

For the Physical Therapist

An essential coding, billing and reimbursement
resource for the physical therapist

2021

optum360coding.com

Contents

Getting Started with Coding and Payment Guide	1	Correct Coding Initiative Update 25.3	177
CPT Codes	1	CPT Index	185
ICD-10-CM.....	1	HCPCS Level II Definitions and Guidelines	189
Detailed Code Information.....	1	Introduction	189
Appendix Codes and Descriptions	1	HCPCS Level II—National Codes	189
CCI Edit Updates.....	1	Structure and Use of HCPCS Level II Codes	189
Index.....	1	HCPCS Level II Codes and the Physical Therapist	191
General Guidelines	1	A Codes: Medical and Surgical Supplies	
Sample Page and Key	1	(A0021–A9999).....	191
Reimbursement Issues	4	E Codes: Durable Medical Equipment	
Documentation	7	(E0100–E9999).....	196
Financial Limitations for Institutional Providers	7	G Codes: Procedures/Professional Services	
Documentation of Time	8	(G0255–G0329).....	200
Anatomical Illustrations	9	K Codes: Temporary Codes (K0734–K0737)	203
Procedure Codes	25	L Codes: Orthotic Procedures, Devices (L0120–L4398)	203
Appropriate Codes for Physical Therapists	25	Q Codes: Temporary Q0000–Q9999.....	209
Definitions and Guidelines: Procedures	27	S Codes: Temporary National Codes (Non-Medicare)	
Physical Therapy Procedures and Services	31	(S5000–S9999).....	210
Skin	31	Medicare Official Regulatory Information	211
Introduction	35	The CMS Online Manual System	211
Casting and Strapping	36	Pub. 100 References	211
Biofeedback.....	52	Glossary	229
Evaluative and Therapeutic Services.....	55		
Cardiovascular	62		
Pulmonary	65		
Muscle and Range of Motion Testing	86		
Electromyography	88		
Ischemic Muscle Testing	97		
Nerve Conduction Tests	99		
Motion Analysis	105		
Central Nervous System Tests.....	110		
PM&R: Evaluation and Re-evaluation	114		
PM&R: Supervised Modalities	120		
PM&R: Constant Attendance Modalities.....	129		
PM&R: Therapeutic Procedures.....	135		
PM&R: Active Wound Care Management	151		
PM&R: Tests and Measurements.....	161		
PM&R: Orthotic/Prosthetic Management	163		
Acupuncture	165		
Education and Training for Patient Self-Management.....	166		
Telephone Services.....	167		
Online Medical Examination	168		
Medical Team Conference	169		
HCPCS Level II	170		
Appendix.....	175		

Getting Started with Coding and Payment Guide

The *Coding and Payment Guide for the Physical Therapist* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate provider narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT/HCPCS Codes

For ease of use, *Coding and Payment Guide for the Physical Therapist* lists the CPT codes in ascending numeric order. Included in the code set are all surgery and medicine codes pertinent to the specialty. Each CPT code is followed by its official code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA has assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence. CPT codes within the Optum360 *Coding and Payment Guide* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page 2. The black boxes with numbers in them correspond to the information on the page following the sample.

Appendix Codes and Descriptions

Some procedure codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official code description and associated relative value units, with the exception of the Category II

and III CPT Codes. Because no values have been established by CMS for the Category II and Category III codes, no relative value unit and Medicare edits can be identified.

CCI Edit Updates

The *Coding and Payment Guide* series includes the a list of codes from the official Centers for Medicare and Medicaid Services' *National Correct Coding Policy Manual for Part B Medicare Contractors* that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the *Coding and Payment Guide* series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <https://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXXXX. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically.

