas; ultrasound, each 15 min.	4 units	
97036	Application of a modality to one or more areas; Hubbard tank, each 15 min.	4 units	
97110	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	4 units	Prior authorization is required when used with code 97140. See "Other Instructions" for code 97140.
97112	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	4 units	
97113	Therapeutic procedure, one or more areas, each 15 min.; aquatic therapy with therapeutic exercises	4 units	
97116	Therapeutic procedure, one or more areas, each 15 min.; gait training	4 units	
97124	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	See "Other Instructions" for 92507.
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 OR 6 combined units of codes 97140, 97110 and/or 97535	Prior authorization is <u>always</u> 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.
97150	Therapeutic procedure(s), group (A group is 2 or more individuals.)	1 unit	Bill 1 unit for <u>each</u> recipient in the group.
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	
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	See "Other Instructions" for 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	See "Other Instructions" for 92507.
97535	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 "Other Instructions" for code 97140.
97542	Wheelchair management/ propulsion training, each 15 min.	4 units	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	
97761	Prosthetic training, upper and/or lower extremities, each 15 min	4 units	

Code	Description	Session Limit	Other Instructions
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	
Covered Codes for Speech Therapists (ST) - Use modifier "GN" when billing these codes.			
92506	Evaluation of speech, language, voice, communication, and/or auditory processing	1 unit	Limited to 1 evaluation per provider, per condition, per <u>calendar</u> year.
92507	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.
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	1 unit	See "Other Instructions" for 92507.
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)	1 unit	Prior authorization is <u>not</u> required. This is not counted as a therapy session.
92526	Treatment of swallowing dysfunction and/or oral function for feeding	1 unit	See "Other Instructions" for 92507.
92601	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; with programming	1 unit	
92602	Diagnostic analysis of cochlear implant, patient under 7 yrs of age; subsequent reprogramming	1 unit	
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming	1 unit	
92604	Diagnostic analysis of cochlear implant, age 7 yrs or older; subsequent reprogramming	1 unit	
92626	Evaluation of auditory rehabilitation status; first hour	1 unit	Prior authorization is <u>always</u> required.
92627	Evaluation of auditory rehabilitation status; each additional 15 min.	N/A	Prior authorization is <u>always</u> 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.
92630	Auditory rehabilitation; pre-lingual hearing loss	1 unit	Prior authorization is <u>always</u> required.
92633	Auditory rehabilitation; post-lingual hearing loss	1 unit	Prior authorization is <u>always</u> required.
97124	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	See "Other Instructions" for 92507.
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	
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	