Therapy

Where to find state policy

The Medicaid Services Manual (MSM) Chapter 1700 contains State policy for all therapy services, including respiratory therapy services (not discussed here. See MSM Chapter 1700 Section 1703.4). For coverage options under a Medicaid waiver program, see MSM Chapters 2300 and 2400. For coverage options for Medicaid mental/behavioral health services, see MSM Chapters 2700 and 400.

What's in Table 34A

The following describes the columns in Table 34A:

- **Code:** All codes in the table are covered. With the exception of lymphedema therapy services, codes that are not in the table are not covered.
- **Description:** This is the code description per the CPT Manual.
- **Session Limit:** *This column indicates the number of units allowed per day, by the same provider, with the same recipient.* Codes with a *1* unit maximum are occurrence-based and all other codes are time- based. A combination of occurrence- and time-based codes may be used but may not exceed a total of four units.
- **Other Instructions:** Other important information regarding the code.

Prior authorization for therapy services

All physical, occupational, speech and language, respiratory therapy and maintenance therapy services must be prior authorized with the following exceptions:

- Evaluation and re-evaluations
- Speech language pathology services provided to a recipient under the age of 26 for the treatment of a stutter
- Any therapy service provided to children three years old and younger

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

How to request prior authorization

Submit prior authorization requests to Nevada Medicaid using the online prior authorization system on the Provider Web Portal by using form FA-7. Complete all applicable form fields.

The request must include measurable goals and sufficient documentation to illustrate that the proposed services are medically necessary as defined in MSM Chapters 100 and 1700. If you have any questions regarding authorization, call the Gainwell Technologies Prior Authorization Department at (800) 525-2395.

For unscheduled revisions, use the Outpatient Medical/Surgical Services Prior Authorization Request form (FA-6).

How to bill for therapy services

A Therapy provider is a licensed practitioner who is expected to follow guidelines per the scope of their license and the Medicaid Services Manual.

Enter one date of service per claim line (*From* and *To* dates must be the same). Include the appropriate modifier (i.e., GO) on all claims. After prior authorization is issued, billed services must match the approved authorization. Be sure to include the authorization number on all claims.

Submit claims using Direct Data Entry through the Provider Web Portal (PWP) or use an approved Trading Partner to submit your claims. See PWP User Manual Chapter 3 Claims and the Professional Fee-for-Service 837P Companion Guide for claim submission instructions.

Therapy

When a licensed therapy assistant provides a service under the supervision of a licensed therapist, the licensed therapist must bill with the appropriate modifier CO (Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant) or CQ (Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant).

Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (§455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature: medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

Electronic Claims instructions: When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A. For ordered services such as Durable Medical Equipment, use Loop ID-2420E. For detailed information, refer to the 837P FFS Companion Guide located at: medicaid.nv.gov/providers/edi.aspx

Direct Data Entry/Provider Web Portal instructions: On the Service Detail line enter the OPR provider's NPI in the Referring/Ordering Provider ID field, and select "Yes" or "No" to indicate it if is an Ordering Provider. For further instructions, see the PWP User Manual Chapter 3: Claims.

Table 34A: **Covered Codes for Therapy Providers**

Code	Description	Session Limit	Prior Authorization	Other Instructions
Covered Codes for Occupational Therapists (OT) – Use modifier GO when billing these codes. Use modifier CO in addition to GO when an Occupational Therapy Assistant rendered the service.				
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	1 unit	Not Required	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	1 unit	Not Required	
97010	Application of a modality to one or more areas; hot or cold packs	1 unit	Required	Covered codes in the range of 97010-97124 are limited to 4 modalities and/or therapeutic procedures in one
97012*	Application of a modality to one or more areas; traction, mechanical	4 units	Required	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	1 unit	Required	See "Other Instructions" for code 97010.
97016*	Application of a modality to one or more areas; vasopneumatic devices	1 unit	Required	See "Other Instructions" for code 97010.
97018	Application of a modality to one or more areas; paraffin bath	1 unit	Required	See "Other Instructions" for code 97010.
97022*	Application of a modality to one or more areas; whirlpool	1 unit	Required	See "Other Instructions" for code 97010.
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.