For example:

Code 29540 Strapping; ankle and/or foot can be found in the index under the following main terms:

Ankle

Strapping, 29540

Strapping

Ankle, 29540

General Guidelines

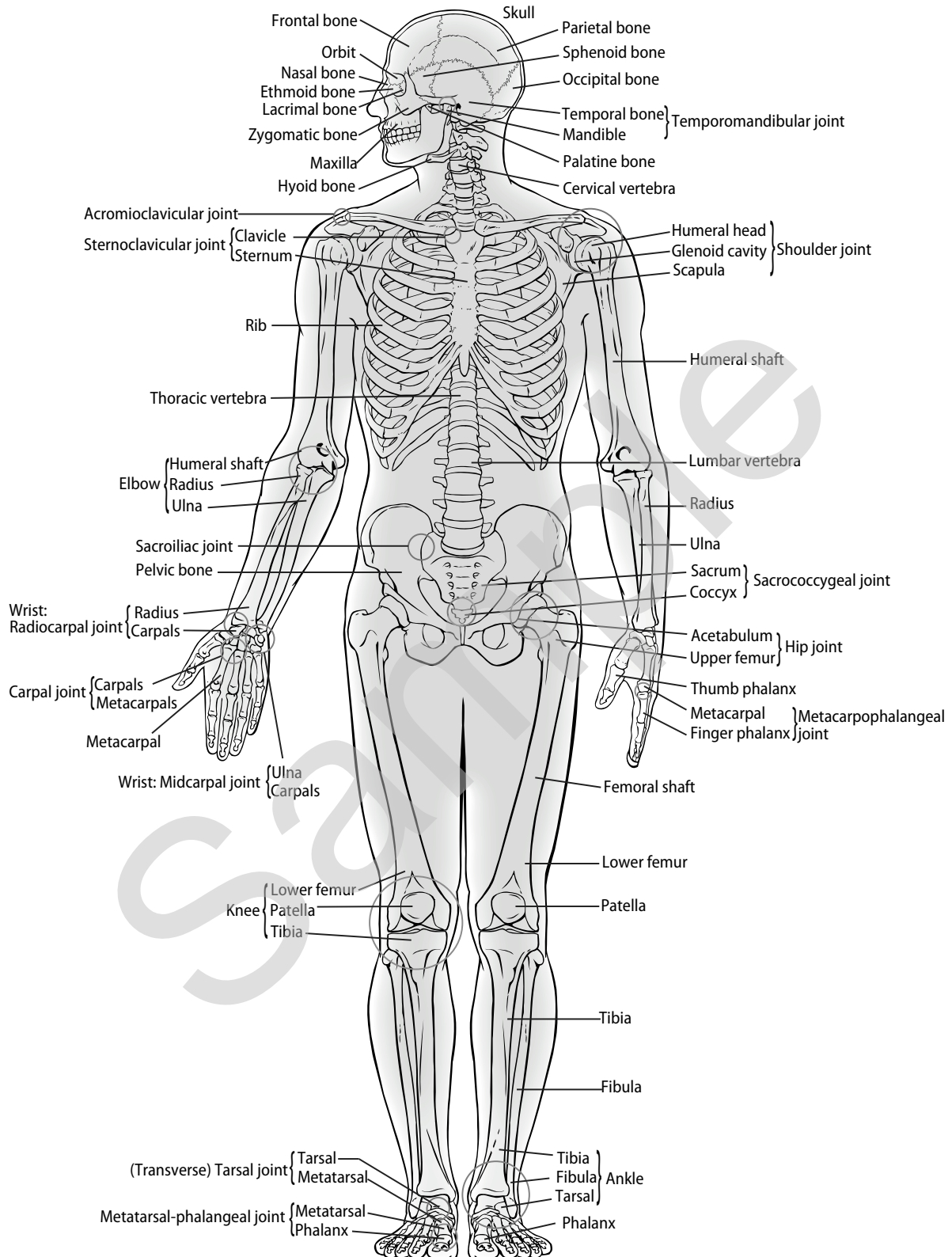
Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, the service or procedure itself is not limited to use only by that specialty group. Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Sample Page and Key

On the following pages are a sample page from the book displaying the format of *Coding and Payment Guide* with each element identified and explained on the opposite page.

Bones and Joints



Procedure Codes

The Physicians' Current Procedural Terminology (CPT®) coding system was developed and is updated annually by the American Medical Association (AMA). The AMA owns and maintains the CPT coding system and publishes its updates annually under copyright. CPT codes predominantly describe medical services and procedures performed by physicians and nonphysician professionals. The codes are classified as Level I of the Healthcare Common Procedure Coding System (HCPCS).

Typically, physical therapists use CPT codes to describe their services. Government studies of patient care evaluate utilization of services by reviewing CPT codes. Because payers may question or deny payment for a CPT code, direct communication is often useful in educating payers about physical therapy services and practice standards. Accurate coding also can help an insurer determine coverage eligibility for services provided.

