AC Joint Injury & Arthritis

Clinical Guidelines for Medical Necessity Review

Version: V3.0
Effective Date: November 10, 2022

Important Notices

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Other Notices:

Guideline Information:

Specialty Area: Diseases & Disorders of the Musculoskeletal System (M00-M99)
Care Path Group: Shoulder
Care Path Name: AC Joint Injury & Arthritis
Type: [**X**] Adult (18+ yo) | [_] Pediatric (0-17yo)

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Care Path Clinical Discussion

The acromioclavicular (AC) joint is a common cause of shoulder pain in adults. Most acute AC joint injuries occur in the young, athletic population, particularly among males.[1,2] AC joint injuries account for more than 40% of all shoulder injuries and are frequently a result of sporting events, car accidents, falls from a bicycle, and other sports-related activities.[1,3] In contrast, AC joint osteoarthritis is common in older individuals and is the most common cause of pain from the AC joint.[4] Its prevalence increases with age, and radiographic evidence of degeneration of the joint is present as early as middle age.[4,5]

A thorough history and physical examination can help identify the AC joint as the primary cause of shoulder pain. Radiography helps classify AC joint injuries and confirm osteoarthritis in the joint.[3,4] Clinicians should also be aware of the high prevalence of AC joint arthritis in asymptomatic individuals.[6] Advanced imaging is not typically relied upon for diagnostic confirmation of syndromes of this superficial joint. In the instance of clinical suspicion for AC joint pathology but unclear diagnosis, ultrasound-guided injection into the AC joint can be diagnostic (as well as therapeutic), preventing the need for magnetic resonance imaging (MRI) confirmation.[7] Additionally, studies note a lack of correlation between symptoms of AC joint arthritis and MRI findings.[3,6]

While most AC joint dislocations/separations are low-grade and can be managed conservatively, high-grade and unstable injuries require surgical intervention, although controversy exists regarding the appropriate approach for some injuries.[3,8] AC joint arthritis that is refractory to nonoperative management may respond well to surgical intervention.[4]

The information contained herein gives a general overview of the pathway of this specific diagnosis, 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

- A patient experiencing AC joint pain will typically present to their primary care provider before seeing an orthopedic surgeon.
- AC joint injuries occur in young adults and account for 10% of all shoulder injuries.[1,3]AC joint osteoarthritis is more common among older adults and is the most common cause of shoulder pain. [1,4]

