**CPT Code Definitions**

**90801 Outpatient Psych Eval (No time designation)**
The psychiatrist interviews the patient in an initial diagnostic examination, which includes taking the patient’s history and assessing his/her mental status, as well as disposition. The psychiatrist may spend time communicating with family, friends, coworkers, or other sources as part of this examination and may even perform the diagnostic interview on the patient entirely through other information sources. Laboratory or other medical studies and their interpretation are also included.

**90804 Outpatient Individual Psychotherapy (20-30 min.)**
The physician provides psychotherapy in an office or outpatient facility using supportive interactions, suggestions, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aide of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 20-30 minutes.

**90806 Outpatient Individual Psychotherapy (45-50 min.)**
The physician provides psychotherapy in an office or outpatient facility using supportive interactions, suggestion, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 45-50 minutes.

**90808 Outpatient Individual Psychotherapy (75-80 min.)**
The physician provides psychotherapy in an office or outpatient facility using supportive interactions, suggestion, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 75-80 minutes.

**90816 Inpatient Individual Psychotherapy (20-30 min.)**
The physician provides psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestion, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 20-30 minutes.

**90818 Inpatient Individual Psychotherapy (45-50 min.)**
The physician provides psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestion, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 45-50 minutes.

**90821 Inpatient Individual Psychotherapy (75-80 min.)**
The physician provides psychotherapy in an inpatient hospital, partial hospital, or residential care setting using supportive interactions, suggestion, persuasion, reality discussions, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. These interactions are done with the goal of gaining further insight and affecting change through understanding. Individual psychotherapy is performed face to face with the patient for 75-80 minutes.

**90846 Family Psychotherapy without patient (per session)**
The physician provides family psychotherapy in a setting where the care provider meets with the patient’s family without the patient present. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient’s mental status and behavior are a main focus of the sessions. Attention is also given to
the impact the patient’s condition has on the family, with therapy aimed at improving the interaction between the patient and family members.

90847 Family Psychotherapy with patient (per session)
The physician provides family psychotherapy in a setting where the care provider meets with the patient’s family jointly with the patient. The family is part of the patient evaluation and treatment process. Family dynamics as they relate to the patient’s mental status and behavior are a main focus of the sessions. Attention is also given to the impact the patient’s condition has on the family, with therapy aimed at improving the interaction between the patient and family members. Reviewing records, communicating with other providers, observing and interpreting patterns of behavior and communication between the patient and family members, and decision making regarding treatment, including medication management or any physical exam related to the medication, is included.

90853 Group Psychotherapy (per session)
The psychiatric treatment provider conducts psychotherapy for a group of several patients in one session. Group dynamics are explored. Emotional and rational cognitive interactions between individual persons in the group are facilitated and observed. Personal dynamics of any individual patient may be discussed within the group setting. Processes that help patients move toward emotional healing and modification of thought and behavior are used, such as facilitating improved interpersonal exchanges, group support, and reminiscing. The group may be composed of patients with separate and distinct maladaptive disorders or persons sharing some facet of a disorder. This code should be used for group psychotherapy involving patients other than the patients’ families.

90875 Individual Psychotherapy with biofeedback (20-30 min.)
The physician gives individual psychophysiological therapy by utilizing biofeedback training together with psychotherapy to modify behavior. The physician prepares the patient with sensors that read and display skin temperature, blood pressure, muscle tension, or brain wave activity. The patient is taught how certain thought processes, stimuli, and actions affect these physiological responses. The doctor works with the patient to learn to recognize and manipulate these responses, to control maladapted physiological functions, through relaxation and awareness techniques. Psychotherapy is also rendered using supportive interactions, suggestion, persuasion, reality discussion, reeducation, behavior modification techniques, reassurance, and the occasional aid of medication. Individual psychophysiological therapy is performed face to face with the patient.

90887 Psych Exam Interpretation
The physician interprets the results of a patient’s psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the patient’s condition to family members and other responsible parties involved with the patient’s care and well-being. Advice is also given as to how family members can best assist the patient.

90889 Psych Status Report Prep
The physician prepares a report on a patient’s mental condition, current psychiatric status, history, treatment regimen, and progress for other physicians, agencies, or insurance carriers involved with the patient’s care, except for legal or consultative purposes.

