

WV MEDICAID PRIOR AUTHORIZATION CODE LISTING

PHYSICAL 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)	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 daily with report and measurements	EXCLUDES HANDS
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	PHYSICAL 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	PHYSICAL 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=grather than 6 visits
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	PHYSICAL 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=grather than 6 visits
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	PHYSICAL 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=grather than 6 visits
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	PHYSICAL 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=grather than 6 visits
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	PHYSICAL 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=grather than 6 visits
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	PHYSICAL 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=grather than 6 visits
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	PHYSICAL 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=grather than 6 visits
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	PHYSICAL 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=grather than 6 visits
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits

97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	PHYSICAL THERAPY	REQUIRED	No Restriction	NOT 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=grather 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	PHYSICAL 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=grather than 6 visits
97112	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	PHYSICAL 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=grather than 6 visits
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	PHYSICAL 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=grather than 6 visits
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	PHYSICAL 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=grather than 6 visits
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	PHYSICAL 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=grather than 6 visits
97139	UNLISTED THERAPEUTIC PROCEDURE, SPECIFY	PHYSICAL THERAPY	REQUIRED	No Restriction	NOT PRICED	1 per calendar year	
97140	MANUAL THERAPY TECHNIQUES (EG. MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	PHYSICAL 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=grather than 6 visits
97161	PHYSICAL THERAPY EVALUATION; LOW COMPLEXITY; 20 MINUTES	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=grather than 6 visits
97162	PHYSICAL THERAPY EVALUATION; MODERATE COMPLEXITY; 30 MINUTES	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=grather than 6 visits
97163	PHYSICAL THERAPY EVALUATION; HIGH COMPLEXITY; 45 MINUTES	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	1 per calendar year	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=grather than 6 visits
97164	RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE; 20 MINUTES	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED	2 per calendar year	Alternative Benefit Plan Medicaid Members have 30 visits cap per year Initial Request=20 visits Established Request=grather than 6 visits
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	PHYSICAL 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=grather than 6 visits

97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (E.G., HIGH PRESSURE WATERJET WITH / WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), WITH OR WITH OUT TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, MAY INCLUDE USE OF A WHIRLPOOL, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 20 SQ. CENTIMETERS.	PHYSICAL 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=grather than 6 visits
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (E.G., HIGH PRESSURE WATERJET WITH / WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), WITH OR WITH OUT TOPICAL APPLICATIONS, WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, MAY INCLUDE USE OF A WHIRLPOOL, PER SESSION; TOTAL WOUND(S) SURFACE AREA GREATER THAN 20 SQ CENTIMETERS.	PHYSICAL 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=grather than 6 visits
97605	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	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED		
97606	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	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED		
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	PHYSICAL THERAPY	Required - Beyond Service Limit	No Restriction	PRICED		
EPSDT	EPSDT SERVICE	PHYSICAL THERAPY	REQUIRED	Age <= 20 years old	PRICED		For program requirements and additional resources, please visit the following website: https://dhhr.wv.gov/HealthCheck/Pages/default.aspx
OON Service	OUT-OF-NETWORK SERVICE	PHYSICAL THERAPY	REQUIRED	No Restriction	NOT PRICED		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.