Adhesive Capsulitis

Clinical Guidelines for Medical Necessity Review

Version: V4.0
Effective Date: November 10, 2022

Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System
CarePath Group: Shoulder
CarePath Name: Adhesive Capsulitis
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Care Path Clinical Discussion

Adhesive capsulitis (AC) is a condition of the shoulder clinically characterized by a progressive, painful loss of range of motion. While the cause is idiopathic, it is the result of inflammation and synovitis followed by fibrosis and contracture of the joint capsule and rotator interval.[1,2]

Because AC is a clinical diagnosis, imaging is typically not needed for the diagnosis. Radiography is usually normal and may help rule out other shoulder pathologies. MRI can show thickening of the capsule and coracohumeral ligament, poor capsular distension, and scar tissue, among other findings but is not necessary for diagnosis.[1,3] Non-surgical management includes physical therapy and intra-articular injections, and surgical options include arthroscopic capsular release and manipulation under anesthesia (MUA).[1,2] While approximately 10%-16% of patients may require surgery,[1,2] it should be noted that the natural history of this condition is prolonged; complete resolution can take up to 2 years.[4]

The information contained herein gives a general overview of the pathway of adhesive capsulitis, beginning with initial presentation, recommended assessments, and treatment options as supported by the medical literature and existing guidelines. It should be noted that the care of patients can be complex. The information below is meant to support clinical decision making in adult patients. It is not necessarily applicable to every case, as the entire clinical picture (including comorbidities, history, etc.) should be considered.

Key Information

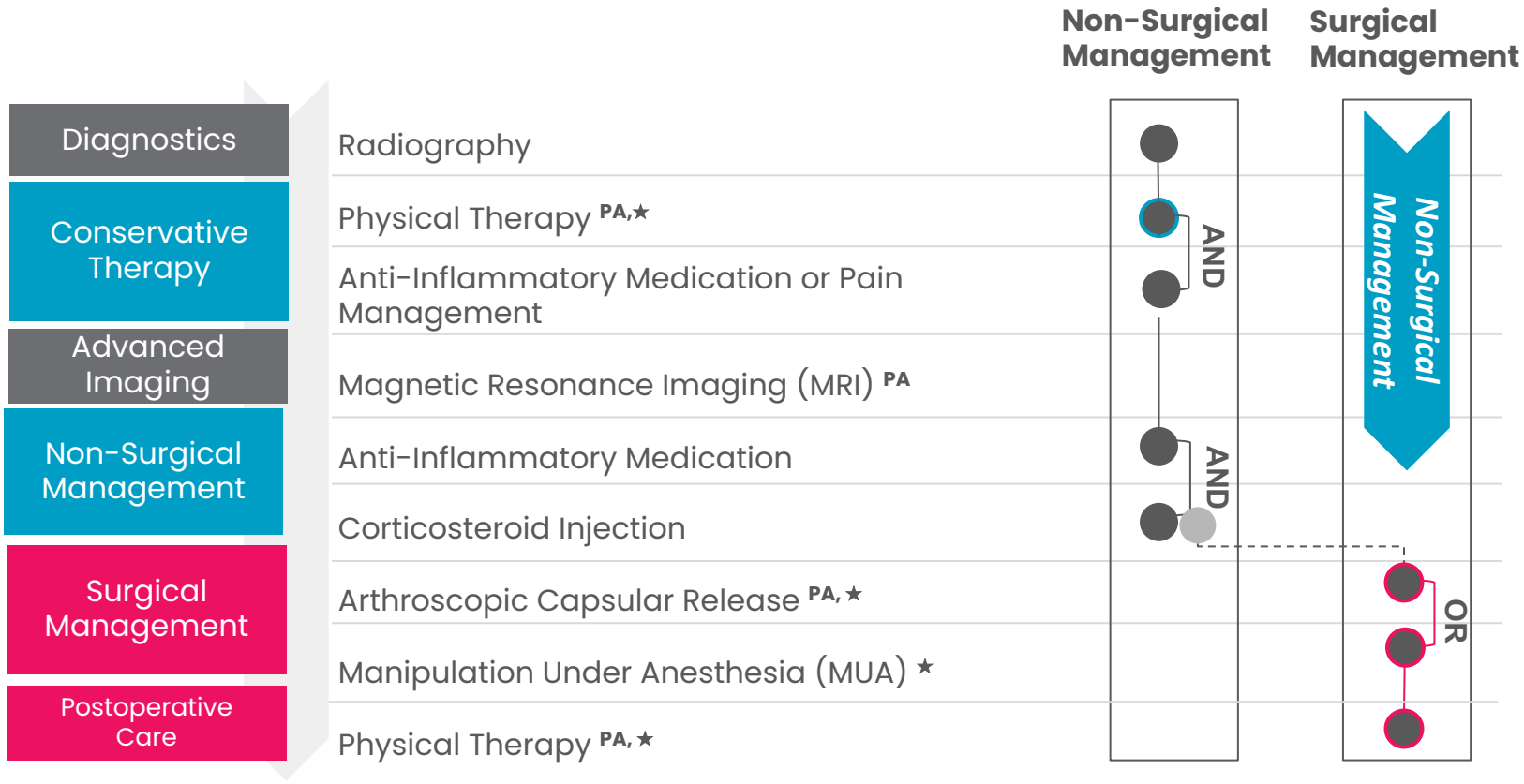
- ➢ Patients typically first present to their primary care provider with symptoms before seeing an orthopedic surgeon.
- ➢ The estimated prevalence of AC is 2%-5% of the population, with middle-aged women most commonly affected.[1-3]
- ➢ The first lines of treatment are physical therapy and corticosteroid injections. Surgical management includes arthroscopic capsular release or manipulation under anesthesia.
- ➢ Advanced imaging (e.g., MRI) is not necessary to diagnose. It should only be used if there is a suspected soft tissue pathology.