Appropriate Codes for Physical Therapists

The CPT book is divided into six major sections by type of service provided (evaluation and management, anesthesia, surgery, radiology, pathology and laboratory, and medicine). These sections are subdivided primarily by body system.

The physical therapist in general practice will find the most relevant codes in the physical medicine and rehabilitation (PM&R) subsection of the medicine section (codes in the 97000–97799 range). Other services physical therapists provide, particularly those in specialty areas, are described under their appropriate body system within the medicine or surgery section.

For example, the neurological procedures most often performed by physical therapists, including range of motion testing (95851–95852) or electromyography (EMG) (95860–95887), are located in the neurology subsection of the medicine section, while burn care codes (16000–16030) are located in the integumentary subsection of the surgery section. None of the codes for these procedures are listed in the PM&R subsection, although they accurately describe services provided by a physical therapist.

Although codes within the PM&R series (97000–97799) are most easily recognized by third-party payers as services provided by physical therapists they do not describe all physical therapy procedures. As noted above, some physical therapy services are described in other sections of the manual. Physical therapists may be able to obtain payment if they can provide a reasonable rationale directly to the payer for the service they are providing and support it with consistent, accurate documentation. However, payment policy may affect the payment of some codes when reported by a physical therapist.

CPT Symbols

There are several symbols used in the AMA's CPT book:

- A bullet (●) before the code means that the code is new to the CPT coding system in the current year.
- A triangle (▲) before the code means that the code narrative has been revised in the current year.
- The symbols ► ◄ enclose new or revised text other than that contained in the code descriptors.
- Codes with a plus (+) symbol are "add-on" codes. Procedures described by "add-on" codes are always performed in addition to the primary procedure and should never be reported alone. This

concept is applicable only to procedures or services performed by the same provider to describe any additional intraservice work associated with the primary procedure such as additional digits or lesions.

- The symbol Ⓢ designates a code that is exempt from the use of modifier 51 when multiple procedures are performed even though they have not been designated as add-on codes.
- The number (#) symbol indicates that a code is out of numeric order or "resequenced." The AMA employs a numbering methodology of resequencing. According to the AMA there are instances where a new code is needed within an existing grouping of codes and an unused code number is not available. When the existing codes will not be changed or have minimal changes, the AMA will assign a code that is not in numeric sequence with the related codes. However, the code and description will appear in the CPT book with the other related codes.

To facilitate the code sequence and maintain a sequential relationship according to the description of the codes, the CPT codes in this grouping will be resequenced. Resequencing is the practice of displaying the codes outside of numerical order according to the description relationship.

For example, codes 97161–97172 evaluation and re-evaluation of a patient by a physical therapist, occupational therapist, and athletic trainer immediately follow code 96999 but are before 97010 out of numeric sequence.

Modifiers

A system of two-digit modifiers has been developed to allow the provider to indicate that the service or procedure has been altered by certain circumstances or to provide additional information about a procedure that was performed, or a service or supply that was provided. Fee schedules have been developed based on these modifiers. Some third-party payers, such as Medicare, require physical therapists to use modifiers in some circumstances, and others do not recognize the use of modifiers by physical therapists for coding or billing. Communication with the payer group ensures accurate coding. Addition of the modifier does not alter the basic description for the service, it merely qualifies the circumstances under which the service was provided. Circumstances that modify a service include the following:

- Procedures that have both a technical and professional component were performed
- More than one provider or setting was involved in the service
- Only part of a service was performed
- Unusual events occurred
- Two timed procedures were performed consecutively (versus concurrently)

For example, modifier 59 Distinct procedural service, could be used when billing for both 97022 Whirlpool, and 97597–97606 Wound debridement, to indicate that the two services were distinct from one another, or performed on different areas of the body.

Note that the CPT book uses the term "physician or other qualified health care professional" when describing how a modifier is to be used. This does not limit the use of the modifiers to physicians; any qualified health care professional, including the physical therapist, may use a modifier as long as the service or procedure to be modified can be performed within that practitioner's scope of work.

