

**OCCUPATIONAL, PHYSICAL, SPEECH-LANGUAGE THERAPY  
PROCEDURE CODES  
EFFECTIVE SEPTEMBER 1, 2019**

Unless otherwise indicated, Medicaid follows the national CPT and HCPCS uses and requirements for each of the listed codes. Providers are responsible for knowing all requirements to bill, including all applicable NCCI edits, for each code.

**Occupational Therapy Procedure Codes**

Procedure Code	Required Modifiers	Description
97165	—	<p>Evaluation for Occupational Therapy, low complexity</p> <ul style="list-style-type: none"> <li>• Occupational profile and medical and therapy history included, with brief history;</li> <li>• The assessment identifies 1-3 performance deficits that result in activity limitations or participation restrictions; and</li> <li>• Clinical decision making of low complexity (no comorbidities that affect occupational performance, no modification of tasks or performance needed).</li> </ul> <p>1 unit typically 30 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity) *Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year combined</p>
97166	—	<p>Evaluation for Occupational Therapy, moderate complexity</p> <ul style="list-style-type: none"> <li>• Occupational profile and medical and therapy history included, with expanded review of medical and/or therapy records;</li> <li>• The assessment identifies 3-5 performance deficits that result in activity limitations or participation restrictions; and</li> <li>• Clinical decision making of moderate analytic complexity (may have comorbidities that affect occupational performance, needs minimal to moderate modification of tasks or assistance to complete the evaluation component),</li> </ul> <p>1 unit typically 45 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity) *Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year, combined</p>

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<b>Procedure Code</b>	<b>Required Modifiers</b>	<b>Description</b>
97167	—	<p>Evaluation for Occupational Therapy, high complexity</p> <ul style="list-style-type: none"> <li>Occupational profile and medical and therapy history, with extensive additional review of physical, cognitive or psychosocial history related to current functional performance;</li> <li>The assessment identifies 5 or more performance deficits that result in activity limitations and/or participation restrictions; and</li> <li>Clinical decision making of high analytic complexity (patient presents with comorbidities that affect occupational performance, significant modification of tasks or assistant is necessary to enable patient to complete an evaluation component).</li> </ul> <p>1 unit typically 60 minutes; maximum of 2 evaluation units per state fiscal year (regardless of complexity)            *Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year, combined</p>
97168	—	<p>Re-Evaluation for Occupational Therapy, established plan of care</p> <ul style="list-style-type: none"> <li>An assessment of changes in the patient's functional or medical status, with a revised plan of care;</li> <li>An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and</li> <li>A revised plan of care (a formal re-evaluation is needed whether there is a documented change in functional status or a significant change to the plan of care).</li> </ul> <p>1 unit typically 30 minutes; maximum of 2 units per state fiscal year            *Cannot be billed on new patients.</p>
97530	—	<p>Individual Occupational Therapy by Occupational Therapist            1 unit equals 15 minutes; maximum of 6 units per week</p>
97150	U2	<p>Group Occupational Therapy by Occupational Therapist            1 unit equals 15 minutes; maximum of 6 units per week;            maximum of 4 clients per group</p>
97530	UB	<p>Individual Occupational Therapy by Occupational Therapy Assistant            1 unit equals 15 minutes; maximum of 6 units per week</p>
97150	UB, U1	<p>Group Occupational Therapy by Occupational Therapy Assistant            1 unit equals 15 minutes; maximum of 6 units per week;            maximum of 4 clients per group</p>

Physical Therapy Procedure Codes

Procedure Code	Required Modifier	Description
97161	—	<p>Evaluation for Physical Therapy, low complexity</p> <ul style="list-style-type: none"> <li>• A history with no personal factors and/or comorbidities that affect the plan of care;</li> <li>• An examination of body systems using standardized tests and measures in addressing 1 or 2 elements from the following: body structures and functions, activity limitations, and participation restrictions;</li> <li>• A clinical presentation with stable or uncomplicated characteristics; and</li> <li>• Clinical decision making of low complexity using standardized patient assessments and measurable assessment of functional outcome.</li> </ul> <p>1 unit typically 20 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)                      *Cannot bill more than 2 units of codes 97161, 97162, &amp; 97163 per year, combined.</p>
97162	—	<p>Evaluation for Physical Therapy, moderate complexity</p> <ul style="list-style-type: none"> <li>• A history with present problems with 1-2 personal factors and/or comorbidities that affect the plan of care;</li> <li>• An examination of body systems using standardized tests and measures in addressing a total of three or more elements from the following: body structures and functions, activity limitations, and participation restrictions;</li> <li>• An evolving clinical presentation with changing characteristics; and</li> <li>• Clinical decision making of moderate complexity using standardized patient assessments and measurable assessment of functional outcome.</li> </ul> <p>1 unit typically 30 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)                      *Cannot bill more than 2 units of codes 97161, 97162, &amp; 97163 per year, combined.</p>

