Physical Medicine Authorization Required CPT Codes

The following CPT Codes, when billed with a place of service code 11, 19 or 22 or type of bill code 131, 132, 133, 134 or 137 for the Medicaid and Commercial Lines of Business, are in-scope for submission to Evolent Health (via <u>www.RADMD.com</u> or calling 1-877-469-7949) for Utilization Management Review and are Authorization Required.

CPT Code	Code Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92609	Therapeutic services for the use of speech-generating device, including programming and modification
97010	Application of a modality to 1 or more areas; hot or cold packs
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or

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chedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient ontact; initial 15 minutes (Report 97129 only once per day)
$J_{11}(a)$ $J_{2}(a)$
ach additional 15 minutes (list separately in addition to code for primary procedure)
nlisted therapeutic procedure (specify)
Ianual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage,
nanual traction), 1 or more regions, each 15 minutes
herapeutic procedure(s), group (2 or more individuals)
herapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to
nprove functional performance), each 15 minutes
elf-care/home management training (eg, activities of daily living (ADL) and compensatory
aining, meal preparation, safety procedures, and instructions in use of assistive
echnology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
/heelchair management (eg, assessment, fitting, training), each 15 minutes
hysical performance test or measurement (eg, musculoskeletal, functional capacity), with
ritten report, each 15 minutes
ssistive technology assessment (eg, to restore, augment or compensate for existing
inction, optimize functional tasks and/or maximize environmental accessibility), direct
ne-on-one contact, with written report, each 15 minutes
rthotic(s) management and training (including assessment and fitting when not
therwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes
rosthetic training, upper and/or lower extremity(s), each 15 minutes
rthotic prosthetic management and/or training upper extremity, lower extremity and/or
runk, each 15 minutes
lectrical stimulation (unattended), to one or more areas for indication(s) other than
ound care, as part of a therapy plan of care