94375

94375 Respiratory flow volume loop

Explanation

Pulmonary function testing is performed in a pulmonary lab using helium, nitrogen open circuit or another method to check lung functions to include residual capacity or residual volume, the volume of air remaining into the lung after a patient exhales. The qualified health care provider interprets the results. The code applies to measuring the respirator flow volume loop. This code includes laboratory procedures and interpretation of test results.

Coding Tips

If a separate identifiable evaluation or re-evaluation is performed (97161–97164), report additionally.

Do not report 94150 in addition to spirometry (94010) or airway resistance by impulse oscillometry (94728).

Documentation Tips

Documentation may include terms such as pink puffer (a descriptor for a patient with COPD and severe emphysema, who has a pink complexion and dyspnea) or blue bloater (a descriptor to indicate the appearance of a patient with COPD who has symptoms of chronic bronchitis). Verify the condition before assigning a code for emphysema.

Reimbursement Tips

Procedure 94375 has both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier.

ICD-10-CM Diagnostic Codes

A15.0	Tuberculosis of lung
A15.7	Primary respiratory tuberculosis
B44.81	Allergic bronchopulmonary aspergillosis
B95.3	Streptococcus pneumoniae as the cause of diseases classified elsewhere
C34.01	Malignant neoplasm of right main bronchus <input checked="" type="checkbox"/>
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung <input checked="" type="checkbox"/>
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung <input checked="" type="checkbox"/>
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung <input checked="" type="checkbox"/>
E84.0	Cystic fibrosis with pulmonary manifestations
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.0	Moderate persistent asthma, uncomplicated
J45.1	Moderate persistent asthma with (acute) exacerbation
J45.2	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated

J45.51 Severe persistent asthma with (acute) exacerbation

J45.52 Severe persistent asthma with status asthmaticus

Please note that this list of associated ICD-10-CM codes is not all-inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

AMA: 94375 2019,Mar,10; 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Mar,11; 2014,Jan,11; 2013,Dec,12

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
94375	0.31	0.77	0.02	1.1
Facility RVU	Work	PE	MP	Total
94375	0.31	0.77	0.02	1.1

	FUD	Status	MUE	Modifiers				IOM Reference
94375	N/A	A	1(3)	N/A	N/A	N/A	80*	None

* with documentation

Terms To Know

acute. Sudden, severe.

aspiration. Drawing fluid out by suction.

chronic. Persistent, continuing, or recurring.

COPD. Chronic obstructive pulmonary disease.

foreign body. Any object or substance found in an organ and tissue that does not belong under normal circumstances.

95866

95866 Needle electromyography; hemidiaphragm

Explanation

Needle electromyography (EMG) records the electrical properties of muscle using an oscilloscope. Recordings, which may be amplified and heard through a loudspeaker, are made during needle insertion with the muscle at rest and during contraction. Internal smooth muscle tissue in the larynx (95865) and hemidiaphragm (95866) are measured by needle placement in muscular organ tissue.

Coding Tips

Single-fiber EMG testing is the innervation of one or more nerve cells and some of the muscles stimulated. Code 95872 describes testing of each muscle studied. Normally, 20 pairs of nerves must be studied to significantly study each muscle. Each muscle is coded only once. However, if another muscle is studied, then the code is reported again.

This code may be used in addition to the standard evaluation.

This code does not include nerve conduction studies. When needle electromyography with nerve conduction, amplitude and latency/velocity is performed, see code 95587.

Documentation Tips

Documentation should clearly identify the number of extremities and, if appropriate, the paraspinal areas tested.

Documentation should clearly indicate needle placement, which is particularly important when the code is billed bilaterally.

The absence of documentation to support repeated testing on the same patient or testing every patient referred for pain may lead to claim denial.

Reimbursement Tips

Physical therapists in private practice may bill for the technical and professional component of certain diagnostic tests in the 95860–95937 code range, such as electromyograms and nerve conduction studies. These codes have both a technical and professional component. To report only the professional component, append modifier 26. To report only the technical component, append modifier TC. To report the complete procedure (i.e., both the professional and technical components), submit without a modifier.

The professional component is covered by Medicare as outpatient physical therapy when performed by a physical therapist who meets the following criteria:

- The physical therapist is certified by the American Board of Physical Therapist Specialties (ABPTS) as a clinical electrophysiologic-certified specialist and is permitted to provide the service under state law.
- The physical therapist is personally supervised by an ABPTS-certified physical therapist; only the certified physical therapist may bill for the service.

