



Your essential illustrated coding guide for physical, occupational & speech therapy, including CPT®, HCPCS Level II, tips, CPT® to ICD-10-CM Cross References, NCCI edits, and RVU information

CODERS' SPECIALTY GUIDE

Physical, Occupational & Speech Therapy



2024

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29049

Application, cast; figure-of-eight

Clinical Responsibility

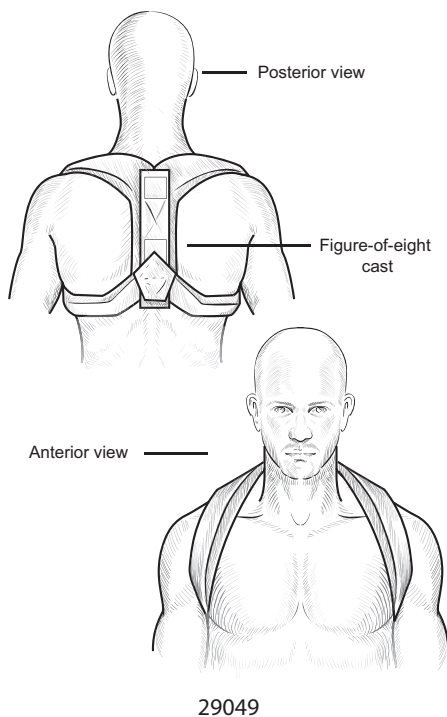
The provider positions the extremity for optimal healing. She conducts a complete neurovascular exam of the area. She applies stockinette, a loose knit fabric, over the arm and then adds cotton or synthetic padding to protect the skin from irritation. She applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding to build up the cast in a figure of eight pattern. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29049 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Illustration



Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$70.48, Non Facility: \$100.14, OPPS Facility: \$31.05, OPPS Non Facility: \$31.05

RVU Facility Work RVU: 0.89, PE RVU: 0.96, Malpractice RVU: 0.17, Total RVU: 2.02

RVU Non-Facility Work RVU: 0.89, PE RVU: 1.81, Malpractice RVU: 0.17, Total RVU: 2.87

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: 000, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1

Modifier Iowances 22, 47, 51, 52, 58, 59, 63, 76, 77, 78, 79, 80, 81, 82, 99, AQ, AR, AS, CR, ET, GA, GC, GJ, GO, GP, GR, KX, PD, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T⁰, 0216T⁰, 0596T¹, 0597T¹, 12001¹, 12002¹, 12004¹, 12005¹, 12006¹, 12007¹, 12011¹, 12013¹, 12014¹, 12015¹, 12016¹, 12017¹, 12018¹, 12020¹, 12021¹, 12031¹, 12032¹, 12034¹, 12035¹, 12036¹, 12037¹, 12041¹, 12042¹, 12044¹, 12045¹, 12046¹, 12047¹, 12051¹, 12052¹, 12053¹, 12054¹, 12055¹, 12056¹, 12057¹, 13100¹, 13101¹, 13102¹, 13120¹, 13121¹, 13122¹, 13131¹, 13132¹, 13133¹, 13151¹, 13152¹, 13153¹, 22505⁰, 36000¹, 36400¹, 36405¹, 36406¹, 36410¹, 36420¹, 36425¹, 36430¹, 36440¹, 36591⁰, 36592⁰, 36600¹, 36640¹, 43752¹, 51701¹, 51702¹, 51703¹, 62320⁰, 62321⁰, 62322⁰, 62323⁰, 62324⁰, 62325⁰, 62326⁰, 62327⁰, 64400⁰, 64405⁰, 64408⁰, 64415⁰, 64416⁰, 64417⁰, 64418⁰, 64420⁰, 64421⁰, 64425⁰, 64430⁰, 64435⁰, 64445⁰, 64446⁰, 64447⁰, 64448⁰, 64449⁰, 64450¹, 64451⁰, 64454¹, 64461⁰, 64462⁰, 64463⁰, 64479⁰, 64480⁰, 64483⁰, 64484⁰, 64486⁰, 64487⁰, 64488⁰, 64489⁰, 64490⁰, 64491⁰, 64492⁰, 64493⁰, 64494⁰, 64495⁰, 64505⁰, 64510⁰, 64517⁰, 64520⁰, 64530⁰, 69990⁰, 92012¹, 92014¹, 93000¹, 93005¹, 93010¹, 93040¹, 93041¹, 93042¹, 93318¹, 93355¹, 94002¹, 94200¹, 94680¹, 94681¹, 94690¹, 95812¹, 95813¹, 95816¹, 95819¹, 95822¹, 95829¹, 95955¹, 96360¹, 96361¹, 96365¹, 96366¹, 96367¹, 96368¹, 96372¹, 96374¹, 96375¹, 96376¹, 96377¹, 96523⁰, 99155⁰, 99156⁰, 99157⁰, 99211¹, 99212¹, 99213¹, 99214¹, 99215¹, 99217¹, 99218¹, 99219¹, 99220¹, 99221¹, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 99239¹, 99241¹, 99242¹, 99243¹, 99244¹, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99281¹, 99282¹, 99283¹, 99284¹, 99285¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 99307¹, 99308¹, 99309¹, 99310¹, 99315¹, 99316¹, 99334¹, 99335¹, 99336¹, 99337¹, 99347¹, 99348¹, 99349¹, 99350¹, 99374¹, 99375¹, 99377¹, 99378¹, 99446⁰, 99447⁰, 99448⁰, 99449⁰, 99451⁰, 99452⁰, 99495¹, 99496¹, G0463¹, G0471¹

ICD-10 CrossRef

M84.531D, M84.532D, M84.533D, M84.534D, M84.539D, M84.539S, M84.60XD, M84.611D, M84.631D, M84.632D, M84.633D, M84.634D, M84.639D, M97.8XXD, M97.8XXS, M97.9XXD, M97.9XXS, S42.001A-S42.001B, S42.001G, S42.001K, S42.001P, S42.002A-S42.002B, S42.002G, S42.002K, S42.002P, S42.009A-S42.009B, S42.009G, S42.009K, S42.009P, S42.011A-S42.011B, S42.011G, S42.011K, S42.011P, S42.012A-S42.012B, S42.012G, S42.012K, S42.012P, S42.013A-S42.013B, S42.013G, S42.013K, S42.013P, S42.014A-S42.014B, S42.014G, S42.014K, S42.014P, S42.015A-S42.015B, S42.015G, S42.015K, S42.015P, S42.016A-S42.016B, S42.016G, S42.016K, S42.016P, S42.017A-S42.017B, S42.017G, S42.017K, S42.017P, S42.018A-S42.018B, S42.018G, S42.018K, S42.018P,