Code	Description	Session Limit	Prior Authorization	Other Instructions
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	1 unit	Required	See "Other Instructions" for code 97010.
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	1 unit	Required	See "Other Instructions" for code 97010.
97113*	Therapeutic procedure, one or more areas, each 15 min.; aquatic therapy with therapeutic exercises	4 units	Required	
97124	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	1 unit	Required	See "Other Instructions" for code 97010.
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes	1 unit	Required	
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes	3 units	Required	
97140*	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
		OR 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals.)	1 unit	Required	Bill 1 unit for *each* recipient per session.
97165	Occupational therapy evaluation, low complexity, each 30 min.	1 unit	Not Required	Code 97165 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.

Code	Description	Session Limit	Prior Authorization	Other Instructions
97166	Occupational therapy evaluation, moderate complexity, each 45 min.	1 unit	Not Required	Code 97166 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97167	Occupational therapy evaluation, high complexity, each 60 min.	1 unit	Not Required	Code 97167 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97168	Reevaluation of occupational therapy established plan of care, each 30 min.	1 unit	Not Required	Code 97165 does not require prior authorization. Limited to one every 3 months.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97140.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min.	4 units	Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
98960*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
**** NOTE:** Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.*				
Covered Codes for Physical Therapists - *Use modifier GP when billing these codes.* *Use modifier CQ in addition to GP when a Physical Therapy Assistant rendered the service.*				
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	1 unit	Not Required	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	1 unit	Not Required	
97010	Application of a modality to one or more areas: hot or cold packs	4 units	Required	
97012*	Application of a modality to one or more areas; traction, mechanical	4 units	Required	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	4 units	Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
97016*	Application of a modality to one or more areas: vasopneumatic devices	4 units	Required	
97018	Application of a modality to one or more areas: paraffin bath	4 units	Required	
97022*	Application of a modality to one or more areas; whirlpool	4 units	Required	
97024	Application of a modality to one or more areas; diathermy	4 units	Required	
97026	Application of a modality to one or more areas; infrared	4 units	Required	
97028	Application of a modality to one or more areas; ultraviolet	4 units	Required	
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	4 units	Required	
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	4 units	Required	
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	4 units	Required	
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	4 units	Required	
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	4 units	Required	
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	4 units	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	4 units	Required	
97113*	Therapeutic procedure, one or more areas, each 15 min.; aquatic therapy with therapeutic exercises	4 units	Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
97116*	Therapeutic procedure, one or more areas, each 15 min.; gait training	4 units	Required	
97124*	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	Required	Any combination of codes 92507, 92508, 92526, 97124 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes	1 unit	Required	
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes	3 units	Required	
97140*	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	See "Other Instructions" for code 97110.
		Or 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals)	1 unit	Required	Bill 1 unit for *each* recipient per session.
97161	Physical therapy evaluation, low complexity, 20 min.	1 unit	Not Required	Code 97161 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97162	Physical therapy evaluation, moderate complexity, 30 min.	1 unit	Not Required	Code 97162 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97163	Physical therapy evaluation, high complexity, 45 min.	1 unit	Not Required	Code 97163 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.

Code	Description	Session Limit	Prior Authorization	Other Instructions
97164	Physical therapy reevaluation, 20 min.	1 unit	Not Required	Code 97164 does not require prior authorization. Limited to one every 3 months.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97124.
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97110.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min	4 units	Required	
98960*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