Medicare will permit a physical therapist without ABPTS certification to provide certain electromyography services if that physical therapist was not ABPTS-certified as of July 1, 2001, and had been furnishing such diagnostic tests prior to May 1, 2001. The requirements vary depending on the CPT code billed.

Some third-party payers, such as Medicare, reimburse only for the technical portion of many procedures whose codes are in this subsection of the CPT book. It is important for each therapist to determine how insurers require

physical therapists to bill services. Therapists should keep track of experiences with each insurance company and policy, providing data for future claims.

The multiple procedure payment reduction (MPPR) policy applies to this service. Under MPPR, when multiple “always therapy” procedures are rendered to the same patient on the same date of service (even in separate sessions), the procedure with the highest practice expense value that day is paid at 100 percent, and the practice expense component of the second and subsequent therapy services is paid at 50 percent. The work and malpractice components of the therapy service payment are not reduced. For payers other than Medicare, the amount of the reduction may vary by payer and by insurance plan.

ICD-10-CM Diagnostic Codes

J98.6	Disorders of diaphragm
J98.8	Other specified respiratory disorders
R05	Cough
R06.6	Hiccough
R07.1	Chest pain on breathing
R07.81	Pleurodynia

Please note that this list of associated ICD-10-CM codes is not all-inclusive. The procedure may be performed for reasons other than those listed that support the medical necessity of the service. Only those conditions supported by the medical record documentation should be reported.

AMA: 95866 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Mar,6; 2015,Jan,16; 2014,Jan,11; 2013,May,8-10

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
95866	1.25	2.52	0.06	3.83
Facility RVU	Work	PE	MP	Total
95866	1.25	2.52	0.06	3.83

	FUD	Status	MUE	Modifiers				IOM Reference
95866	N/A	A	1(3)	N/A	N/A	N/A	80*	None

* with documentation

Terms To Know

atrophy. Reduction in size or activity in an anatomic structure, due to wasting away from disease or other factors.

electromyography. Examining and recording the electrical activity of a muscle.

innervation. Nerve distribution to a body part.

neuropathy. Abnormality, disease, or malfunction of the nerves.

technical component. Portion of a health care service that identifies the provision of the equipment, supplies, technical personnel, and costs attendant to the performance of the procedure other than the professional services.

95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155,
99156, 99157, 99211-99223, 99231-99255, 99281-99285, 99291-99292,
99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375,
99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

29130 0213T,0216I,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,
64413-64417,64420-64435,64446-64450,64461-64463,64479-64505,
64510-64530,69990,92012-92014,93000-93010,93040-93042,93318,
93355,94002,94200,94250,94680-94690,94770,95812-95816,
95819,95822,95829,95955,96360-96368,96372,96374-96377,
96523,99155,99156,99157,99211-99223,99231-99255,99281-99285,
99291-99292,99304-99310,99315-99316,99334-99337,99347-99350,
99374-99375,99377-99378,99446-99449,99451-99452,99495-99496,
G0463-G0471

29131 0213T,0216I,0228T,0230T,1200I-1200T,1201I-1205T,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,
64413-64435,64445-64450,64461-64463,64479-64505,64510-64530,
69990,92012-92014,93000-93010,93040-93042,93318,93355,94002,
94200,94250,94680-94690,94770,95812-95816,95819,95822,
95829,95955,96360-96368,96372,96374-96377,96523,99155,
99156,99157,99211-99223,99231-99255,99281-99285,99291-99292,
99304-99310,99315-99316,99334-99337,99347-99350,99374-99375,
99377-99378,99446-99449,99451-99452,99495-99496,G0463-G0471

29200 0213T,0216T,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,
64413-64435,64445-64450,64461-64463,64479-64505,64510-64530,
69990,92012-92014,93000-93010,93040-93042,93318,93355,94002,
94200,94250,94680-94690,94770,95812-95816,95819,95822,
95829,95955,96360-96368,96372,96374-96377,96523,99155,
99156,99157,99211-99223,99231-99255,99281-99285,99291-99292,
99304-99310,99315-99316,99334-99337,99347-99350,99374-99375,
99377-99378,99446-99449,99451-99452,99495-99496,G0463-G0471