S42.019A-S42.019B, S42.019G, S42.019K, S42.019P, S42.021A-S42.021B, S42.021G, S42.021K, S42.021P, S42.022A-S42.022B, S42.022G, S42.022K, S42.022P, S42.023A-S42.023B, S42.023G, S42.023K, S42.023P, S42.024A-S42.024B, S42.024G, S42.024K, S42.024P, S42.025A-S42.025B, S42.025G, S42.025K, S42.025P, S42.026A-S42.026B, S42.026G, S42.026K, S42.026P, S42.031A-S42.031B, S42.031G, S42.031K, S42.031P, S42.032A-S42.032B, S42.032G, S42.032K, S42.032P, S42.033A-S42.033B, S42.033G, S42.033K, S42.033P, S42.034A-S42.034B, S42.034G, S42.034K, S42.034P, S42.035A-S42.035B, S42.035G, S42.035K, S42.035P, S42.036A-S42.036B, S42.036G, S42.036K, S42.036P, S43.201D, S43.201S, S43.202D, S43.202S, S43.203D, S43.203S, S43.211D, S43.211S, S43.212D, S43.212S, S43.213D, S43.213S, S43.221D, S43.221S, S43.222D, S43.222S, S43.223D, S43.223S, S66.421D, S66.421S, S66.422D, S66.422S, S66.429D, S66.429S, S66.520D, S66.520S, S66.521D, S66.521S, S66.522D, S66.522S, S66.523D, S66.523S, S66.524D, S66.524S, S66.525D, S66.525S, S66.526D, S66.526S, S66.527D, S66.527S, S66.528D, S66.528S, S66.529D, S66.529S, S66.821D, S66.821S, S66.822D, S66.822S, S66.829D, S66.829S, S66.921D, S66.921S, S66.922D, S66.922S, S66.929D, S66.929S, S66.991D, S66.991S, S66.992D, S66.992S, S66.999D, S66.999S, S68.011D, S68.011S, S68.012D, S68.012S, S68.019D, S68.019S, S68.021D, S68.021S, S68.022D, S68.022S, S68.029D, S68.029S, S68.110D, S68.110S, S68.111D, S68.111S, S68.112D, S68.112S, S68.113D, S68.113S, S68.114D, S68.114S, S68.115D, S68.115S, S68.116D, S68.116S, S68.117D, S68.117S, S68.118D, S68.118S, S68.119D, S68.119S, S68.120D, S68.120S, S68.121D, S68.121S, S68.122D, S68.122S, S93.401A, S93.402A, S93.409A, S93.411A, S93.412A, S93.419A, S93.421A, S93.422A, S93.429A, S93.431A, S93.432A, S93.439A, S93.491A, S93.492A, S93.499A, S96.011A, S96.012A, S96.019A, S96.091A, S96.092A, S96.099A, S96.101A, S96.102A, S96.109A, S96.111A, S96.112A, S96.119A, T84.018D, T84.018S, T84.019D, T84.019S, T84.038D, T84.038S, T84.039D, T84.039S, X00.2XXA-X00.2XXS, X00.4XXA-X00.4XXS, X00.5XXD, X00.5XXS, X00.8XXA-X00.8XXS, X01.4XXA-X01.4XXS, X01.8XXA-X01.8XXS, X02.2XXA-X02.2XXS, X02.4XXA-X02.4XXS, X02.5XXA-X02.5XXS, X02.8XXA-X02.8XXS, X03.4XXA-X03.4XXS, X03.8XXA-X03.8XXS, Y36.231A-Y36.231S, Y36.240A-Y36.240S, Y36.241A-Y36.241S, Y36.250A-Y36.250S, Y36.251A-Y36.251S, Y36.260A-Y36.260S, Y36.261A-Y36.261S, Y36.290A-Y36.290S, Y36.291A-Y36.291S, Y36.300A-Y36.300S, Y36.301A-Y36.301S, Y36.310A-Y36.310S, Y36.311A-Y36.311S, Y36.320A-Y36.320S, Y36.321A-Y36.321S, Y36.330A-Y36.330S, Y36.331A-Y36.331S, Y36.390A-Y36.390S, Y36.391A-Y36.391S, Y36.420A-Y36.420S, Y36.421A-Y36.421S, Y36.430A-Y36.430S, Y36.431A-Y36.431S, Y36.440A-Y36.440S, Y36.441A-Y36.441S, Y36.450A-Y36.450S, Y36.451A-Y36.451S, Y36.490A-Y36.490S, Y36.491A-Y36.491S, Y36.810A-Y36.810S, Y36.811A-Y36.811S, Y36.820A-Y36.820S, Y36.821A-Y36.821S, Y36.880A-Y36.880S, Y36.881A-Y36.881S, Y36.890A-Y36.890S, Y36.891A-Y36.891S, Y36.90XA-Y36.90XS, Y36.92XA-Y36.92XS, Y37.010A-Y37.010S, Y37.011A-Y37.011S, Y37.020A-Y37.020S, Y37.021A-Y37.021S, Y37.030A-Y37.030S, Y37.031A-Y37.031S, Y37.040A-Y37.040S, Y37.041A-Y37.041S, Y37.100A-Y37.100S, Y37.101A-Y37.101S, Y37.110A-Y37.110S, Y37.111A-Y37.111S, Y37.120A-Y37.120S, Y37.121A-Y37.121S, Y37.130A-Y37.130S, Y37.131A-Y37.131S, Y37.140A-Y37.140S, Y37.141A-Y37.141S, Y37.190A-Y37.190S, Y37.191A-Y37.191S, Y37.200A-Y37.200S, Y37.201A-Y37.201S

29055

Application, cast; shoulder spica

Clinical Responsibility

The provider positions the upper body and the affected arm and shoulder for optimal healing. She performs a complete neurovascular exam of the affected region before applying the cast.

She covers the trunk to the hips and includes one shoulder, wrist, and hand with stockinette, a loose knit fabric. She applies cotton or synthetic padding to protect the skin from irritation. She inserts a diagonal shoulder support between the hip and arm and then applies wet casting material in strips, such as plaster of Paris or fiberglass, over the padding, wrapping the material in a V pattern. She rolls the underlying stockinette over the openings in the cast to smooth out the edges. She allows the cast to dry and then reassesses its fit, trimming it if necessary.