Definitions

- **Adhesive Capsulitis:** Often called frozen shoulder, this condition causes shoulder pain and stiffness. Over time, it leads to decreased shoulder mobility.

Adhesive Capsulitis

What is a "Cohere Care Path"?
These Care Paths organize the services typically considered most clinically optimal and likely to be automatically approved. These service recommendations also include the suggested sequencing and quantity or frequency determined clinically appropriate and medically necessary for the management of most patient care scenarios in this Care Path's diagnostic cohort.



Key

PA = Service may require prior authorization
★ = Denotes preferred service
AND = Services completed concurrently
OR = Services generally mutually exclusive

= Non-surgical management prior authorization group of services
= Surgical management prior authorization group of services
= Subsequent service
= Management path moves to a different management path

CarePath Diagnostic Criteria

Disease Classification

Adhesive capsulitis

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M06.20	Rheumatoid bursitis, unspecified site
M06.211	Rheumatoid bursitis, right shoulder
M06.212	Rheumatoid bursitis, left shoulder
M11.011	Hydroxyapatite deposition disease, right shoulder
M11.012	Hydroxyapatite deposition disease, left shoulder
M11.019	Hydroxyapatite deposition disease, unspecified shoulder
M24.011	Loose body in right shoulder
M24.012	Loose body in left shoulder
M24.019	Loose body in unspecified shoulder
M24.511	Contracture, right shoulder
M24.512	Contracture, left shoulder
M24.519	Contracture, unspecified shoulder
M25.011	Hemarthrosis, right shoulder
M25.012	Hemarthrosis, left shoulder
M25.019	Hemarthrosis, unspecified shoulder
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified shoulder
M25.611	Stiffness of right shoulder, not elsewhere classified
M25.612	Stiffness of left shoulder, not elsewhere classified
M25.619	Stiffness of unspecified shoulder, not elsewhere classified
M65.221	Calcific tendinitis, right upper arm

M65.222	Calcific tendinitis, left upper arm
M65.229	Calcific tendinitis, unspecified upper arm
M65.80	Other synovitis and tenosynovitis, unspecified site
M65.811	Other synovitis and tenosynovitis, right shoulder
M65.812	Other synovitis and tenosynovitis, left shoulder
M75.0	Adhesive capsulitis of shoulder
M75.00	Adhesive capsulitis of unspecified shoulder
M75.01	Adhesive capsulitis of right shoulder
M75.02	Adhesive capsulitis of left shoulder
M75.30	Calcific tendinitis of unspecified shoulder
M75.31	Calcific tendinitis of right shoulder
M75.32	Calcific tendinitis of left shoulder
M79.601	Pain in right arm
M79.602	Pain in left arm
M79.603	Pain in arm, unspecified
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm

Presentation and Etiology

Causes and Risk Factors

The cause of AC is not entirely clear. However, it appears to start with inflammation and synovitis of the capsule that proceeds to fibrosis. Identified risk factors include[1-3]:

- Diabetes mellitus
- Obesity
- Thyroid dysfunction
- Cardiac disease
- Dupuytren contracture
- Previous shoulder or breast surgery
- Neurologic disorders

Clinical Presentation

The hallmarks of AC are the insidious onset of shoulder pain and decreased range of motion (ROM). There may be pain at night or pain described as a dull ache. Depending upon the pathological stage at presentation (stage 1-4), the level of pain and disability may vary. Pain worsens over time and may start to decrease as ROM deficits become more severe.[1,4] There are cases of post-traumatic AC that occur after trauma such as dislocations, fractures, or rotator cuff tears.