90901 Biofeedback training by any modality
Biofeedback therapy provides visual, auditory or other evidence of the status of certain body functions so that a person can exert voluntary control over the functions, & thereby alleviate an abnormal bodily condition. Biofeedback therapy often uses electrical devices to transform bodily signals indicative of such functions as heart rate, blood pressure, skin temperature, salivation, peripheral vasomotor activity, and gross muscle tone into a tone or light, the loudness or brightness of which shows the extent of activity in the function being measured. Biofeedback therapy differs from EMG which is a diagnostic procedure used to record & study the electrical properties of skeletal muscle. An EMG device may be used to provide feedback with certain types of biofeedback.

90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
CPT 90911 describes biofeedback that is more involved than conventional biofeedback measures (code 90901) and includes evaluations of the EMG activity of the pelvic muscles, urinary sphincter and/or anal sphincter by using
sensors. This procedure can use manometry (measure of pressure of gases or liquids by use of a manometer) or EMG (electromyography - the recording of electrical activity initiated in the muscle tissue for testing purposes) to measure activity. The EMG activity is evaluated & provides objective information regarding the muscle activity & provides a basis for pelvic muscle rehabilitation utilizing biofeedback.

92506 Evaluation of Speech, Language, Voice, Communication
The physician takes a history of the patient, including speech and language development, hearing loss, and physical and mental development. A physical examination is performed. Hearing test and speech/language evaluations are performed. Assessment of deficits and a plan for the patient are made. These plans may involve speech therapy, hearing aids, etc.

92507 Treatment of Speech, Language, Voice, Communication – Individual
Under direction of a physician, the patient undergoes developmental programs such as speech therapy, sign language, or lip reading instruction or hearing rehabilitation following placement of a cochlear implant.

92508 Treatment of Speech, Language, Voice, Communication – Group
Under direction of a physician, the patient undergoes developmental programs such as speech therapy, sign language, or lip reading instruction or hearing rehabilitation following placement of a cochlear implant in a group setting.

92511 Nasopharyngoscopy w/ Endoscope
Nasopharyngoscopy with endoscope (separate procedure)

92512 Nasal Function Studies
Nasal function studies (eg, rhinomanometry)

92516 Facial Nerve Function Studies
Facial nerve function studies (eg, electroneuronography)

92520 Laryngeal Function Studies
Laryngeal function studies (ie, aerodynamic testing and acoustic testing)

92526 Treatment of Swallowing Dysfunction and/or Oral Function for Feeding
The treatment of swallowing disorders is aimed at finding the specific cause of the dysfunction to treat the problem, such as anti-reflux medications to decrease stomach acidity or improve esophageal motility. Patients who have had strokes and cannot be treated surgically or by drugs for swallowing dysfunctions may require assistance from a rehabilitation specialist. In severe cases, the physician may elect to insert a feeding tube through the nose or in the stomach through the abdomen.

92597 Evaluation for use and/or fitting of voice prosthetic or augmentative/alternative communication device to supplement oral speech
A voice prosthetic device, such as an amplifier, is used to augment speech for a patient with a complete or partial speech loss. This code applies to evaluating the patient for use of and/or fitting the device often by a speech therapist or physician.

92601 Cochlear Implant, < 7 years
A diagnostic analysis of a cochlear implant, including programming, is done post-operatively to fit the previously placed external devices, connect to the implant, and program the stimulator. Cochlear implants are equipped with software that allows for different programming specific to the patient’s daily activities. Threshold levels, volume, pulse widths, live-voice speech adjustments, input dynamic range, and frequency shaping templates are evaluated and set according to individual needs. This is done for patients 7 years of age and younger.

92602 Reprogram Cochlear Implant, < 7 years
Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent reprogramming.
**92603 Cochlear Implant, > 7 years**
A diagnostic analysis of a cochlear implant, including programming, is done post-operatively to fit the previously placed external devices, connect to the implant, and program the stimulator. Cochlear implants are equipped with software that allows for different programming specific to the patient’s daily activities. Threshold levels, volume, pulse widths, live-voice speech adjustments, input dynamic range, and frequency shaping templates are evaluated and set according to the individual needs. This is done for patients older than 7 years of age.