Coding Tips

Application of a cast may be included in the primary code for an associated surgical procedure. Replacement of the cast at a later date may be included in the global period of the surgical procedure or it may be separately reportable. Check with your payer for confirmation.

If 29055 is reported as an initial service in which no other procedure or treatment, e.g., surgical repair, is performed or is expected to be performed by the provider rendering the initial care, or is permitted by your payer as a billable replacement service, report the applicable evaluation and management code along with 99070, Supplies and materials, except spectacles, provided by the provider over and above those usually included with the office visit or other services rendered, list drugs, trays, supplies, or materials provided.

Use the appropriate code for evaluation and management, E/M, if the key components of an E/M service are met, which are patient history, physical examination, and medical decision making. Apply modifier 25, Significant, separately identifiable evaluation and management service by the same provider on the same day of the procedure or other service.

97010

Application of a modality to 1 or more areas; hot or cold packs

Clinical Responsibility

The provider applies hot and or cold packs directly to one or more specific body sites. The provider typically wraps moist hot packs in layers of towels before applying them to a body site. The hot pack can relax muscles, decrease pain, and increase circulation for patients with arthritis, muscle spasms, or muscle strains. The provider applies a cold pack, which is a frozen gel, in a moist towel before applying to a body site. The cold pack can decrease inflammation, pain, and swelling in patients with traumatic injuries or other conditions.

Coding Tips

The descriptor of 97010 includes both hot and cold packs to one or more regions. You should report it only once per visit, regardless of the time involved, body sites involved, or the temperature of the packs applied. This therapy does not require direct one on one patient contact with the provider.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$6.28, Non Facility: \$6.28, OPPS Facility: \$2.09, OPPS Non Facility: \$2.09
RVu Facility Work RVU: 0.06, PE RVU: 0.11, Malpractice RVU: 0.01, Total RVU: 0.18

RVu Non-Facility Work RVU: 0.06, PE RVU: 0.11, Malpractice RVU: 0.01, Total RVU: 0.18

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: B, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0

Modifier Ilowances 22, 52, 53, 59, 76, 77, 79, 99, AR, CO, CQ, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GO, GP, GR, GY, GZ, KX, Q5, Q6, QJ, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

36591⁰, 36592⁰, 96523⁰

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

97012

Application of a modality to 1 or more areas; traction, mechanical

Clinical Responsibility

Before starting the therapy, the physician evaluates the patient carefully to decide on the type of traction, the amount of weight

to be applied, and the duration of the treatment. Mechanical traction begins with a series of 10-12 minute sessions, typically 10-12 minutes each, 2-3 times a week. In case of cervical traction, a mechanical traction device is used to treat the cervical spine. The patient lies on his back, and a head halter is placed under the back of head and jaw and attached to a machine. A certain time period and specific weight for the pulling action are set. The traction can remain for the specified time (continuous traction) or intermittently (on/off cycle) during the treatment session. For lumbar traction, a motorized split-traction table is used. The patient is placed in a pelvic harness secured to one end of the table. Some motorized units are programmed by the therapist to maintain the traction session. Sometimes a pelvic belt with straps can also be used for distraction. Following each session, electrical muscle stimulation is applied to relax the muscle and ligaments. Expert supervision is an absolute must. Care is taken to keep the therapy session relaxing, so that no additional strain or pain is caused due to the force applied.

Coding Tips

This code is modifier 51-exempt.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$15.00, Non Facility: \$15.00, OPPS Facility: \$8.72, OPPS Non Facility: \$8.72
RVu Facility Work RVU: 0.25, PE RVU: 0.17, Malpractice RVU: 0.01, Total RVU: 0.43

RVu Non-Facility Work RVU: 0.25, PE RVU: 0.17, Malpractice RVU: 0.01, Total RVU: 0.43

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 7, Endoscopic Base Code: None, MUE: 1

Modifier Ilowances 22, 51, 52, 53, 59, 76, 77, 79, 80, 81, 82, 96, 97, 99, AR, AS, CO, CQ, CR, ET, GA, GC, GJ, GN, GO, GP, GR, GY, GZ, KX, Q5, Q6, QJ, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 36591⁰, 36592⁰, 62320¹, 62321¹, 62322¹, 62323¹, 62324¹, 62325¹, 62326¹, 62327¹, 64400¹, 64405¹, 64408¹, 64415¹, 64416¹, 64417¹, 64418¹, 64420¹, 64421¹, 64425¹, 64430¹, 64435¹, 64445¹, 64446¹, 64447¹, 64448¹, 64449¹, 64450¹, 64451¹, 64454¹, 64461¹, 64463¹, 64479¹, 64480¹, 64483¹, 64484¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 64505¹, 64510¹, 64517¹, 64520¹, 64530¹, 96523⁰, 97018¹, 97140¹, 97164¹, 97168¹

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

97014

Application of a modality to 1 or more areas; electrical stimulation (unattended)

Clinical Responsibility

This procedure is commonly called E stim. The provider places electrodes on the patient's skin in one or more locations to deliver an electrical current to a muscle or group of muscles or nerves. The provider determines the amount of electrical current needed to contract the muscle. The procedure helps to strengthen the muscle and increase blood supply to the affected area, which helps the healing process.

Coding Tips

Medicare and Medicare HMOs typically require G0283, Electrical stimulation unattended, to one or more areas for indications other than wound care, as part of a therapy plan of care instead of 97014. Check with your Medicaid or Medicare carrier to determine if they require the HCPCS Level II code instead.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$13.61, Non Facility: \$13.61, OPSS Facility: \$6.28, OPSS Non Facility: \$6.28
RVu Facility Work RVU: 0.18, PE RVU: 0.20, Malpractice RVU: 0.01, Total RVU: 0.39

RVu Non-Facility Work RVU: 0.18, PE RVU: 0.20, Malpractice RVU: 0.01, Total RVU: 0.39

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: I, PC/TC Indicator: 9, Endoscopic Base Code: None, MUE: 0

Modifier Allowances 22, 52, 53, 59, 76, 77, 79, 97, 99, AR, CO, CQ, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GR, GY, GZ, KX, Q5, Q6, QJ, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

36591⁰, 36592⁰, 96523⁰

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

97016

Application of a modality to 1 or more areas; vasopneumatic devices

Clinical Responsibility

Vasopneumatic devices are a specialized form of equipment, which are designed to apply pressure to an extremity to reduce

the swelling following an acute injury or surgical operation. In this procedure, the provider has the patient lie down on a table, and then the provider applies a sleeve or boot around the injured limb. He then uses a small compressor to fill this sleeve with air. He sets the compression machine in such a way that it causes the compression for a set period of time and then releases the pressure. He also places the part or limb being treated in an elevated position that aids in reduction of swelling. The provider may treat one or more areas in the same session.

Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$12.21, Non Facility: \$12.21, OPSS Facility: \$6.28, OPSS Non Facility: \$6.28

RVu Facility Work RVU: 0.18, PE RVU: 0.16, Malpractice RVU: 0.01, Total RVU: 0.35

RVu Non-Facility Work RVU: 0.18, PE RVU: 0.16, Malpractice RVU: 0.01, Total RVU: 0.35

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 7, Endoscopic Base Code: None, MUE: 1

Modifier Allowances 22, 51, 52, 53, 59, 76, 77, 79, 80, 81, 82, 96, 97, 99, AR, AS, CO, CQ, CR, ET, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GA, GC, GJ, GN, GO, GP, GR, KX, PD, Q5, Q6, QJ, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA, XE, XP, XS, XU

CCI Alerts (version 27.3)

0213T¹, 0216T¹, 36591⁰, 36592⁰, 62320¹, 62321¹, 62322¹, 62323¹, 62324¹, 62325¹, 62326¹, 62327¹, 64400¹, 64405¹, 64408¹, 64415¹, 64416¹, 64417¹, 64418¹, 64420¹, 64421¹, 64425¹, 64430¹, 64435¹, 64445¹, 64446¹, 64447¹, 64448¹, 64449¹, 64450¹, 64451¹, 64454¹, 64461¹, 64463¹, 64479¹, 64480¹, 64483¹, 64484¹, 64486¹, 64487¹, 64488¹, 64489¹, 64490¹, 64493¹, 64505¹, 64510¹, 64517¹, 64520¹, 64530¹, 96523⁰, 97018¹, 97026¹, 97164¹, 97168¹

ICD-10 CrossRef

ICD-10-CM contains hundreds of matches for this code. Please check individual payer guidelines for specific coverage determinations.

97018

Application of a modality to 1 or more areas; paraffin bath

Clinical Responsibility

Paraffin bath is a physical therapy modality in which the provider uses the paraffin wax to treat a certain body area. Paraffin wax is a colorless semi-solid material derived from a petroleum product. The wax has a unique property of absorbing and retaining heat. In this procedure, the provider either applies the wax on the joint using a brush or he may dip the body part or limb in paraffin solution. This modality is most commonly used for treating wrist, hand, or knee joint pains and spasm caused by arthritis, or inflammation, of the joint. The provider may treat one or more areas in the same session.

G0152

Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes

Clinical Responsibility

Occupational therapy improves the ability of a patient to independently carry out activities of daily living. Report this code for services given by a qualified occupational therapist in a home health or hospice setting. Home health services provide care to home bound patients at their home; hospice services provide care to the terminally ill. An occupational therapy plan of treatment depends upon the condition of the patient and may include exercises and modifications for daily living activities, which help the patient to become independent for these activities. The time which the occupational therapist actively invests in the patient is the reporting time, which is 15 minutes per unit. The minimum time spent for the service should be eight minutes. Medicare covers the service if the occupational therapist submits the necessary documentation.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

You should not report G0152 with CPT® occupational therapy codes 97150, 97530 to 97535, 97542 to 97545, or 97750.

For the services of a qualified physical therapist in the home health or hospice setting, report G0151, Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.

For the services of a qualified speech language pathologist in the home health or hospice setting, report G0153, Services performed by a qualified speech language pathologist in the home health or hospice setting, each 15 minutes.

BETOS

Y2: Other - Non-Medicare fee schedule

G0153

Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes

Clinical Responsibility

Speech language therapy improves communication and swallowing skills in patients with disorders like cerebral palsy, stroke, and cleft palate. Report this code for the services given by a qualified speech language pathologist in a home or hospice setting. Home health services provide care to home bound patients at their home; hospice services provide care to the terminally ill. A speech language therapy plan of treatment in a home or hospice setting may include teaching the patient to make

sounds, improving language skills, strengthening tongue muscles, and teaching the patient alternative methods of communication. The time which the speech language pathologist actively invests in the patient is the reporting time, which is 15 minutes per unit. The minimum time spent for the service should be eight minutes. Medicare covers this service if the speech language pathologist submits the necessary documentation.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

For the services of a qualified occupational therapist in the home health or hospice setting, report G0152, Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes.

For the services of a qualified physical therapist in the home health or hospice setting, report G0151, Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.

BETOS

Y2: Other - Non-Medicare fee schedule

G0157

Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes

Clinical Responsibility

A physical therapist assistant provides services for a homebound patient to promote the restoration and maintenance of health and functional ability. These services include helping with patient exercise therapy sessions to improve mobility, relieve pain, and reduce physical barriers. The assistant encourages the patient in the use of electrical stimulation, mechanical traction, massage, and gait training. The assistant records the patient's response and outcome to the treatment given.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

The time that a qualified physical therapist assistant actively invests in the patient is the reporting time, which is 15 minutes per unit of service. The minimum time spent for the service should be eight minutes. Medicare covers the service if the assistant submits the necessary documentation.

For the services of an occupational therapist assistant, report G0158, Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes.

BETOS**Y2:** Other - Non-Medicare fee schedule**G0158**

Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes

Clinical Responsibility

A qualified occupational therapist assistant provides services for a homebound patient to promote the restoration and maintenance of health and functional ability. These services include helping the patient to overcome the limitations of a physical, emotional, or psychological disorder and help the patient to become independent in activities of daily living. The occupational therapist assistant also assists the patient with transfers from bed to wheelchair and vice versa.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

The time that a qualified occupational therapy assistant actively invests in the patient is the reporting time, which is 15 minutes per unit of service. The minimum time spent for the service should be eight minutes. Medicare covers the service if the assistant submits the necessary documentation.

For the services of a qualified physical therapist assistant, report G0157, Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes.