Typical Physical Exam Findings

No special testing is necessary for diagnosis. Exam findings include[1,3,4]:

- Muscular atrophy (possible)
- Decreased ROM in more than 1 plane (as compared to the unaffected side)
    - Active and passive
    - Forward flexion, abduction, external rotation in 90 degrees of abduction, or internal rotation in 90 degrees of abduction (ROM in internal rotation is usually lost first.)

Typical Diagnostic Findings

AC is a clinical diagnosis; radiographs are typically normal.[1,3,5]

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:**
  - There is insufficient evidence available to support recommendations regarding timing, duration, and frequency.
  - Studies vary from 6 weeks to 2 years.[4]
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - Goals are pain relief and improving ROM and function.
  - Exercises, mobilization, and education on home programs are recommended. [1,3,4]
  - Acupuncture, electrotherapy, and laser therapy are acceptable adjuncts for reducing pain.[3,4]
- **Exclusions:**
  - Ultrasound and continuous passive motion are not recommended.[4]

Medical Necessity Criteria

Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the presentation list:
  - Insidious onset of shoulder pain
  - Decreased range of motion (ROM)
- ◆ The patient has **ANY** positive findings from the physical exam list:
  - Muscular atrophy
  - Decreased ROM in more than 1 plane
    - Active and passive
    - Forward flexion, abduction, external rotation, or internal rotation

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices
97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities

97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written

	report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes
97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper

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	extremities, each 15 minutes Subsequent orthotic management of lower extremities, each 15 minutes Subsequent orthotic training of lower extremities and trunk, each 15 minutes Subsequent orthotic training of lower extremities, each 15 minutes Subsequent orthotic training of lower extremity and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremities, each 15 minutes Subsequent prosthetic management of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremities and trunk, each 15 minutes Subsequent prosthetic training of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes

97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

Advanced Imaging

Service: Magnetic Resonance Imaging (MRI)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - MRI is rarely needed to confirm AC diagnosis.[1,3,5]
  - MRI can show thickening of the capsule and coracohumeral ligament, poor capsular distension, synovial hypertrophy, and scar tissue.[1]
  - There are conflicting reports in the literature on the usefulness of assessing rotator interval and coracohumeral ligament.[5]
  - MRI is frequently used to rule out other pathology.
  - MRI should not be performed before radiography.[5]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **MRI** is considered appropriate if **ALL** of the following are **TRUE**:
- There is suspected soft tissue pathology.[3]
- A radiograph was performed.
- If there is a history of antecedent trauma

Non-Indications

➔ **MRI** may not be appropriate if **ANY** of the following is **TRUE:**
- Non-compatible implanted devices
- Metallic intraocular foreign bodies
- Claustrophobia

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
73218	Magnetic resonance imaging (MRI) of upper arm between shoulder and elbow without contrast material

73219	Magnetic resonance imaging (MRI) of upper arm between shoulder and elbow with contrast material
73220	Magnetic resonance imaging (MRI) of upper arm between shoulder and elbow without contrast material, followed by contrast material and further sequences
73221	Magnetic resonance imaging (MRI) of glenohumeral joint without contrast material
73222	Magnetic resonance imaging (MRI) of glenohumeral joint with contrast material
73223	Magnetic resonance imaging (MRI) of glenohumeral joint without contrast material, followed by contrast material and further sequences

Non-Surgical Management

Service: Intra-articular Steroid Injection

General Guidelines

- **Units, Frequency, & Duration:**
  - Insufficient literature to support recommendations for unit or frequency of long term use. [6]
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - Injections in early AC can improve pain and passive ROM. [1,4]
  - Use judiciously due to the risk of cartilage damage; serial injections are not recommended. [6]
  - Ultrasound guidance significantly improves accuracy. [7,8]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Intra-articular steroid injection** is considered appropriate if **ALL** of the following are **TRUE**:

- ◆ The patient has **ANY** positive findings from the presentation list:
  - Insidious onset of shoulder pain
  - Decreased range of motion (ROM)
- ◆ The patient has **ANY** positive findings from the physical exam list:
  - Muscular atrophy
  - Decreased ROM in more than 1 plane
    - Active and passive
    - Forward flexion, abduction, external rotation, or internal rotation

Non-Indications

➔ **Intra-articular steroid injection** is not considered appropriate if **ANY** of the following is **TRUE**[9]:

- Prosthetic joint
- Septic arthritis
- Joint fracture

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (e.g., shoulder, hip, knee, subacromial bursa)

Surgical Management

Service: Arthroscopic Capsular Release

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
    - There is no clear difference in outcomes between capsular release and manipulation under anesthesia (MUA).[10]
    - There are no guidelines available with clear indications and appropriate timeframes for intervention after conservative management fails.
        - The literature is inconsistent (ranges 4-12 months).[1,11,12]
    - Diabetic patients should have an acceptable glucose level the day of surgery and a reasonable HgbA1C prior to surgery.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Arthroscopic capsular release** is considered appropriate if **ALL** of the following are **TRUE**:

◆ The patient continues to have pain and limitations of activities of daily living despite receiving conservative treatment (4-6 weeks on average).[1,11,12]

Non-Indications

None.

Site of Service Criteria

Inpatient or outpatient[11]

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
29825	Surgical arthroscopy of shoulder with lysis and resection of adhesions Surgical arthroscopy of shoulder with lysis and resection of adhesions with manipulation

29823	Arthroscopy, shoulder, surgical; debridement, extensive
29822	Arthroscopy, shoulder, surgical; debridement, limited
29999	Joint procedure using an endoscope
29805	Diagnostic examination of shoulder using an endoscope
29819	Removal of loose or foreign body of shoulder using an endoscope
S2300	Arthroscopy, shoulder, surgical

Service: Manipulation Under Anesthesia (MUA)

General Guidelines

- **Units, Frequency, & Duration**: None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - There is no clear difference in outcomes between capsular release and manipulation under anesthesia (MUA).[10]
  - There are no guidelines available with clear indications and appropriate timeframes for intervention after conservative management fails.
    - The literature is inconsistent (ranges 4-12 months).[1,11,12]
  - Diabetic patients should have an acceptable glucose level the day of surgery and a reasonable HgbA1C prior to surgery.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Manipulation under anesthesia** is considered appropriate if **ALL** of the following are **TRUE**:

- The patient continues to have pain and limitations of activities of daily living despite receiving conservative treatment (4-6 weeks on average).[1,11,12]

Non-Indications

➔ **Manipulation under anesthesia** is not considered appropriate if **ANY** of the following is **TRUE**:

- Previous shoulder fracture
- Osteopenia
- Previous rotator cuff repair

Site of Service Criteria

Inpatient or outpatient[11]

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
23700	MUA (shoulder joint)

Surgical Risk Factors

Patient Medical Risk Stratification

Patient Risk Score	Patient Characteristic	Min Range	Max Range	Guidance
1- Very Low Risk	No known medical problems			
2- Low Risk	Hypertension		180/110 mm Hg	
2- Low Risk	Asthma	peak flow >80% of predicted or personal best value		
2- Low Risk	Alcohol abuse			Screen for liver disease and malnutrition
3- Intermediate Risk	Age	65	75	
3- Intermediate Risk	History of treated, stable coronary artery disease (CAD)			
3- Intermediate Risk	Stable atrial fibrillation			
3- Intermediate Risk	Diabetes mellitus	HbA1C >7%		
3- Intermediate Risk	Morbid obesity	BMI 30	BMI 40	
3- Intermediate Risk	Anemia	hemoglobin <11 (females), <12 (males)		Workup to identify etiology
3- Intermediate Risk	HIV	CD4 <200 cells/mm3		Get clearance from HIV specialist
3- Intermediate Risk	Rheumatologic disease			Preoperative consultation with rheumatologist re: perioperative medication management
3- Intermediate Risk	Peripheral vascular disease or history of peripheral vascular bypass	ankle-brachial pressure index (ABPI) <0.9		Preoperative consultation with vascular surgeon
3- Intermediate Risk	History of venous thromboembolism (VTE)			
3- Intermediate Risk	Well-controlled obstructive sleep apnea			

