

## Appendix K – ‘Always Therapy’ HCPCS\* Descriptors Reference Tables

\* This study included analysis of outpatient therapy services by HCPCS procedures furnished to beneficiaries from CY 1998 to CY 2000. During this period, several therapy HCPCS procedure codes were phased out, and two were added. All analysis of outpatient therapy services billed by physicians and non-physicians, and by institutional providers in revenue centers other than 042x, 043x, or 044x, included only claim lines that contained any one of the following “Always Therapy” HCPCS. The policy sources supporting the use of this specific list for this study are: 1) the published list of HCPCS that CMS (formerly HCFA) deemed as outpatient therapy procedures always subject to the outpatient therapy caps in the June 5, 1998 Federal Register, and, 2) the November 2, 1998 Federal Register Final Rule that verified that this list was to be used by providers to track the caps in CY 1999, and also added HCPCS codes 97140 and G0169 beginning in CY 1999. Any HCPCS procedure furnished by physical therapists, speech-language pathologists, or occupational therapists in institutional provider revenue centers (042x, 043x, or 044x), or by non-institutional providers with PT or OT private practice specialty numbers (65 and 67 respectively), was deemed to constitute outpatient therapy services by definition. Therefore, utilization analysis of these providers will contain HCPCS in addition to those found on these tables.

Note: In order to conserve space, the utilization tables contained in Appendices O, S and T in this report contain only the 5-digit HCPCS code. This Appendix serves as a reference to identify the description of the HCPCS code for those Appendices.

HCPCS Code	HCPCS Descriptor	‘Always Therapy’ HCPCS (1998-2000)	Addendum D 6/5/98 Federal Register	11/2/98 Federal Register	11/2/00 Federal Register
29126	Splints, application of short arm splint (forearm to hand); dynamic	X	X		
29131	Splints, application of finger splint; dynamic	X	X		
64550	Application of surface (transcutaneous) neurostimulator	X	X		
90901	Biofeedback training by any modality	X	X		
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry	X	X		
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	X	X		
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	X	X		
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group	X	X		
92510	Aural rehabilitation following cochlear implant with or without speech processor programming	X	X		
92525	Evaluation of swallowing and oral function for feeding	X	X		
92526	Treatment of swallowing dysfunction and/or oral function for feeding	X	X		
92597	Evaluation for voice prosthetic or augmentative/alternative communication device to support oral speech	X	X		
92598	Modification of voice prosthetic or augmentative/alternative communication device to supplement oral speech	X	X		
95831	Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report	X	X		
95832	Muscle testing, manual (separate procedure); hand, with or without comparison with normal side	X	X		
95833	Muscle testing, manual (separate procedure); total evaluation of body, excluding hands	X	X		
95834	Muscle testing, manual (separate procedure); total evaluation of body, including hands	X	X		
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	X	X		