BETOS**Y2:** Other - Non-Medicare fee schedule**G0159**

Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes

Clinical Responsibility

A qualified physical therapist provides services for a homebound patient to promote the restoration and maintenance of health and functional ability through physical rehabilitation. These services include performance of an initial evaluation and development of a custom exercise program that meets the needs of the patient. The physical therapist delivers the therapeutic exercise program and performs regular assessments of the patient's progress with reevaluation of the plan as required.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

The time that a qualified physical therapist actively invests in the patient is the reporting time, which is 15 minutes per unit of service. The minimum time spent for the service should be eight minutes. Medicare covers this service if the physical therapist submits the necessary documentation.

For the services of a qualified physical therapist assistant, report G0157, Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes.

BETOS**Y2:** Other - Non-Medicare fee schedule**G0160**

Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes

Clinical Responsibility

A qualified occupational therapist provides services for a homebound patient to promote the restoration and maintenance of health and functional ability through the therapeutic use of everyday activities. These services include performance of an initial evaluation of the patient and planning a custom program that assists the patient in achieving independence in activities of daily living activities. The occupational therapist carries out the program and performs regular assessments of the patient's progress with reevaluation of the plan as required.

Coding Tips

Use G codes to identify professional health care procedures and services that would otherwise be coded in CPT® but for which there are no CPT® codes.

The time that a qualified occupational therapist actively invests in the patient is the reporting time, which is 15 minutes per unit of service. The minimum time spent for the service should be eight minutes. Medicare covers this service if the occupational therapist submits the necessary documentation.

For the services of a qualified occupational therapist assistant, report G0158, Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes.

BETOS**Y2:** Other - Non-Medicare fee schedule

ICD-10 CrossRef Details

A15.0	Tuberculosis of lung	B45.0	Pulmonary cryptococcosis
A15.4	Tuberculosis of intrathoracic lymph nodes	B45.1	Cerebral cryptococcosis
A15.5	Tuberculosis of larynx, trachea and bronchus	B45.2	Cutaneous cryptococcosis
A15.6	Tuberculous pleurisy	B45.3	Osseous cryptococcosis
A15.8	Other respiratory tuberculosis	B45.7	Disseminated cryptococcosis
A18.03	Tuberculosis of other bones	B45.8	Other forms of cryptococcosis
A31.0	Pulmonary mycobacterial infection	B45.9	Cryptococcosis, unspecified
A41.3	Sepsis due to Hemophilus influenzae	B91	Sequelae of poliomyelitis
A42.0	Pulmonary actinomycosis	B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere
A50.43	Late congenital syphilitic polyneuropathy	B97.29	Other coronavirus as the cause of diseases classified elsewhere
A52.15	Late syphilitic neuropathy	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
A79.82	Anaplasmosis [A. phagocytophilum]	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere
B02.0	Zoster encephalitis	C00.0	Malignant neoplasm of external upper lip
B02.1	Zoster meningitis	C00.1	Malignant neoplasm of external lower lip
B02.21	Postherpetic geniculate ganglionitis	C00.2	Malignant neoplasm of external lip, unspecified
B02.22	Postherpetic trigeminal neuralgia	C00.3	Malignant neoplasm of upper lip, inner aspect
B02.23	Postherpetic polyneuropathy	C00.4	Malignant neoplasm of lower lip, inner aspect
B02.24	Postherpetic myelitis	C00.5	Malignant neoplasm of lip, unspecified, inner aspect
B02.29	Other postherpetic nervous system involvement	C00.6	Malignant neoplasm of commissure of lip, unspecified
B02.7	Disseminated zoster	C00.8	Malignant neoplasm of overlapping sites of lip
B02.8	Zoster with other complications	C00.9	Malignant neoplasm of lip, unspecified
B02.9	Zoster without complications	C01	Malignant neoplasm of base of tongue
B10.01	Human herpesvirus 6 encephalitis	C02.0	Malignant neoplasm of dorsal surface of tongue
B10.09	Other human herpesvirus encephalitis	C02.1	Malignant neoplasm of border of tongue
B20	Human immunodeficiency virus [HIV] disease	C02.2	Malignant neoplasm of ventral surface of tongue
B26.84	Mumps polyneuropathy	C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
B27.01	Gammaherpesviral mononucleosis with polyneuropathy	C02.4	Malignant neoplasm of lingual tonsil
B27.11	Cytomegaloviral mononucleosis with polyneuropathy	C02.8	Malignant neoplasm of overlapping sites of tongue
B27.81	Other infectious mononucleosis with polyneuropathy	C02.9	Malignant neoplasm of tongue, unspecified
B27.91	Infectious mononucleosis, unspecified with polyneuropathy	C03.0	Malignant neoplasm of upper gum
B34.2	Coronavirus infection, unspecified	C03.1	Malignant neoplasm of lower gum
B38.0	Acute pulmonary coccidioidomycosis	C03.9	Malignant neoplasm of gum, unspecified
B38.1	Chronic pulmonary coccidioidomycosis	C04.0	Malignant neoplasm of anterior floor of mouth
B38.2	Pulmonary coccidioidomycosis, unspecified	C04.1	Malignant neoplasm of lateral floor of mouth
B38.3	Cutaneous coccidioidomycosis	C04.8	Malignant neoplasm of overlapping sites of floor of mouth
B40.0	Acute pulmonary blastomycosis	C04.9	Malignant neoplasm of floor of mouth, unspecified
B40.1	Chronic pulmonary blastomycosis	C05.0	Malignant neoplasm of hard palate
B40.2	Pulmonary blastomycosis, unspecified	C05.1	Malignant neoplasm of soft palate
B40.3	Cutaneous blastomycosis	C05.2	Malignant neoplasm of uvula
B40.7	Disseminated blastomycosis	C05.8	Malignant neoplasm of overlapping sites of palate
B40.81	Blastomycotic meningoencephalitis	C05.9	Malignant neoplasm of palate, unspecified
B40.89	Other forms of blastomycosis	C06.0	Malignant neoplasm of cheek mucosa
B40.9	Blastomycosis, unspecified	C06.1	Malignant neoplasm of vestibule of mouth
B41.0	Pulmonary paracoccidioidomycosis	C06.2	Malignant neoplasm of retromolar area
B41.7	Disseminated paracoccidioidomycosis	C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
B41.8	Other forms of paracoccidioidomycosis	C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
B41.9	Paracoccidioidomycosis, unspecified	C06.9	Malignant neoplasm of mouth, unspecified
B42.0	Pulmonary sporotrichosis	C07	Malignant neoplasm of parotid gland
B42.1	Lymphocutaneous sporotrichosis	C08.0	Malignant neoplasm of submandibular gland
B42.7	Disseminated sporotrichosis	C08.1	Malignant neoplasm of sublingual gland
B42.81	Cerebral sporotrichosis	C08.9	Malignant neoplasm of major salivary gland, unspecified
B42.82	Sporotrichosis arthritis	C09.0	Malignant neoplasm of tonsillar fossa
B42.89	Other forms of sporotrichosis	C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
B42.9	Sporotrichosis, unspecified	C09.8	Malignant neoplasm of overlapping sites of tonsil
B43.0	Cutaneous chromomycosis	C09.9	Malignant neoplasm of tonsil, unspecified
B43.1	Pheomycotic brain abscess	C10.0	Malignant neoplasm of vallecula
B43.2	Subcutaneous pheomycotic abscess and cyst	C10.1	Malignant neoplasm of anterior surface of epiglottis
B43.8	Other forms of chromomycosis	C10.2	Malignant neoplasm of lateral wall of oropharynx
B43.9	Chromomycosis, unspecified	C10.3	Malignant neoplasm of posterior wall of oropharynx
B44.0	Invasive pulmonary aspergillosis		
B44.1	Other pulmonary aspergillosis		
B44.2	Tonsillar aspergillosis		
B44.7	Disseminated aspergillosis		
B44.81	Allergic bronchopulmonary aspergillosis		
B44.89	Other forms of aspergillosis		
B44.9	Aspergillosis, unspecified		