29240 0213T,0216T,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,
64413-64435,64445-64450,64461-64463,64479-64505,64510-64530,
69990,92012-92014,93000-93010,93040-93042,93318,93355,94002,
94200,94250,94680-94690,94770,95812-95816,95819,95822,
95829,95955,96360-96368,96372,96374-96377,96523,99155,
99156,99157,99211-99223,99231-99255,99281-99285,99291-99292,
99304-99310,99315-99316,99334-99337,99347-99350,99374-99375,
99377-99378,99446-99449,99451-99452,99495-99496,G0463-G0471

29260 0213T,0216I,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,
64413-64417,64420-64435,64445-64450,64461-64463,64479-64505,
64510-64530,69990,92012-92014,93000-93010,93040-93042,93318,
93355,94002,94200,94250,94680-94690,94770,95812-95816,
95819,95822,95829,95955,96360-96368,96372,96374-96377,
96523,99155,99156,99157,99211-99223,99231-99255,99281-99285,
99291-99292,99304-99310,99315-99316,99334-99337,99347-99350,
99374-99375,99377-99378,99446-99449,99451-99452,99495-99496,
G0463-G0471

29280 0213T,0216T,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,36000,36400-36410,36420-36430,36440,36591-36592,
36600,36640,43752,51701-51703,62320-62327,64400-64410,

64413-64417, 64420-64435, 64445-64450, 64461-64463, 64479-64505,
64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318,
93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816,
95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377,
96523, 99155, 99156, 99157, 99211-99223, 99231-99255, 99281-99285,
99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350,
99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496,
G0463-G0471

29505 0213T,0216T,0228T,0230T,12001-12007,12011-12057,13100-13133,
13151-13153,29445*,29515,29540,36000,36400-36410,
36420-36430,36440,36591-36592,36600,36640,43752,51701-51703,
62320-62327,64400-64410,64413-64435,64445-64450,64461-64463,
64479-64505,64510-64530,69990,92012-92014,93000-93010,
93040-93042,93318,93355,94002,94200,94250,94680-94690,
94770,95812-95816,95819,95822,95829,95955,96360-96368,
96372,96374-96377,96523,99155,99156,99157,99211-99223,
99231-99255,99281-99285,99291-99292,99304-99310,99315-99316,
99334-99337,99347-99350,99374-99375,99377-99378,99446-99449,
99451-99452,99495-99496,G0463-G0471

29515 0213T,0216I,0228T,0230T,11055-11056,12001-12007,12011-12057,
13100-13133,13151-13153,29445*,29540-29581,36000,
36400-36410,36420-36430,36440,36591-36592,36600,36640,43752,
51701-51703,62320-62327,64400-64410,64413-64435,64445-64449,
64461-64463,64479-64505,64510-64530,69990,92012-92014,
93000-93010,93040-93042,93318,93355,94002,94200,94250,
94680-94690,94770,95812-95816,95819,95822,95829,95955,
96360-96368,96372,96374-96377,96523,99155,99156,99157,
99211-99223,99231-99255,99281-99285,99291-99292,99304-99310,
99315-99316,99334-99337,99347-99350,99374-99375,99377-99378,
99446-99449,99451-99452,99495-99496,G0463-G0471

29520 0213T, 0216T, 0228T, 0230T, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 29445*, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155, 99156, 99157, 99211-99223, 99231-99255, 99281-99285, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

29530 0213T, 0216T, 0228T, 0230T, 12001-12007, 12011-12057, 13100-13133, 13151-13153, 29445*, 36000, 36400-36410, 36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703, 62320-62327, 64400-64410, 64413-64435, 64445-64450, 64461-64463, 64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010, 93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690, 94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368, 96372, 96374-96377, 96523, 99155, 99156, 99157, 99211-99223, 99231-99255, 99281-99285, 99291-99292, 99304-99310, 99315-99316, 99334-99337, 99347-99350, 99374-99375, 99377-99378, 99446-99449, 99451-99452, 99495-99496, G0463-G0471

29540 0213T, 0216T, 0228T, 0230T, 11900, 12001-12007, 12011-12057,
13100-13133, 13151-13153, 29445*, 29550, 36000, 36400-36410,
36420-36430, 36440, 36591-36592, 36600, 36640, 43752, 51701-51703,
62320-62327, 64400-64410, 64413-64435, 64445-64449, 64461-64463,
64479-64505, 64510-64530, 69990, 92012-92014, 93000-93010,
93040-93042, 93318, 93355, 94002, 94200, 94250, 94680-94690,
94770, 95812-95816, 95819, 95822, 95829, 95955, 96360-96368,