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<b>HCPCS Code (cont.)</b>	<b>HCPCS Descriptor</b>	<b>'Always Therapy' HCPCS (1998-2000)</b>	<b>Addendum D 6/5/98 Federal Register</b>	<b>11/2/98 Federal Register</b>	<b>11/2/00 Federal Register</b>
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side	X	X		
96105	Assessment of aphasia with interpretation and report, per hour	X	X		
97001	Physical therapy evaluation	X	X		
97002	Physical therapy re-evaluation	X	X		
97003	Occupational therapy evaluation	X	X		
97004	Occupational therapy re-evaluation	X	X		
97010	Modalities, supervised application of a modality to one or more areas; hot or cold packs	X	X		
97012	Modalities, traction, mechanical	X	X		
97014	Modalities, electrical stimulation (unattended)	X	X		
97016	Modalities, vasopneumatic devices	X	X		
97018	Modalities, paraffin bath	X	X		
97020	Modalities, microwave	X	X		
97022	Modalities, whirlpool	X	X		
97024	Modalities, diathermy	X	X		
97026	Modalities, infrared	X	X		
97028	Modalities, ultraviolet	X	X		
97032	Modalities, electrical stimulation (manual), each 15 minutes	X	X		
97033	Modalities, iontophoresis, each 15 minutes	X	X		
97034	Modalities, contrast baths, each 15 minutes	X	X		
97035	Modalities, ultrasound, each 15 minutes	X	X		
97036	Modalities, Hubbard tank, each 15 minutes	X	X		
97039	Modalities, unlisted modality	X	X		
97110	Therapeutic procedures, each 15 minutes; therapeutic exercises	X	X		
97112	Therapeutic procedures, each 15 minutes; neuromuscular reeducation	X	X		
97113	Therapeutic procedures, each 15 minutes; aquatic therapy with therapeutic exercises	X	X		
97116	Therapeutic procedures, each 15 minutes; gait training (includes stair climbing)	X	X		
97122	Therapeutic procedures, each 15 minutes; traction, manual	X	X		
97124	Therapeutic procedures, each 15 minutes; massage	X	X		
97139	Therapeutic procedures, each 15 minutes; unlisted therapeutic procedure	X	X		
97140	Therapeutic procedures, manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	X		X	
97150	Therapeutic procedures, group (2 or more individual(s))	X	X		
97250	Therapeutic procedures, myofascial release/soft tissue mobilization, one or more regions	X	X		
97260	Therapeutic procedures, manipulation (cervical, thoracic, lumbrosacral, sacroiliac, hand, wrist) one area	X	X		
97261	Therapeutic procedures, manipulation (cervical, thoracic, lumbrosacral, sacroiliac, hand, wrist); each additional area	X	X		
97265	Therapeutic procedures, joint mobilization, one or more areas (peripheral or spinal)	X	X		
97504	Therapeutic procedures, orthotic fitting and training, upper and/or lower extremities, each 15 minutes	X	X		
97520	Therapeutic procedures, prosthetic training, upper and/or lower extremities, each 15 minutes	X	X		

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HCPCS Code (cont.)	HCPCS Descriptor	'Always Therapy' HCPCS (1998-2000)	Addendum D 6/5/98 Federal Register	11/2/98 Federal Register	11/2/00 Federal Register
97530	Therapeutic procedures, therapeutic activities, each 15 minutes	X	X		
97532	Therapeutic procedures, development of cognitive skills to improve attention, memory, problem solving, each 15 minutes	X			X
97533	Therapeutic procedures, sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, each 15 minutes	X			X
97535	Therapeutic procedures, self care/home management training, each 15 minutes	X	X		
97537	Therapeutic procedures, community work/reintegration, each 15 minutes	X	X		
97542	Therapeutic procedures, wheelchair management/ propulsion training, each 15 minutes	X	X		
97545	Therapeutic procedures, work hardening/conditioning; initial 2 hours	X	X		
97546	Therapeutic procedures, work hardening/conditioning; each additional hour (list separately in addition to code for primary procedures)	X	X		
97601	Removal of devitalized tissue from wound; selective debridement, without anesthesia, per session	X			X
97602	Removal of devitalized tissue from wound; non-selective debridement, without anesthesia, per session	X			X
97703	Tests and measurements, checkout for orthotic/prosthetic use, established patient, each 15 minutes	X	X		
97750	Tests and measurements, physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	X	X		
97770	Other procedures, development of cognitive skills to improve attention, memory, problem solving, each 15 minutes	X	X		
97780	Other procedures, acupuncture, one or more needles; without electrical stimulation	X	X		
97781	Other procedures, acupuncture, one or more needles; with electrical stimulation	X	X		
97799	Other procedures, unlisted physical medicine/rehabilitation service or procedure	X	X		
G0129	Occupational therapy, partial hospitalization, per-day	X			
G0151	Services of a PT in home health setting, ea 15 minutes	X			
G0152	Services of an OT in home health setting, ea 15 minutes	X			
G0153	Services of a SLP in home health setting, ea 15 minutes	X			
G0169	Wound debridement	X		X	
G0193	Endoscopic study, swallow function	X			X
G0194	Sensory testing, endoscopic study	X			X
G0195	Clinical eval swallowing function	X			X
G0196	Eval of swallowing with radioopaque	X			X
G0197	Eval of patient for prescription of speech device	X			X
G0198	Patient adaptation & training for speech device	X			X
G0199	Re-evaluation of patient use of speech device	X			X
G0200	Eval of patient for prescription of voice producer	X			X
G0201	Modification/training in use of voice producer	X			X

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