C10.4	Malignant neoplasm of branchial cleft	C71.7	Malignant neoplasm of brain stem
C10.8	Malignant neoplasm of overlapping sites of oropharynx	C71.8	Malignant neoplasm of overlapping sites of brain
C10.9	Malignant neoplasm of oropharynx, unspecified	C71.9	Malignant neoplasm of brain, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx	C72.0	Malignant neoplasm of spinal cord
C11.1	Malignant neoplasm of posterior wall of nasopharynx	C72.1	Malignant neoplasm of cauda equina
C11.2	Malignant neoplasm of lateral wall of nasopharynx	C72.20	Malignant neoplasm of unspecified olfactory nerve
C11.3	Malignant neoplasm of anterior wall of nasopharynx	C72.21	Malignant neoplasm of right olfactory nerve
C11.8	Malignant neoplasm of overlapping sites of nasopharynx	C72.22	Malignant neoplasm of left olfactory nerve
C11.9	Malignant neoplasm of nasopharynx, unspecified	C72.30	Malignant neoplasm of unspecified optic nerve
C12	Malignant neoplasm of pyriform sinus	C72.31	Malignant neoplasm of right optic nerve
C13.0	Malignant neoplasm of postcricoid region	C72.32	Malignant neoplasm of left optic nerve
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect	C72.40	Malignant neoplasm of unspecified acoustic nerve
C13.2	Malignant neoplasm of posterior wall of hypopharynx	C72.41	Malignant neoplasm of right acoustic nerve
C13.8	Malignant neoplasm of overlapping sites of hypopharynx	C72.42	Malignant neoplasm of left acoustic nerve
C13.9	Malignant neoplasm of hypopharynx, unspecified	C72.50	Malignant neoplasm of unspecified cranial nerve
C14.0	Malignant neoplasm of pharynx, unspecified	C72.59	Malignant neoplasm of other cranial nerves
C14.2	Malignant neoplasm of Waldeyer's ring	C76.0	Malignant neoplasm of head, face and neck
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx	C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C15.3	Malignant neoplasm of upper third of esophagus	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C15.4	Malignant neoplasm of middle third of esophagus	C78.80	Secondary malignant neoplasm of unspecified digestive organ
C15.5	Malignant neoplasm of lower third of esophagus	C78.89	Secondary malignant neoplasm of other digestive organs
C15.8	Malignant neoplasm of overlapping sites of esophagus	C79.31	Secondary malignant neoplasm of brain
C15.9	Malignant neoplasm of esophagus, unspecified	C79.32	Secondary malignant neoplasm of cerebral meninges
C30.0	Malignant neoplasm of nasal cavity	C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C30.1	Malignant neoplasm of middle ear	C79.49	Secondary malignant neoplasm of other parts of nervous system
C31.0	Malignant neoplasm of maxillary sinus	D04.8	Carcinoma in situ of skin of other sites
C31.1	Malignant neoplasm of ethmoidal sinus	D10.1	Benign neoplasm of tongue
C31.2	Malignant neoplasm of frontal sinus	D10.2	Benign neoplasm of floor of mouth
C31.3	Malignant neoplasm of sphenoid sinus	D10.30	Benign neoplasm of unspecified part of mouth
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses	D10.39	Benign neoplasm of other parts of mouth
C32.0	Malignant neoplasm of glottis	D10.4	Benign neoplasm of tonsil
C32.1	Malignant neoplasm of supraglottis	D10.5	Benign neoplasm of other parts of oropharynx
C32.2	Malignant neoplasm of subglottis	D10.6	Benign neoplasm of nasopharynx
C32.3	Malignant neoplasm of laryngeal cartilage	D10.7	Benign neoplasm of hypopharynx
C32.8	Malignant neoplasm of overlapping sites of larynx	D10.9	Benign neoplasm of pharynx, unspecified
C32.9	Malignant neoplasm of larynx, unspecified	D11.0	Benign neoplasm of parotid gland
C34.00	Malignant neoplasm of unspecified main bronchus	D11.7	Benign neoplasm of other major salivary glands
C34.01	Malignant neoplasm of right main bronchus	D11.9	Benign neoplasm of major salivary gland, unspecified
C34.02	Malignant neoplasm of left main bronchus	D13.0	Benign neoplasm of esophagus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung	D14.30	Benign neoplasm of unspecified bronchus and lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung	D14.31	Benign neoplasm of right bronchus and lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung	D14.32	Benign neoplasm of left bronchus and lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung	D14.4	Benign neoplasm of respiratory system, unspecified
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung	D32.0	Benign neoplasm of cerebral meninges
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung	D32.1	Benign neoplasm of spinal meninges
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung	D32.9	Benign neoplasm of meninges, unspecified
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung	D33.0	Benign neoplasm of brain, supratentorial
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung	D33.1	Benign neoplasm of brain, infratentorial
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung	D33.2	Benign neoplasm of brain, unspecified
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung	D33.3	Benign neoplasm of cranial nerves
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung	D33.4	Benign neoplasm of spinal cord
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung	D33.7	Benign neoplasm of other specified parts of central nervous system
C70.0	Malignant neoplasm of cerebral meninges	D33.9	Benign neoplasm of central nervous system, unspecified
C70.1	Malignant neoplasm of spinal meninges	D38.0	Neoplasm of uncertain behavior of larynx
C70.9	Malignant neoplasm of meninges, unspecified	D38.1	Neoplasm of uncertain behavior of trachea, bronchus and lung
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles	D38.2	Neoplasm of uncertain behavior of pleura
C71.1	Malignant neoplasm of frontal lobe	D38.3	Neoplasm of uncertain behavior of mediastinum
C71.2	Malignant neoplasm of temporal lobe	D38.4	Neoplasm of uncertain behavior of thymus
C71.3	Malignant neoplasm of parietal lobe	D38.5	Neoplasm of uncertain behavior of other respiratory organs
C71.4	Malignant neoplasm of occipital lobe	D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
C71.5	Malignant neoplasm of cerebral ventricle	D43.0	Neoplasm of uncertain behavior of brain, supratentorial
C71.6	Malignant neoplasm of cerebellum	D43.1	Neoplasm of uncertain behavior of brain, infratentorial
		D43.2	Neoplasm of uncertain behavior of brain, unspecified
		D43.3	Neoplasm of uncertain behavior of cranial nerves