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<b>Procedure Code</b>	<b>Required Modifier</b>	<b>Description</b>
97163	—	<p>Evaluation for Physical Therapy, high complexity</p> <ul style="list-style-type: none"> <li>• A history with present problems with 3 or more personal factors and/or comorbidities that affect the plan of care;</li> <li>• An examination of body systems using standardized tests and measures in addressing a total of four or more elements from the following: body structures and functions, activity limitations, and participation restrictions;</li> <li>• A clinical presentation with unstable and unpredictable characteristics; and</li> <li>• Clinical decision making of high complexity using standardized patient assessments and measurable assessment of functional outcome.</li> </ul> <p>1 unit typically 45 minutes; Maximum of 2 evaluation units per state fiscal year (regardless of complexity)                      *Cannot bill more than 2 units of codes 97161, 97162, &amp; 97163 per year, combined.</p>
97164	—	<p>Re-Evaluation for Physical Therapy, established plan of care</p> <ul style="list-style-type: none"> <li>• A examination that includes a review of history and use of standardized tests and measures; and</li> <li>• A revised plan of care using a standardized patient assessment instrument or measurable assessment of functional outcome.</li> </ul> <p>1 unit typically 20 minutes; Maximum of 2 units per state fiscal year                      *Cannot be billed on new patients.</p>
97110	—	<p>Individual Physical Therapy by Physical Therapist                      1 unit equals 15 minutes; maximum of 6 units per week</p>
97150	—	<p>Group Physical Therapy by Physical Therapist                      1 unit equals 15 minutes; maximum of 6 units per week;                      maximum of 4 clients per group</p>
97110	UB	<p>Individual Physical Therapy by Physical Therapy Assistant                      1 unit equals 15 minutes; maximum of 6 units per week</p>
97150	UB	<p>Group Physical Therapy by Physical Therapy Assistant                      1 unit equals 15 minutes; maximum of 6 units per week;                      maximum of 4 clients per group</p>

## Speech-Language Pathology

Procedure Code	Required Modifier	Description
92507	—	Individual Speech Session 1 unit equals 15 minutes; maximum of 6 units per week
92508	—	Group Speech Session 1 unit equals 15 minutes; maximum of 6 units per week; maximum of 4 clients per group
92507	UB	Individual Speech Therapy by Speech-Language Pathology Assistant 1 unit equals 15 minutes; maximum of 6 units per week
92508	UB	Group Speech Therapy by Speech-Language Pathology Assistant (1 unit equals 15 minutes; maximum of 6 units per week; maximum of 4 clients per group)
92521	UA	*Evaluation of Speech Fluency (e.g. stuttering, cluttering) 1 unit equals 30 minutes; maximum of 4 units per state fiscal year
92522	UA	*Evaluation of Speech Sound Production (e.g., articulation, phonological process, apraxia, dysarthria) 1 unit equals 30 minutes; maximum of 4 units per state fiscal year
92523	UA	*Evaluation of Speech Production (e.g., articulation, phonological process, apraxia, dysarthria) with Evaluation of Language Comprehension and Expression (e.g., receptive and expressive language) 1 unit equals 30 minutes; maximum of 4 units per state fiscal year
92524	UA	*Behavioral and Qualitative Analysis of Voice and Resonance 1 unit equals 30 minutes; maximum of 4 units per state fiscal year

## Speech Generating Device Procedure Codes

Procedure Code	Description
92607	Speech Generating Device Evaluation, first hour *Additional 30-minute units billed under 92608 Must be prior authorized

\*(...) This symbol, along with text in parentheses, indicates the Arkansas Medicaid description of the product. When using a procedure code with this symbol, the product must meet the indicated Arkansas Medicaid description.