Code	Description	Session Limit	Prior Authorization	Other Instructions
98961*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
**** NOTE:** Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.*				
Covered Codes for Respiratory Therapists (RT)				
94010	Spirometry, including graphic record, total timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation		Not Required	
94014	Patient-initiated spirometric recording per 30-day period; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional		Not Required	
94015	Patient-initiated spirometric recording per 30-day period; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)		Not Required	
94016	Patient-initiated spirometric recording, review and interpretation only by a physician or other health care professional		Not Required	
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Not Required	
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine)		Not Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94150	Vital capacity, total (separate procedure)		Not Required	
94200	Maximum breathing capacity, maximal voluntary ventilation		Not Required	
94250	Expired gas collection, quantitative, single procedure (separate procedure)		Not Required	
94375	Respiratory flow volume loop		Not Required	
94400	Breathing response to CO_2 (CO_2 response curve)		Not Required	
94450	Breathing response to hypoxia (hypoxia response curve)		Not Required	
94620	Pulmonary stress testing, simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		Not Required	
94621	Pulmonary stress testing, complex (including measurements of CO_2 production, O_2 uptakes, and electrocardiographic recordings)		Not Required	
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	1 unit	Not Required	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	1 unit	Not Required	
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)		Required	
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis		Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		Required	
94662	Continuous negative pressure ventilation (CNP), initiation and management		Required	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		Not Required	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or		Required	
94668	Manipulation chest wall, such as cupping, per- cussing, and vibration to facilitate lung function; subsequent demonstration and/or evaluation		Required	
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple		Not Required	
94681	Oxygen uptake, expired gas analysis; including $C0_2$ output, percentage oxygen		Not Required	
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)		Not Required	
94726	Plethysmography for determination of lung volumes and, when performed, airway		Not Required	
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		Not Required	
94728	Airway resistance by impulse oscillometry		Not Required	
94729	Diffusing capacity (e.g., carbon monoxide, membrane) (List separately in addition to code for primary procedure)		Not Required	
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements)		Not Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		Not Required	
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)		Not Required	
94770	Carbon dioxide, expired gas determination by infrared analyzer		Not Required	
Covered Codes for Speech Therapists (ST) – Use modifier GN when billing these codes.				
92507*	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual		Required**	Any combination of codes 92507, 92508, 92526 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
92508*	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, 2 or more individuals		Required**	See "Other Instructions" for code 92507.
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)		Required**	
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)	1 unit	Not Required	
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	1 unit	Not Required	
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	1 unit	Not Required	
92524	Behavioral and qualitative analysis of voice and resonance		Not Required	
92526*	Treatment of swallowing dysfunction and/or oral function for feeding		Required**	See "Other Instructions" for code 92507.
92601	Diagnostic analysis of cochlear implant, patient under 7 yrs. of age; with programming		Not Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
92602	Diagnostic analysis of cochlear implant, patient under 7 yrs. of age; subsequent reprogramming		Not Required	
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming		Not Required	
92604	Diagnostic analysis of cochlear implant, age 7 yrs. or older; subsequent reprogramming		Not Required	
92605	Evaluation for prescription of non-speech- generating augmentative and alternative communication device, face-to-face with the patient, first hour		Required**	
92606	Therapeutic service(s) for the use of non- speech-generating device, including programming and modification		Required**	
92607	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; first hour		Required**	
92608	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes		Required**	
92609	Therapeutic services for the use of speech- generating device, including programming and modification		Required**	
92610	Evaluation of oral and pharyngeal swallowing function	1 unit	Not Required	2 allowed per calendar year
92626	Evaluation of auditory rehabilitation status; first hour		Not Required	
92627	Evaluation of auditory rehabilitation status; each additional 15 min. (List separately in addition to code for primary procedure)		Not Required	
92630	Auditory rehabilitation; pre-lingual hearing loss		Required	
92633	Auditory rehabilitation; post-lingual hearing loss		Required	

Code	Description	Session Limit	Prior Authorization	Other Instructions
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes	1 unit	Required**	
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes	3 units	Required**	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required**	See "Other Instructions" for code 92507.
98960*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self- management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

**** NOTE:*** *Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.*

**** ***NOTE:*** *Codes with (**) do not require PA if the recipient is under 26 years old and has been diagnosed with a stutter.*