Modifier Descriptors

Modifier	Description
CPT® Modifier	
22	Increased Procedural Services
23	Unusual Anesthesia
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
26	Professional Component
27	Multiple Outpatient Hospital E/M Encounters on the Same Date
32	Mandated Services
33	Preventive Services
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
52	Reduced Services
53	Discontinued Procedure
54	Surgical Care Only
55	Postoperative Management Only
56	Preoperative Management Only
57	Decision for Surgery
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
59	Distinct Procedural Service
62	Two Surgeons
63	Procedure Performed on Infants less than 4 kg
66	Surgical Team
73	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia
74	Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia
76	Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional
77	Repeat Procedure by Another Physician or Other Qualified Health Care Professional
78	Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period

Modifier	Description
79	Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
90	Reference (Outside) Laboratory
91	Repeat Clinical Diagnostic Laboratory Test
92	Alternative Laboratory Platform Testing
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
96	Habilitative Services
97	Rehabilitative Services
99	Multiple Modifiers
Category II Modifier	
1P	Performance Measure Exclusion Modifier due to Medical Reasons
2P	Performance Measure Exclusion Modifier due to Patient Reasons
3P	Performance Measure Exclusion Modifier due to System Reasons
8P	Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified
HCPCS Level II Modifier	
A1	Dressing for one wound
A2	Dressing for two wounds
A3	Dressing for three wounds
A4	Dressing for four wounds
A5	Dressing for five wounds
A6	Dressing for six wounds
A7	Dressing for seven wounds
A8	Dressing for eight wounds
A9	Dressing for nine or more wounds
AA	Anesthesia services performed personally by anesthesiologist
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures
AE	Registered dietician
AF	Specialty physician
AG	Primary physician
AH	Clinical psychologist
AI	Principal physician of record

Modifier	Description
AJ	Clinical social worker
AK	Non participating physician
AM	Physician, team member service
AO	Alternate payment method declined by provider of service
AP	Determination of refractive state was not performed in the course of diagnostic ophthalmological examination
Aq	Physician providing a service in an unlisted health professional shortage area (HPSA)
AR	Physician provider services in a physician scarcity area
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
AT	Acute treatment (this modifier should be used when reporting service 98940, 98941, 98942)
Au	Item furnished in conjunction with a urological, ostomy, or tracheostomy supply
AV	Item furnished in conjunction with a prosthetic device, prosthetic or orthotic
AW	Item furnished in conjunction with a surgical dressing
AX	Item furnished in conjunction with dialysis services
AY	Item or service furnished to an ESRD patient that is not for the treatment of ESRD
AZ	Physician providing a service in a dental health professional shortage area for the purpose of an electronic health record incentive payment
BA	Item furnished in conjunction with parenteral enteral nutrition (PEN) services
BL	Special acquisition of blood and blood products
BO	Orally administered nutrition, not by feeding tube
BP	The beneficiary has been informed of the purchase and rental options and has elected to purchase the item
BR	The beneficiary has been informed of the purchase and rental options and has elected to rent the item
Bu	The beneficiary has been informed of the purchase and rental options and after 30 days has not informed the supplier of his/her decision
CA	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission
CB	Service ordered by a renal dialysis facility (RDF) physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable
CC	Procedure code change (use 'CC' when the procedure code submitted was changed either for administrative reasons or because an incorrect code was filed)

Modifier	Description
CD	AMCC test has been ordered by an ESRD facility or MCP physician that is part of the composite rate and is not separately billable
CE	AMCC test has been ordered by an ESRD facility or MCP physician that is a composite rate test but is beyond the normal frequency covered under the rate and is separately reimbursable based on medical necessity
CF	AMCC test has been ordered by an ESRD facility or MCP physician that is not part of the composite rate and is separately billable
CG	Policy criteria applied
CH	0 percent impaired, limited or restricted
CI	At least 1 percent but less than 20 percent impaired, limited or restricted
CJ	At least 20 percent but less than 40 percent impaired, limited or restricted
CK	At least 40 percent but less than 60 percent impaired, limited or restricted
CL	At least 60 percent but less than 80 percent impaired, limited or restricted
CM	At least 80 percent but less than 100 percent impaired, limited or restricted
CN	100 percent impaired, limited or restricted
CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant
Cq	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant
CR	Catastrophe/disaster related
CS	Cost-sharing waived for specified COVID-19 testing-related services that result in and order for or administration of a COVID-19 test and/or used for cost-sharing waived preventive services furnished via telehealth in rural health clinics and federally qualified health centers during the COVID-19 public health emergency
CT	Computed tomography services furnished using equipment that does not meet each of the attributes of the National Electrical Manufacturers Association (NEMA) XR-29-2013 standard
DA	Oral health assessment by a licensed health professional other than a dentist
E1	Upper left, eyelid
E2	Lower left, eyelid
E3	Upper right, eyelid
E4	Lower right, eyelid
EA	Erythropoietic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy

Terminology

Terminology	Explanation
Abduction	Movement of a body part away from the medial line of the body.
Abrasion	Removal of superficial layers of skin.
Acetabulum	A hollow cavity or socket within the hip bone that receives the ball at the top end of the femur, or thighbone.
Achilles tendon	The tendon that connects the calf muscles to the heel bone; also known as the calcaneal tendon.
Acoustic immittance testing	A measurement of the vibration of the eardrum and the amount of air behind it, which helps to determine the cause of hearing loss.
Acoustic refl x	A measurement of the contraction of the stapedius muscle in response to loud sound.
Acoustic testing	Assessment of the perception or production of sound waves, in hearing and or speaking.
Acromioclavicular, or AC, joint	Union of the acromion, a bony projection on the shoulder blade, and the clavicle, or collar bone.
Activities of daily living (ADL)	Basic daily activities of life such as eating, bathing, dressing, toileting and walking.
Acute	A disease or an ailment that has rapid onset or short course.
Adaptive	Able to adjust to situations or environment.
Aerodynamic testing	Assessment of the pressure and flow of air into the larynx, or voice box.
Air conduction mode	Using tones at various frequencies, typically with the patient wearing headphones, to test hearing ability.
Allergy	An adverse reaction that the body has in response to a particular food or substance.
Ambulatory	The ability to walk or suitability for walking.
Amplitude	Size of response from a nerve after electrical stimulation.
Amputation	Surgical removal of a complete or partial appendage of the body.
Analgesic	Relief or absence of pain.
Ankle foot orthosis, or AFO	A brace worn on the lower leg and foot to stabilize the ankle in normal anatomical position.
Anorectal	Refers to the anus or rectum.
Anterior	Closer to the front part of the body.
Anterior rhinoscopy	Examination of front part of the nose.
Aquatic therapy	Exercise therapy using water resistance.
Arterial ulcer	Ulcers in lower leg or ankle due to reduction in blood supply to the lower limb.
Arthritis	An inflammatory condition affecting one or more of the body's joints, resulting in pain, swelling, and limitation of movement.
Articulation	Correct pronunciation of sounds.
Articulators	Jaw, lips and tongue.
Attenuation	The reduction of the strength of a sound signal.
Audiometry	Testing of a person's hearing sensitivity to hear various sound frequencies.
Auditory	Pertaining to the sense of hearing or to the organs of hearing.
Auditory processing disorders or APDs	A variety of disorders that affect the way the brain processes sounds, especially speech; also known as central auditory processing disorder or CAPD.
Auditory rehabilitation	Any activity, method, resource, technology, and/or device that facilitates and/or enhances communication and participation in activities in patients with hearing loss.
Augmentative and alternative communication, or AAC	Refers to methods of communication that do not include oral speech, including gestures, symbols, pictures, writing, and augmentative devices, such as communication boards and electronic devices.
Autism	Mental disorder in children that mainly affects communication skills.

Autoimmune disorder — Cluttering (also called tachyphemia)

Terminology	Explanation
Autoimmune disorder	Disease caused by the reaction of antibodies against own body proteins.
Axilla	The space beneath the arm where it joins the body; also called the armpit or underarm.
Benign paroxysmal positional vertigo	BPPV; characterized by brief dizziness caused by changing position of the head.
Binaural	Relating to two ears.
Biceps tendon	Fibrous tissue that attaches the biceps muscle, responsible for motion of the forearm, to its bony attachment at the shoulder and at the elbow.
Bilateral	On two sides; opposite of unilateral.
Binocular microscope	An instrument with lens to enlarge the small parts, and consist of two eye pieces to use both the eyes for visualization.
Biofeedback	A self-guided treatment that teaches a patient to control muscle tension, pain, body temperature, brain waves, and other bodily functions through processes such as relaxation, visualization, and other cognitive control techniques; biofeedback is also referred to as applied psychophysiological feedback.
Biopsychosocial	Relating to physical, mental, and environmental factors.
Bolus	A rounded mass, such as food during swallowing.
Bone conduction	The transmission of sound vibrations through bone to the middle ear.
Bone conduction mode	Placing a vibrating device over the mastoid bone behind the ear to test the hearing ability.
Bone conduction testing	Hearing test using a headband on the forehead or on the mastoid bone behind the patient's ears to conduct sound through the bones of the skull to test the cochlea, or inner ear.
Brace	An external device that is used to hold a broken bone in correct position.
Buckle fracture	A fracture in which the shaft of the long bone breaks partially.
Calcaneus	Heel bone.
Calibration	Rectifying and setting any instrument to base level by comparing with standards.
Carpal bones	The eight small bones of the wrist, including the scaphoid, lunate, triquetrum, pisiform, trapezium, trapezoid, capitate, and hamate.
Carpal tunnel syndrome, or CTS	Pain, numbness, and tingling affecting the fingers and hand, resulting from compression of the median nerve within the carpal tunnel.
Cartilage	A tissue found at the ends of long bones, as well as in the nose and ears of the human body; it is strong yet flexible.
Catheter	A flexible tube that can be inserted into a vessel through which instruments can be passed, blood withdrawn, or fluids instilled; also, a flexible tube inserted into a tubular structure such as the urethra to instill fluids, allow passage of urine, or examine the urethra and bladder.
Central auditory processing disorders, or CAPDs	A variety of disorders that affect the way the brain processes sounds, especially speech, also known as auditory processing disorders, or APDs.
Cerebral palsy	Group of nonprogressive disorders of movement and posture caused by damage to the brain.
Cerumen	Ear wax.
Chemotherapy	Cancer treatment using chemical agents and drugs.
Chiropractic therapy	A form of alternative medicine that focuses on musculoskeletal manipulation as a means to heal physical disorders and diseases.
Chronic	A condition that is long lasting, typically slow to develop, and with symptoms of less severity than an acute condition, or one of sudden onset.
Cineradiography	Technique to record the motion of internal body structures using a movie camera.
Clavicle	The collarbone, a horizontal bone that connects the sternum, or breastbone, to the scapula, or shoulder blade.
Cleft palate	Congenital defect in which a cleft, or gap, occurs in the palate, or roof of the mouth, at its midline, often occurring in conjunction with a cleft lip.
Clubfoot	Also known as talipes equinovarus, a congenital or acquired condition in which the foot is severely abnormally twisted.
Cluttering (also called tachyphemia)	A speech and communication disorder characterized by a rapid rate making speech difficult to understand, erratic rhythm.

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