**92604 Reprogram Cochlear Implant, > 7 years**
Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming.

**92605 Evaluation for Non-Speech Device**
The assessment for the appropriate non-speech-generating augmentative and alternative communication (ACC) device is highly variable and dependent on the patient’s age, ability, and motivation. Motor skills, hearing, vision, cognitive abilities, language comprehension, and general health are evaluated to determine the suitability of either a high-tech or low-tech device. Once these are evaluated, an appropriate AAC device is prescribed.

**92606 Non-Speech Device Service**
This code includes therapeutic services associated with the use of non-speech generating devices. Services differ according to the device used. Electronic equipment may require routine maintenance, programming, and mounting systems. Other equipment may require customization (e.g., symbol boards). Non-speech generating devices may require some patient therapeutic, rehabilitation, or occupational training.

**92607 Evaluation for Speech Device, First Hour**
The patient is evaluated face to face by a specialist to determine the motor skills, hearing, cognitive abilities, comprehension, natural speech, esophageal and pharyngeal air flow, general health, and patient motivation for prescription of speech-generating augmentative and alternative communication (AAC) device. Once these are evaluated, an appropriate speech-generating device is prescribed.

**92608 for Speech Device, each additional 30 minutes.**
Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure). CPT Add-on Code.

**92609 Use of Speech Device Service**
This code includes therapeutic services associated with the use of speech generating devices. Services differ according to the device used. Electronic equipment may require routine maintenance, programming, or modification. Speech generating devices may require some patient therapeutic, rehabilitation, or occupational training.

**92610 Evaluate Swallowing Function**
The patient is evaluated to determine the oral and pharyngeal swallowing function. Assessment of the oral cavity includes the size, position, resting tone, range of motion and development of the tongue, lips, and palate. Palpation of the thyroid notch or cricoid arch with swallowing is used to determine elevation of the pharynx. Using a curved probe, sensation of the oral cavity may be assessed. An inventory of cranial nerves must also be included.

**92611 Motion Fluoroscopy/Swallow**
Motion fluoroscopic examinations are done of the swallowing function by cine or video recording. The patient is seated upright in a normal eating posture. Small amounts of liquid barium and barium-coated foods of varying consistencies, textures, and flavors are administered allowing visualization of the swallowing function by fluoroscopy. The patient is given liquids, pastes, and solid foods that are visually followed from the oral cavity to the pharynx and the cervical esophagus. A portion of this test is usually repeated with the patient in a horizontal position.

**92612 Endoscopy Swallow Test (FEES)**
A flexible fiberoptic nasopharyngoscope is positioned posterior to the soft palate to allow visualization during swallowing. The patient is given foods of varying consistencies dyed with food coloring to aid visualization of the swallowing function. Liquids, pastes, and solid food are ingested separately and visualized. The procedure is recorded by cine or video.

**92613 Endoscopy Swallow Test (FEES)/ Interpretation**
Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; physician interpretation and report only.

**92614 Laryngoscopic Sensory Test**
A flexible fiberoptic laryngoscope is inserted into the nasal passage and advanced just proximal to the test site for laryngeal sensory evaluation. Air pulses of varying degrees in intensity are administered. Vocal fold adduction of the laryngeal adductor reflex is evaluated for vocal fold movement, absence of movement, or swallow initiation and visualized on a video monitor. The procedure is recorded by cine or video.

**92615 Evaluation Laryngoscopy Sensory Test**
Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; physician interpretation and report only.

**92616 FEES W/Laryngeal Sense Test**
A flexible fiberoptic nasopharyngoscope is positioned posterior to the soft palate to allow visualization during swallowing. The patient is given foods of varying consistencies dyed with food coloring to aid visualization of the swallowing function. Liquids, pastes, and solid food are ingested separately and visualized. After this portion is complete, laryngeal sensory testing is initiated. A flexible fiberoptic laryngoscope is inserted into the nasal passage and advanced just proximal to the test site. Air pulses of varying degrees in intensity are administered. Vocal fold adduction of the laryngeal adductor reflex is evaluated for vocal fold movement, absence of movement, or swallow initiation and visualized on a video monitor. The procedure is recorded by cine or video.

