

# WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

## OCCUPATIONAL THERAPY SERVICES

For Non-MCO enrolled Member benefit verification, CPT/HCPCS code coverage & service limits verification and billing/claims assistance, please contact claims vendor at 888-483-0793

Service Code	Code Description	ATREZZO Service Type	PRIOR AUTH REQUIRED?	AGE RESTRICTION	PRICED OR NOT PRICED	SERVICE LIMITS	ADDITIONAL INFORMATION
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 daily with report and measurements	<b>EXCLUDES HANDS</b>
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 daily with report and measurements	
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	OCCUPATIONAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits

<b>97112</b>	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97113</b>	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97124</b>	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97139</b>	UNLISTED THERAPEUTIC PROCEDURE, SPECIFY	<b>OCCUPATIONAL THERAPY</b>	<b>REQUIRED</b>	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97140</b>	MANUAL THERAPY TECHNIQUES (EG. MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97150</b>	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97165</b>	OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY; 30 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	
<b>97166</b>	OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY; 45 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	
<b>97167</b>	OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY; 60 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	
<b>97168</b>	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE; 30 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	2 per calendar year	
<b>97530</b>	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97533</b>	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSE TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97605</b>	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>
<b>97606</b>	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA GREATER THAN 50 SQUARE CENTIMETERS	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year</b> <b>Initial Request=20 visits</b> <b>Established Request=greater than 6 visits</b>

<b>97750</b>	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (E.G., MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	<b>OCCUPATIONAL THERAPY</b>	Required - Beyond Service Limit	No Restriction	PRICED	Service limits are 20 visits/dates of service in a calendar year.	<b>Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=greater than 6 visits</b>
<b>EPSDT</b>	EPSDT SERVICE	<b>OCCUPATIONAL THERAPY</b>	<b>REQUIRED</b>	No Restriction	<b>NOT PRICED</b>		<b>For program requirements and additional resources, please visit the following website: <a href="https://dhhr.wv.gov/HealthCheck/Pages/default.aspx">https://dhhr.wv.gov/HealthCheck/Pages/default.aspx</a></b>
<b>OON Service</b>	OUT-OF-NETWORK SERVICE	<b>OCCUPATIONAL THERAPY</b>	<b>REQUIRED</b>	<b>Age &lt;= 20 years old</b>	<b>NOT PRICED</b>		For WV Medical, Acentra Health will add a placeholder for an Out-of-Network (OON) Provider. This provider should be selected as the servicing provider for all out-of-network authorization requests. The 'Out-of-Network' provider will be available as a servicing provider for all request types/service codes.