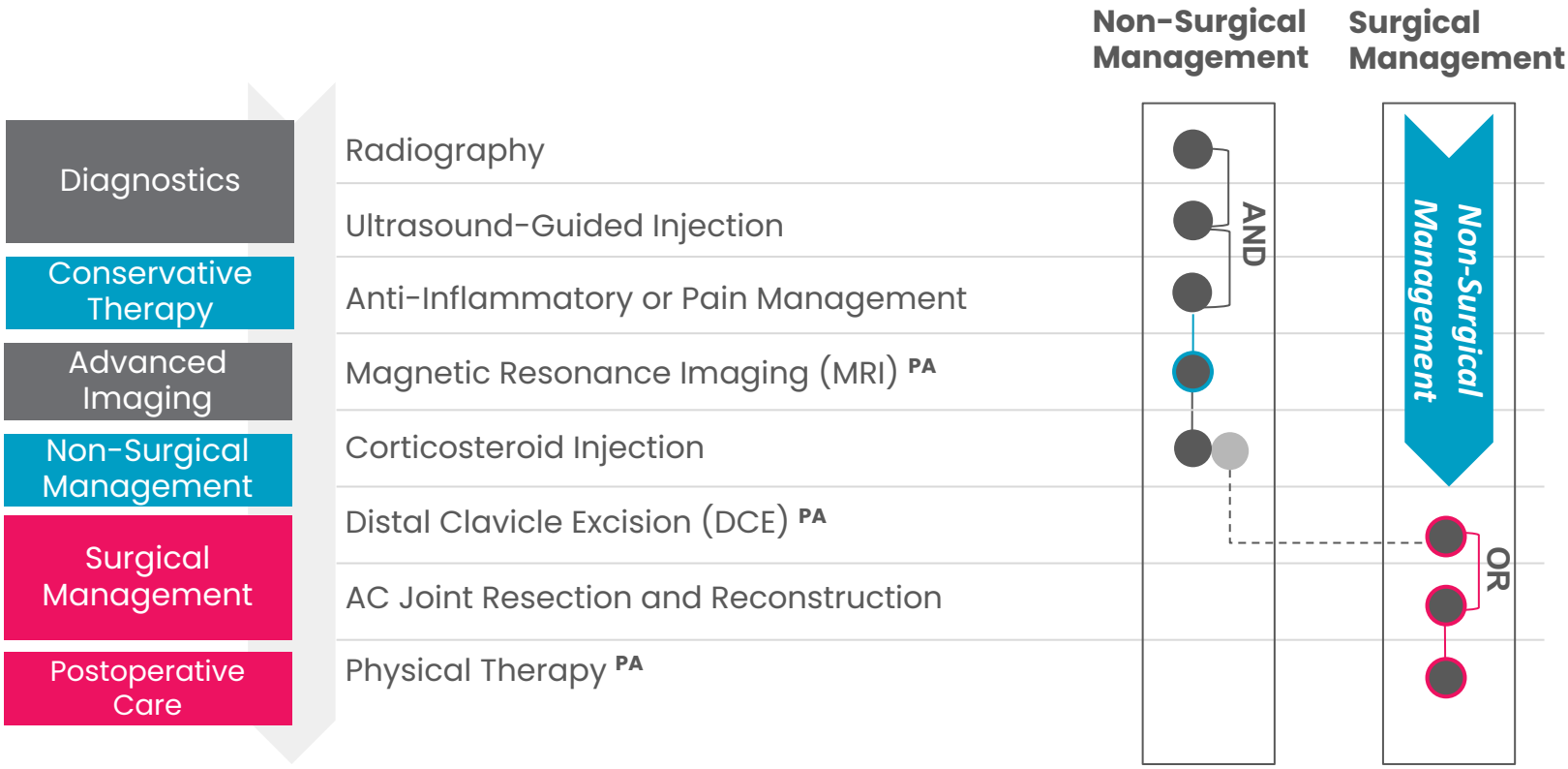
- AC joint injuries that are unstable or high-grade require surgical intervention. AC joint osteoarthritis that does not respond to conservative therapy may benefit from surgery.

Definitions

Shoulder Dislocation/Separation: A dissociation between the clavicle and the acromial part of the scapula. There are various grades for this condition to reflect the spectrum of the injury.

AC Joint Injury & Arthritis

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

Care Path Diagnostic Criteria

Disease Classification

AC joint injury and AC joint arthritis

ICD-10 Codes Associated with Classification

ICD-10 Code	Code Description/Definition
M06.1	Adult-onset Still's disease
M12.511	Traumatic arthropathy, right shoulder
M12.512	Traumatic arthropathy, left shoulder
M12.519	Traumatic arthropathy, unspecified shoulder
M12.811	Other specific arthropathies, not elsewhere classified, right shoulder
M12.812	Other specific arthropathies, not elsewhere classified, left shoulder
M12.819	Other specific arthropathies, not elsewhere classified, unspecified shoulder
M12.9	Arthropathy, unspecified
M13.0	Polyarthritis, unspecified
M13.111	Monoarthritis, not elsewhere classified, right shoulder
M13.112	Monoarthritis, not elsewhere classified, left shoulder
M13.119	Monoarthritis, not elsewhere classified, unspecified shoulder
M13.811	Other specified arthritis, right shoulder
M13.812	Other specified arthritis, left shoulder
M13.819	Other specified arthritis, unspecified shoulder
M19	Other and unspecified osteoarthritis
M19.0	Primary osteoarthritis of other joints
M19.01	Primary osteoarthritis, shoulder
M19.011	Primary osteoarthritis, right shoulder