**92617 Interpret FEES/Laryngeal Test**
Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; physician interpretation and report only.

**92700 Otorhinolaryngological Service**
Unlisted.

**96105 Assessment of Aphasia**
The physician or other health care professional administers tests to measure communication problems such as speech and writing in an aphasic patient. This code applies to each hour of testing.

**96110 Developmental Testing: Limited**
The physician or other health care professional measures cognitive, psychomotor, and other abilities characteristic to development through written, oral, or combined format testing. This code applies to limited testing.

**96111 Developmental Testing: Extended**
The physician or other health care professional measures cognitive, motor, social, language, and other abilities characteristic of development through written, oral, or combined format testing. This code applies to extended testing.

**96125 Standardized cognitive performance testing (e.g., Ross Information Processing Assessment)**
For psychological and neuropsychological testing by physician or psychologist, see 96101-96103, 96118-96120. Pts who have compromised functioning abilities due to acute neurological events such as TBI or CVA must undergo assessment to determine if abilities such as orientation, memory & high-level language function have been comprised & to what extent. Health care professionals such as SLPs and OTs perform a battery of test procedures called standardized cognitive performance testing in order to make these important determinations. These tests evaluate different aspects of neurocognitive function including memory (short-term, long-term, and organizational),
reasoning, sensory processing, visual perceptual status, orientation, right hemisphere processing for temporal and spatial organization, social pragmatics, & elements of decision-making & executive function. Code 96125 has been established to report these test procedures when performed by qualified health care professionals, such as SLPs and OTs. Code 96125 is a time-based code intended to be reported per hour, including the time administering the tests to the pt, interpreting the results, & preparing the report. Note that this code includes both face-to-face time and non-face-to-face time.

**97001 Physical Therapy Evaluation**
The physical therapist (PT) examines the patient/client. This includes taking comprehensive history, systems review, and tests and measures. Tests and measures may include but are not limited to tests of range of motion, motor function, muscle performance, joint integrity, neuromuscular status, and review of orthotic or prosthetic devices. The PT formulates an assessment, prognosis, and notes an anticipated intervention.

**97002 Physical Therapy Re-Evaluation**
The physical therapist (PT) re-examines the patient/client to obtain objective measures of progress toward stated goals. Tests and measures include but are not limited to those noted in 87001. The PT modifies the treatment plan as is indicated to support medical necessity of skilled intervention.

**97003 Occupational Therapy Evaluation**
The occupational therapist evaluates the patient. Various movements required for activities of daily living are examined. Dexterity, range of movement, and other elements may also be studied.

**97004 Occupational Therapy Re-Evaluation**
The occupational therapist re-evaluates the patient to gauge progress of therapy. Various movements required for activities of daily living are examined. Dexterity, range of movement, and other elements may also be studied.

**97010 Hot or Cold packs**
Hot or cold packs (including ice massage) applied in the absence of associated procedures or modalities, or used alone to reduce discomfort are considered not to require the unique skills of a therapist. Code 97010 is bundled. It may be bundled with any therapy code. Regardless of whether code 97010 is billed alone or in conjunction with another therapy code, this code is never paid separately. If billed alone, this code will be denied.

**97012 Mechanical Traction**
The clinician applies sustained or intermittent mechanical traction to the cervical and/or lumbar spine. The mechanical force produces distraction between vertebrae thereby relieving pain and increasing tissue flexibility. Once applied, the treatment requires supervision and one unit may be billed per day.

**97014 Unattended Electrical Stimulation (Also G0283 for Medicare)**
The clinician applies electrical stimulation to one or more areas in order to stimulate muscle function, enhance healing, and alleviate pain and/or edema. The clinician chooses which type of electrical stimulation is appropriate. The treatment is supervised after the electrodes are applied and only one unit may be billed per day.

**97016 Vasopneumatic Devices**
The clinician applies a vasopneumatic device to treat extremity edema (usually lymphedema). A pressurized sleeve is applied. Girth measurements are taken pre- and post treatment. This code can only be billed one unit per day.