3- Intermediate Risk	Malnutrition	transferrin < 200 mg/dL albumin <3.5 g/dL prealbumin <22.5 mg/dL total lymphocyte count <1200-1500 cell/mm3 BMI <18		preoperative consultation with nutritionist
4- High Risk	Diabetes mellitus with complications	HbA1c >8%		
4- High Risk	Age	76	85	
4- High Risk	Oxygen dependent pulmonary disease			
4- High Risk	Sickle cell anemia			
4- High Risk	Obesity	BMI 40		
4- High Risk	Cirrhosis, history of hepatic decompensation or variceal bleeding			
4- High Risk	Impaired cognition; dementia			
4- High Risk	Compensated CHF			
4- High Risk	Cerebrovascular disease			
4- High Risk	Uncontrolled or suspected obstructive sleep apnea (OSA)			
4- High Risk	Renal insufficiency	serum creatinine >1.5 mg/dL or creatinine clearance < 100 mL/min		
4- High Risk	Opioid dependence			
5- Very High Risk	Cardiovascular: unstable angina, recent myocardial infarction (60 days), uncontrolled atrial fibrillation or other high-grade abnormal rhythm, severe valvular disease, decompensated heart failure			
5- Very High Risk	Primary pulmonary hypertension			Preoperative consultation with pulmonologist warranted
5- Very High Risk	Cirrhosis or severe liver disease, history of hepatic decompensation or			

	variceal bleeding			
5- Very High Risk	Severe frailty, dependence for ADLs, or history of 3 or more falls in last 6 mos			
5- Very High Risk	Obesity		BMI >50	
5- Very High Risk	Age		>85	
5- Very High Risk	History of VTE with CI to anticoagulation, failure of anticoagulation, cessation of anticoagulation therapy secondary to bleeding			Preoperative consultation with hematologist or internist
5- Very High Risk	Renal failure requiring dialysis			
5- Very High Risk	Immunosuppression			

Postoperative Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:**
  - There are no guidelines for units, frequency, or duration.[1,11]
- **Criteria for Subsequent Requests:** The patient failed to meet physical therapy goals.
- **Recommended Clinical Approach:**
  - Goals are pain relief and improvement of ROM and function.
  - Physical therapy should begin on day 1 post-operatively.
  - Exercises, mobilization, and education on home programs are recommended.[1,11]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Physical therapy** is considered appropriate if **ALL** of the following are **TRUE**:

◆ The patient underwent arthroscopic capsular release or manipulation under anesthesia.

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
97010	Application of hot or cold packs
97012	Application of mechanical traction
97014	Application of electrical stimulation
97016	Application of vasopneumatic devices

97018	Application of paraffin bath
97022	Application of whirlpool
97024	Application of diathermy
97026	Application of infrared modality
97028	Application of ultraviolet modality
97032	Application of manual electrical stimulation
97033	Application of iontophoresis
97034	Application of contrast baths
97035	Application of ultrasound modality
97036	Application of Hubbard tank
97039	Modality service
97110*	Therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and standing activities
97113	Aquatic therapy with therapeutic exercises
97116	Gait training including stair climbing
97124	Massage including effleurage and petrissage; Massage including effleurage and tapotement; Massage including effleurage, petrissage and tapotement; Massage including petrissage and tapotement
97139	Therapeutic procedure
97140	Manual therapy techniques
97150	Group therapeutic procedures
97164	Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient 20 minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient and family 20

	minutes; Physical therapy re-evaluation of established plan of care, high complexity, typical time with patient's family 20 minutes
97530	Direct therapeutic activities with use of dynamic activities to improve functional performance, each 15 minutes
97535	Home management training, direct one-on-one contact, each 15 minutes; Self-care management training, direct one-on-one contact, each 15 minutes
97537	Community reintegration training, direct one-on-one contact, each 15 minutes; Work reintegration training, direct one-on-one contact, each 15 minutes
97542	Wheelchair management, each 15 minutes
97545	Work conditioning, initial 2 hours; Work hardening, initial 2 hours
97546	Work conditioning, each additional hour; Work hardening, each additional hour
97750	Physical performance measurement with written report, each 15 minutes; Physical performance test with written report, each 15 minutes
97755	Assistive technology assessment with written report, direct one-on-one contact, each 15 minutes
97760	Initial orthotic management and training with assessment and fitting of lower extremities and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremities, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity and trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of lower extremity, each 15 minutes; Initial orthotic management and training with assessment and fitting of trunk, each 15 minutes; Initial orthotic management and training with assessment and fitting of upper and lower extremities and trunk, each 15 minutes