CPT Index

A

Activities of Daily Living (ADL), 97535
Training, 97535-97537

Acupuncture
One or More Needles
with Electrical Stimulation, 97813-97814
without Electrical Stimulation, 97810-97811

ADL
Activities of Daily Living, 97535-97537

Adson Test, 95870

Aerosol Inhalation
Inhalation Treatment, 94640, 94664
Pentamidine, 94642

Airway
Resistance by oscillometry, 94728

Analysis
Physiologic Data, Remote, [99453, 99454, 99457]

Anesthesia
Burns
Dressings and/or Debridement, 16020-16030

Ankle
Strapping, 29540

Anorectal
Biofeedback, 90912-90913

Anus
Biofeedback, 90912-90913

Aphasia Testing, 96105

Application
Compression System, 29581-29584
Multi-layer Compression System, 29581-29584
Splint, 29105-29131, 29505-29515
TENS Unit, 97014, 97032

Aquatic Therapy
with Exercises, 97113

Arm
Lower
Splint, 29125-29126
Strapping, 29584
Upper
Splint, 29105
Strapping, 29584

AROM, 95851-95852, 97110, 97530

Assessment
Level of Activity, 1003F
Online
Nonphysician, 98970-98972
Osteoarthritis, 0005F, 1006F
Risk Factor
Gastrointestinal and Renal, 1008F
Telephone
Nonphysician, 98966-98968
Use of Anti-inflammatory or analgesic (OTC) medications, 1007F

Athletic Training Evaluation, [97169, 97170, 97171, 97172]

B

Bayley Scales of Infant Development
Developmental Testing, 96110

Biofeedback
Anorectal, 90912-90913
Blood Pressure, 90901
Blood-flow, 90901
Brainwaves, 90901
EEG (Electroencephalogram), 90901
Electro-Oculogram, 90901
Electromyogram, 90901
EMG (with Anorectal), 90912-90913
Eyelids, 90901
Nerve Conduction, 90901
Other (unlisted) biofeedback, 90901
Perineal Muscles, 90912-90913
Urethral Sphincter, 90912-90913

BiPAP, 94660

Blood

Gases
by Pulse Oximetry, 94760

Bohler Splinting, 29515

Bone
Fracture
Osteoporosis Screening, 5015F

Bronchi
Bronchodilator
Spirometry, 94012
Testing
Bronchospasm Evaluation, 94617
Pulmonary Stress Test, 94618

Bronchospasm Evaluation
Exercise Test, 94617
Pulmonology, Diagnostic, Spirometry, 94010-94013

Burns
Debridement, 16020-16030
Dressing, 16020-16030

C

Canalith Repositioning Procedure, 95992

Cardiology
Diagnostic
Stress Tests
Cardiovascular, 93015-93018
Therapeutic
Cardiopulmonary Resuscitation, 92950

Cardiopulmonary Exercise Testing, 94621

Cardiopulmonary Resuscitation, 92950

Case Management Services
Online, 98970-98972
Team Conferences, 99366-99368
Telephone Calls
Nonphysician, 98966-98968

Chest Wall
Manipulation, 94667-94669
Mechanical Oscillation, 94669

CNP, 94662

CNPB (Continuous Negative Pressure Breathing), 94662

Cognitive Function Tests, [96125]

Cognitive Skills Development, 97129-97130

Cold Pack Treatment, 97010

Communication Device
Non-speech-generating, 92605 [92618]
Speech-generating, 92607-92609

Community/Work Reintegration
Training, 97537

Compression System Application, 29581-29584

Computer
Analysis
Motion Analysis, 96000-96004

Conference
Medical
with Interdisciplinary Team, 99366-99368

Continuous Negative Pressure Breathing (CNPB), 94662

Continuous Positive Airway Pressure (CPAP), 94660
Intermittent Positive Pressure Breathing, 94660