**97018 Paraffin Bath**
The clinician uses the paraffin bath to apply superficial heat to a hand or foot. The part is repeatedly dipped into the paraffin forming a glove. Use of paraffin facilitates treatment of arthritis and other conditions that cause limitations in joint flexibility. Once the paraffin is applied and the patient instruction provided, the procedure requires supervision. This code can only be billed one unit per day.
**97022 Whirlpool**
The clinician uses a whirlpool to provide superficial heat in an environment that facilitates tissue debridement, wound cleaning, and/or exercise. The clinician decides the appropriate water temperature, provides safety instruction, and supervises the treatment. This code can only be billed one unit per day.

**97024 Diathermy**
The clinician uses diathermy as a form of superficial heat for one or more body areas. After application and safety instructions have been provided, the clinician supervises the treatment. This code can only be billed one unit per day.

**97026 Infrared**
The clinician uses infrared light as a form of superficial heat that will increase circulation to one or more localized areas. Once applied and safety instructions have been provided, the treatment is supervised. This code can only be billed one unit per day.

**97028 Ultraviolet**
The clinician applies ultraviolet light to treat dermatological problems. Once applied and safety instructions have been provided, the treatment is supervised. This code can only be billed one unit per day.

**97032 Constant Attendance Electrical Stimulation**
The clinician applies electrical stimulation to one or more areas to promote muscle function, wound healing edema, and/or pain control. This treatment requires direct contact by the provider and can be billed in multiple 15-minute units.

**97033 Iontophoresis**
The clinician uses electrical current to administer medication to one or more areas. Iontophoresis is usually prescribed for soft tissue inflammatory conditions and pain control. This code requires constant attendance by the clinician and can be billed in 15-minute units.

**97034 Contrast Baths**
The clinician uses hot and cold baths in a repeated, alternating fashion to stimulate the vasomotor response of a localized body part. This code requires constant attendance and can be billed in 15-minute units.

**97035 Ultrasound**
The clinician applies ultrasound to increase circulation to one or more areas. A water bath or some form of ultrasound lotion must be used as a coupling agent to facilitate the procedure. The delivery of corticosteroid medication via ultrasound is called phonophoresis. Ultrasound or phonophoresis requires constant attendance and can be billed in 15-minute units.

**97036 Hubbard Tank**
Hubbard tank is used when it is necessary to immerse the full body into water. Care of wounds and burns may require use of the Hubbard tank to facilitate tissue cleansing and debridement. This code requires constant attendance and can be billed in 15-minute units.

**97039 Unlisted Modality (specify type & time if constant attendance)**
If an existing CPT code does not describe the service performed, an unlisted CPT code may be used. All therapy unlisted codes are now carrier-priced. When unlisted codes are used, the provider/supplier must submit information, for the contractor’s review, to describe the “unspecified” modality(s) or therapeutic procedure(s) performed. The “Special Report” is used to assist in determining the medical appropriateness of the treatment and the appropriateness of the unlisted code billed. The use of unlisted codes should be rare. If unlisted codes are billed, the medical record must clearly state what modality or procedure is billed as an unlisted code. If not, the unlisted code billed will be subject to denial for insufficient information.
97110 Therapeutic Exercise
The clinician and/or patient perform therapeutic exercises to one or more body areas to develop strength, endurance, and flexibility. This code requires direct contact and may be billed in 15-minute units.

97112 Neuromuscular Re-Education of Movement, Balance, Coordination
The clinician and/or patient perform activities to one or more body areas that facilitate reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception. This code requires direct contact and may be billed in 15-minute units.

97113 Aquatic Therapy
The clinician directs and/or performs therapeutic exercises with the patient/client in the aquatic environment. This code requires skilled intervention by the clinician and documentation must support medical necessity of the aquatic environment. This code can be billed in 15-minute units.

97116 Gait Training
The clinician instructs the patient in specific activities that will facilitate ambulation and stair climbing with or without an assistive device. Proper sequencing and safety instructions are included when appropriate. This code requires direct contact and may be billed in 15-minute units.

97124 Massage, Including Effleurage, Petrissage, Tapotement
The clinician uses massage to provide muscle relaxation, increase localized circulation, soften scar tissue, or mobilize mucous secretions in the lung via tapotement and/or percussion. This code requires direct contact and can be billed in 15-minute units, regardless of number of body parts treated.

