



November 7, 2019

RE: Physical, Occupational, and Speech Therapy Corrected

Providers,

**Physical, Occupational, and Speech Therapy** providers should use the following CPT codes to bill Empower for services. Providers will need to request an Extension of Benefits (EOB) for services that have exceeded the benefit maximum listed for each individual CPT code. The benefit limits began accruing on 9/1/19.

### Occupational, Physical, and Speech Therapy Codes

| Code                        | Mod 1 | Mod 2 | Mod 3 | Mod 4 | Service Description   | Units of Service | Weekly/Daily Max | EOB required if units are exhausted |
|-----------------------------|-------|-------|-------|-------|---|------------------|------------------|-------------------------------------|
| <b>Occupational Therapy</b> |       |       |       |       |   |                  |                  |                                     |
| 97165                       |       |       |       |       | Evaluation for Occupational Therapy, low complexity*  | Unit=30 Minutes  | 1 unit per day   | 2 units per year                    |
| 97166                       |       |       |       |       | Evaluation for Occupational Therapy, moderate complexity*   | Unit=45 Minutes  | 1 unit per day   | 2 units per year                    |
| 97167                       |       |       |       |       | Evaluation for Occupational Therapy, high complexity*   | Unit=60 Minutes  | 1 unit per day   | 2 units per year                    |
| 97168                       |       |       |       |       | Re-Evaluation for Occupational Therapy, established plan of care (Cannot be billed on new patients) | Unit=30 Minutes  | 1 unit per day   | 2 units per year                    |
| 97530                       |       |       |       |       | Individual Occupational Therapy   | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97150                       | U2    |       |       |       | Group Occupational Therapy (max 4 clients per group)  | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97530                       | UB    |       |       |       | Individual Occupational Therapy by Occupational Therapy Assistant                                   | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97150                       | UB    | U1    |       |       | Group Occupational Therapy by Occupational Therapy Assistant (max 4 clients per group)              | Unit=15 Minutes  | 6 units per week | 144 units                           |
| <b>Physical Therapy</b>     |       |       |       |       |   |                  |                  |                                     |
| 97161                       |       |       |       |       | Evaluation for Physical Therapy, low complexity*  | Unit=20 Minutes  | 1 unit per day   | 2 units per year                    |
| 97162                       |       |       |       |       | Evaluation for Physical Therapy, moderate complexity*   | Unit=30 Minutes  | 1 unit per day   | 2 units per year                    |
| 97163                       |       |       |       |       | Evaluation for Physical Therapy, high complexity*   | Unit=45 Minutes  | 1 unit per day   | 2 units per year                    |
| 97164                       |       |       |       |       | Re-Evaluation for Physical Therapy, established plan of care (Cannot be billed on new patients)     | Unit=20 Minutes  | 1 unit per day   | 2 units per year                    |
| 97110                       |       |       |       |       | Individual Physical Therapy   | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97150                       |       |       |       |       | Group Physical Therapy (max 4 clients per group)  | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97110                       | UB    |       |       |       | Individual Physical Therapy by Physical Therapy Assistant   | Unit=15 Minutes  | 6 units per week | 144 units                           |
| 97150                       | UB    |       |       |       | Group Physical Therapy by Physical Therapy Assistant (max 4 clients per group)                      | Unit=15 Minutes  | 6 units per week | 144 units                           |



| Speech Therapy |    |  |  |  |  |                 |                  |                  |
|----------------|----|--|--|--|--|-----------------|------------------|------------------|
| 92507          |    |  |  |  | Individual Speech Session  | Unit=15 Minutes | 6 units per week | 144 units        |
| 92508          |    |  |  |  | Group Speech Session (max 4 clients per group)   | Unit=15 Minutes | 6 units per week | 144 units        |
| 92507          | UB |  |  |  | Individual Speech Therapy by Speech-Language Pathology Assistant   | Unit=15 Minutes | 6 units per week | 144 units        |
| 92508          | UB |  |  |  | Group Speech Therapy by Speech-Language Pathology Assistant (max 4 clients per group)  | Unit=15 Minutes | 6 units per week | 144 units        |
| 92521          | UA |  |  |  | Evaluation of speech fluency (e.g. stuttering, cluttering)   | Unit=30 Minutes | N/A              | 4 units per year |
| 92522          | UA |  |  |  | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)  | Unit=30 Minutes | N/A              | 4 units per 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) | Unit=30 Minutes | N/A              | 4 units per year |
| 92524          | UA |  |  |  | Behavioral and qualitative analysis of voice and resonance   | Unit=30 Minutes | N/A              | 4 units per year |

- \*Cannot bill more than 2 units of codes 97165, 97166, and 97167 per year combined**
- \*Cannot bill more than 2 units of codes 97161, 97162, & 97163 per year, combined**
- \*\*Cannot bill more than 1 unit for PT and OT evaluations on a single date of service.**

If you have questions about this information, please contact Provider Services at 855-429-1028 or email [EmpowerHealthcareSolutionsPR@empowerarkansas.com](mailto:EmpowerHealthcareSolutionsPR@empowerarkansas.com).