Contrast Bath Therapy, 97034

CPAP (Continuous Positive Airway Pressure), 94660

CPR (Cardiopulmonary Resuscitation), 92950

Critical Care Services
Cardiopulmonary Resuscitation, 92950

Debridement
Burns, 16020-16030
Wound
Non-Selective, 97602
Selective, 97597-97598

Determination
Lung Volume, 94727-94728

D

Developmental
Screening, 96110

Diathermy, 97024
Treatment, 97024

Dressings
Burns, 16020-16030

Dry Needle Insertion, [20560, 20561]

E

Ear, Nose, and Throat
Evaluation
Communication Device
Non-speech Generating, 92605 [92618]
Speech Generating, 92607-92608
Swallowing, 92610-92611

ECG, 93015-93018

Education
Patient
Self-management by Nonphysician, 98960-98962

Elbow
Strapping, 29260

Electrical Stimulation
Acupuncture, 97813-97814
Physical Therapy
Attended, Manual, 97032
Unattended, 97014

Electromyography
Anus
Biofeedback, 90912-90913
Extremity, 95860-95864, 95866-95872 [95885, 95886]
Fine Wire, 96004
Dynamic, 96004
Hemidiaphragm, 95866
Needle
Extremities, 95861-95864, 95866-95872 [95885, 95886, 95887]
Extremity, 95860
Face and Neck Muscles, 95867-95868
Hemidiaphragm, 95866
Muscle Supplied by Cranial Nerve, 95867-95868
Non-extremity, [95887]
Other than Thoracic Paraspinal, 95870
Single Fiber Electrode, 95872
Thoracic Paraspinal Muscles, 95869
Nonextremity, [95887]
Rectum
Biofeedback, 90912-90913
Surface
Dynamic, 96002-96004

EMG (Electromyography, Needle), 95860-95864, 95866-95872 [95885, 95886, 95887]

Epley Maneuver, 95992

Established Patient
Online Evaluation and Management Services
Nonphysician, 98970-98972
Telephone Services, 98966-98968

Evaluation and Management
Assistive Technology Assessment, 97755
Athletic Training, [97169, 97170, 97171]
Re-evaluation, [97172]
Case Management Services, 99366-99368
Internet Communication
Nonphysician, 98970-98972
Medical
Team Conference, 99366-99368
Occupation Therapy Evaluation, [97165, 97166, 97167]
Re-evaluation, [97168]
Online Assessment
Nonphysician, 98970-98972
Online Evaluation
Nonphysician, 98970-98972
Physical Therapy Evaluation, [97161, 97162, 97163]
Re-evaluation, [97164]

Evaluation and Management — *continued*
Team Conference, 99366-99368
Telephone Assessment
Nonphysician, 98966-98968

Evaluation
Athletic Training, [97169, 97170, 97171]
Re-evaluation, [97172]
for Prescription of Nonspeech Generating Device, 92605 [92618]
Occupation Therapy, [97165, 97166, 97167]
Re-evaluation, [97168]
Physical Therapy, [97161, 97162, 97163]
Re-evaluation, [97164]

Examination
Involved Joint, 2004F

Exercise Stress Tests, 93015-93018

Exercise Test
Bronchospasm, 94617
Cardiopulmonary, 94621
Ischemic Limb, 95875

Exercise Therapy, 97110-97113

Expired Gas Analysis, 94680-94690

Extremity
Testing
Physical Therapy, 97750

F

Finger
Splint, 29130-29131
Strapping, 29280

Flow Volume Loop/Pulmonary, 94375

Forced Expiratory Flows, 94011-94012

G

Gait Training, 97116

H

Hand
Strapping, 29280

Heart
Resuscitation, 92950

Hip
Strapping, 29520

Hot Pack Treatment, 97010

Hubbard Tank Therapy, 97036
with Exercises, 97036, 97113

Hydrotherapy (Hubbard Tank), 97036
with Exercises, 97036, 97113

I

Infrared Light Treatment, 97026

Inhalation Treatment, 94640-94645, 94664

Inhalation
Pentamidine, 94642

Insertion
Needle
Dry, without Injection, [20560, 20561]

Integumentary System
Burns, 16020-16030

Internet E/M Service
Nonphysician, 98970-98972

Iontophoresis, 97033

J

Joint
Mobilization, 97140

K

Kinetic Therapy, 97530

Knee
Strapping, 29530

L

Leg
Lower
Splint, 29515