97139 Unlisted Therapeutic Procedure (specify)
If an existing CPT code does not describe the service performed, an unlisted CPT code may be used. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report” as described below. All therapy unlisted codes are now carrier-priced. When unlisted codes are used, the provider/supplier must submit information, for the contractor’s review, to describe the “unspecified” modality(s) or therapeutic procedure(s) performed. The “Special Report” is used to assist in determining the medical appropriateness of the treatment and the appropriateness of the unlisted code billed. The use of unlisted codes should be rare. If unlisted codes are billed, the medical record must clearly state what modality or procedure is billed as an unlisted code. If not, the unlisted code billed will be subject to denial for insufficient information.

97140 Manual Therapy
The clinician performs manual therapy techniques including soft tissue and joint mobilization, manipulation, manual traction, and/or manual lymphatic drainage to one or more areas. This code requires direct contact with the patient and can be billed in 15-minute units.

97150 Group Therapy
The clinician supervises group activities (two or more patients) during therapeutic procedures on land or the aquatic environment. The patients/clients do not have to be performing the same activity simultaneously; however, the need for skilled intervention must be documented. This code can be reported once for each group participant.

97530 Therapeutic Activities – Direct
The clinician uses dynamic therapeutic activities designed to achieve improved functional performance (e.g., lifting, pulling, bending). This code requires direct contact and can be billed in 15-minute units.

97532 Cognitive Skills Development
An occupational therapist or rehabilitation specialist works one-on-one with an individual to assist in the development of cognitive skills in individuals with inherited learning disabilities or in individuals who have lost these skills as a result of illness or brain injury. The individual often needs to develop compensatory methods of processing and retrieving information when disability, illness or injury has affected these cognitive processes.
Cognitive skill development includes mental exercises that assist the patient in areas of attention, memory, perception, language, reasoning, planning, problem-solving and related skills.

97533 Sensory Integration
Sensory experience includes touch, movement, body awareness, sight, sound and the pull of gravity. The process of the brain organizing and interpreting this information is called sensory integration. Sensory integration provides a crucial foundation for later, more complex learning and behavior. An occupational therapist or rehabilitation specialist works one-on-one with individuals with sensory integration disorders to provide techniques for enhancing sensory processing and adapting to environmental demands. Sensory integration disorders may be the result of a learning disability, illness or brain injury.

97535 ADL, Self Care, Home Management Training
The clinician instructs and trains the patients in self-care and home management activities (e.g., ADL and use of adaptive equipment in the kitchen, bath, and/or care). Direct contact is required. This code can be billed in 15-minute units.

97537 Community/Work Reintegration Training
The clinician instructs and trains the patient/client in community/work re-integration activities (e.g., work task analysis, money management, shopping, work environment modification, safe accessing of transportation, and the use of available assistive technology devices or adaptive equipment). This requires direct one-on-one contact with the patient by the provider and is billed in 15-minute increments.

97542 Wheelchair Management
The clinician instructs and trains the patient in proper wheelchair skills (e.g., propulsion, safety techniques). This requires direct contact and is billed in 15-minute units.

97545 Work Hardening/Conditioning Initial 2 Hours
This code is used for a procedure where the injured worker is put through a series of conditioning exercises and job simulation tasks in preparation for return to work. Endurance, strength, and proper body mechanics are emphasized. The patient is also educated in problem solving skills related to job task performance and employing correct lifting and positioning techniques. Report for initial 2 hours of each session.

97546 Work Hardening/Conditioning Each Additional Hour
Report for each additional hour after the initial 2 hours of work hardening/conditioning

97750 Physical Performance Test or Measurement
The clinician performs a test of physical performance evaluating function of one or more body areas and evaluates functional capacity. A written report is included. This is in addition to a routine evaluation or re-evaluation (97001-97004). CPT code 97750 is not covered on the same day as CPT codes 97001-97004 (due to CCI edits). This code can be billed in 15-minute increments.