97761	Initial prosthetic training of lower extremities, each 15 minutes; Initial prosthetic training of lower extremity, each 15 minutes Initial prosthetic training of upper and lower extremities, each 15 minutes; Initial prosthetic training of upper extremities, each 15 minutes; Initial prosthetic training of upper extremity, each 15 minutes
97763	Subsequent orthotic management and training of lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity and trunk, each 15 minutes Subsequent orthotic management and training of lower extremity, each 15 minutes Subsequent orthotic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities and trunk, each 15 minutes Subsequent orthotic management and training of upper extremities, each 15 minutes Subsequent orthotic management and training of upper extremity and trunk, each 15 minutes Subsequent orthotic management and training of upper extremity, each 15 minutes Subsequent orthotic management of lower extremities and trunk, each 15 minutes Subsequent orthotic management of lower extremity and trunk, each 15 minutes Subsequent orthotic management of lower extremity, each 15 minutes Subsequent orthotic management of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities and trunk, each 15 minutes Subsequent orthotic management of upper extremities, each 15 minutes

	Subsequent orthotic management of upper extremity and trunk, each 15 minutes Subsequent orthotic management of upper extremity, each 15 minutes Subsequent orthotic training of lower extremity, each 15 minutes Subsequent orthotic training of upper and lower extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities and trunk, each 15 minutes Subsequent orthotic training of upper extremities, each 15 minutes Subsequent orthotic training of upper extremity and trunk, each 15 minutes Subsequent orthotic training of upper extremity, each 15 minutes Subsequent prosthetic management and training of lower extremities and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremity and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremity, each 15 minutes Subsequent prosthetic management and training of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremities and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremities, each 15 minutes Subsequent prosthetic management and training of upper extremity and trunk, each 15 minutes Subsequent prosthetic management and training of upper extremity, each 15 minutes Subsequent prosthetic management of lower extremities and trunk, each 15 minutes Subsequent prosthetic management of lower extremity and trunk, each 15 minutes Subsequent prosthetic management of lower extremity, each 15 minutes

	Subsequent prosthetic management of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic management of upper extremities and trunk, each 15 minutes Subsequent prosthetic management of upper extremities, each 15 minutes Subsequent prosthetic management of upper extremity and trunk, each 15 minutes Subsequent prosthetic management of upper extremity, each 15 minutes Subsequent prosthetic training of lower extremity, each 15 minutes Subsequent prosthetic training of upper and lower extremities and trunk, each 15 minutes Subsequent prosthetic training of upper extremities and trunk, each 15 minutes Subsequent prosthetic training of upper extremities, each 15 minutes Subsequent prosthetic training of upper extremity and trunk, each 15 minutes Subsequent prosthetic training of upper extremity, each 15 minutes Subsequent orthotic management and training of lower extremities, each 15 minutes Subsequent orthotic management of lower extremities, each 15 minutes Subsequent orthotic training of lower extremities and trunk, each 15 minutes Subsequent orthotic training of lower extremities, each 15 minutes Subsequent orthotic training of lower extremity and trunk, each 15 minutes Subsequent prosthetic management and training of lower extremities, each 15 minutes Subsequent prosthetic management of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremities and trunk, each 15 minutes

	Subsequent prosthetic training of lower extremities, each 15 minutes Subsequent prosthetic training of lower extremity and trunk, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
420	Physical Therapy
421	Physical Therapy: Visit Charge
422	Physical Therapy: Hourly Charge
423	Physical Therapy: Group Rate
424	Physical Therapy: Evaluation/Re-evaluation
429	Physical Therapy: Other Physical Therapy
97163	Evaluation of physical therapy, typically 45 minutes
97161	Evaluation of physical therapy, typically 20 minutes
97162	Evaluation of physical therapy, typically 30 minutes
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes
97165	Evaluation of occupational therapy, typically 30 minutes
97166	Evaluation of occupational therapy, typically 45 minutes
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes
G0151	Hhcp-serv of pt,ea 15 min

*Default codes for suggested services

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Clinical Guideline Revision History/Information

Original Date: September 16, 2020	
Review History	
September 16, 2020 (V.2)	Approving Physician: Dr. Brian Covino
November 15, 2021 (V.3)	Reviewing Physician: Dr. Scott Duncan Approving Physician: Dr. Brian Covino
November 10, 2022 (V.4)	Reviewing Physician: Dr. Edwin Spencer Approving Physician: Dr. Traci Granston