97755 Assistive Technology Assessment Each 15 minutes
The provider performs an assessment of the suitability & benefits of acquiring any assistive technology device or equipment that will help restore, augment, or compensate for existing functional ability in the pt (e.g., provision of large amounts of rehab engineering). Coverage is specifically for assessment of mobility, seating & environmental control systems that require high-level adaptations, not for routine seating & mobility systems (e.g., manual/power wheelchair evaluations). This is an assessment code, per each 15 minutes, & must be accompanied by a written report explaining the nature & complexity of the assistive technology needed by the patient. This can include testing multiple components/systems to determine optimal interface between client & technology applications, & determining the appropriateness of commercial (off the shelf) or customized components/systems. This assessment may require more than one pt visit due to the complexity of the pt’s condition & his/her decreased tolerance for activity at one session. Training for use in assistive technology in the home environment is coded as 97535 and for use in the community as 97537. CPT 97755 is not covered on the same day as CPT codes 97001-97004 (due to CCI edits).
97597 Removal of devitalized tissue from wound(s) less than or equal to 20 sq cm
Selective debridement, w/o anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, & instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 sq centimeters.

97598 Removal of devitalized tissue from wound(s), total wound surface greater than 20 sq cm
Selective debridement, w/o anesthesia (e.g., high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, & instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters.

97605 Negative pressure wound therapy (e.g., VAC therapy), including topical application(s), wound assessment, & instruction(s) for ongoing care, per session: total wound(s) surface area less than or equal to 50 sq cm
Negative pressure wound therapy (NPWT) involves negative pressure to the wound bed to manage wound exudates and promote wound healing. NPWT consists of a sterile sponge held in place with transparent film, a drainage tube inserted into the sponge, and a connection to a vacuum source. NPWT is indicated for use as an adjunct to standard treatment in carefully selected pts who have failed all other forms of treatment. These codes are not timed. Do not bill for more than one unit per session, regardless of the number or complexity of the wounds treated.

97606 Negative pressure wound therapy (e.g., VAC therapy), including topical application(s), wound assessment, & instruction(s) for ongoing care, per session: total wound(s) surface greater than 50 sq cm
Negative pressure wound therapy (NPWT) involves negative pressure to the wound bed to manage wound exudates and promote wound healing. NPWT consists of a sterile sponge held in place with transparent film, a drainage tube inserted into the sponge, and a connection to a vacuum source. NPWT is indicated for use as an adjunct to standard treatment in carefully selected pts who have failed all other forms of treatment. These codes are not timed. Do not bill for more than one unit per session, regardless of the number or complexity of the wounds treated.

99366 Medical Team Conference (30 Minutes)
Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family present, 30 minutes or more, participation by non-physician qualified health care professional.

99368 Medical Team Conference (30 Minutes)
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.

Code conditions for 99366 and 99368:
No more than one individual from a specialty/discipline may report 99366, 99368 at the same encounter (for example, 2 occupational therapists could not bill for the same team conference). Time starts at beginning of conference, review ends at conclusion, record keeping & other work done to prepare or document not included. If patient and/or family are present for any portion of the team conference, report patient/family present code (99366). Each discipline can use this code as long as there is a minimum of 3 qualified health care professionals from different disciplines present for the entire 30-minute conference. Team conference services of less than 30 minutes duration are not reported separately. If the team conference is 30 minutes or less, it is not reportable. If the 30-minute threshold is met the charge is reported once. You cannot bill this in units. All team conferences include face-to-face participation by a minimum of 3 qualified health care professionals from different specialties/disciplines. Reporting participants shall have performed evals/treatments of pt independent of team conference within previous 60 days. Reporting participants document their time spent in team conference as well as the information contributed & any subsequent treatment recommendations. PTAs and OTAs should not bill for the team conference codes, as the CPT manual does not specifically mention assistants in its list of nonphysician qualified healthcare professionals. The heading language notes that the team conference “participants are actively involved in the development, revision, coordination, and implementation of health care services.” Reporting participants must document in their note that they participated in the team conference in addition to the information and recommendations they contributed.
**G0281 Electrical Stimulation, Unattended, Pressure Wounds**
Electrical stimulation, (Unattended), to one or more areas, for chronic stage III and IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care.

**G0282 Electrical Stimulation, Unattended, Other Wound Types**
Electrical stimulation, (Unattended), to one or more areas, for wound care other than described in G0281.

**G0283 Electrical Stimulation, Unattended, Other than Wound**
Electrical stimulation, (Unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care.