M19.012	Primary osteoarthritis, left shoulder
M19.019	Primary osteoarthritis, unspecified shoulder
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M25.519	Pain in unspecified 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
S43.1	Subluxation and dislocation of acromioclavicular joint
S43.10	Unspecified dislocation of acromioclavicular joint
S43.101	Unspecified dislocation of right acromioclavicular joint
S43.102	Unspecified dislocation of left acromioclavicular joint
S43.109	Unspecified dislocation of unspecified acromioclavicular joint
S43.11	Subluxation of acromioclavicular joint
S43.111	Subluxation of right acromioclavicular joint
S43.112	Subluxation of left acromioclavicular joint
S43.119	Subluxation of unspecified acromioclavicular joint
S43.12	Dislocation of acromioclavicular joint, 100%-200% displacement
S43.121	Dislocation of right acromioclavicular joint, 100%-200% displacement
S43.122	Dislocation of left acromioclavicular joint, 100%-200% displacement
S43.129	Dislocation of unspecified acromioclavicular joint, 100%-200% displacement

S43.13	Dislocation of acromioclavicular joint, greater than 200% displacement
S43.131	Dislocation of right acromioclavicular joint, greater than 200% displacement
S43.132	Dislocation of left acromioclavicular joint, greater than 200% displacement
S43.139	Dislocation of unspecified acromioclavicular joint, greater than 200% displacement
S43.14	Inferior dislocation of acromioclavicular joint
S43.141	Inferior dislocation of right acromioclavicular joint
S43.142	Inferior dislocation of left acromioclavicular joint
S43.149	Inferior dislocation of unspecified acromioclavicular joint
S43.15	Posterior dislocation of acromioclavicular joint
S43.151	Posterior dislocation of right acromioclavicular joint
S43.152	Posterior dislocation of left acromioclavicular joint
S43.159	Posterior dislocation of unspecified acromioclavicular joint

Presentation and Etiology

Causes and Risk Factors

Most acute AC joint injuries are due to direct trauma (e.g., sports, falls).[1,8]

Factors associated with AC joint degeneration include[1,4]:

- Repetitive stress at the joint (e.g., strength training, throwing, other overhead activities)
- History of AC joint injury or a fractured clavicle fracture
- Neurovascular insult

Clinical Presentation

Osteoarthritis of AC Joint[4]:

- Insidious onset
- Pain at the AC joint
    - +/- general shoulder or neck pain
- Pain with arm adduction or direct pressure on the shoulder

Shoulder dislocation/separation[1,8]:

- History of direct trauma to or fall on the superior or lateral aspect of the shoulder with the arm adducted
- Pain with shoulder motion

Typical Physical Exam Findings

Osteoarthritis of the AC Joint[7,8]:

- Swelling
- Range of motion that is limited by pain
- Focal tenderness at the AC joint
    - +/- deformity if there is a separation
- Possible asymmetry or deformity as compared to the contralateral side
- Cross-body or crossed-arm adduction test
    - Pain is reproduced with the arm extended at the elbow, forward flexed to 90°, and adducted 10-15° across the body.
- Active compression test
    - The arm is extended at the elbow, forward flexed to 90°, and adducted 10-15° across the body; pain is reproduced with downward force on the arm in internal rotation but not in external rotation.

- Paxino's test
    - Pain is reproduced with shear force through AC joint
- Hawkins-Kennedy
    - Pain is reproduced upon internal rotation with the arm forward flexed to 90° and the elbow flexed to 90°.
- Positive Paxino's and O'Brien's tests performed in series have a sensitivity of 95.8%.[7]
- Positive Paxino's and Hawkins-Kennedy tests performed in parallel have a sensitivity of 93.7%.[7]

AC joint dislocation/separation:

- Scapular winging
- Visible protraction of the shoulder
- Drooping shoulder

Typical Diagnostic Findings

Radiographs can grade the degree of shoulder separation but may appear normal in low-grade AC separations. Advanced imaging can help determine the grade of AC separation. Radiographs can confirm AC joint arthritis, but AC joint arthritis is often asymptomatic. Intra-articular joint injections, with or without ultrasound, can be diagnostic and therapeutic for AC joint arthritis.[4,7]

Care Path Services & Medical Necessity Criteria

Conservative Therapy

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** The patient is progressing in the physical therapy plan but has not fully obtained all goals.
- **Recommended Clinical Approach:**
    - Range of motion and strengthening exercises are recommended for initial physical therapy. It can take several weeks for a patient to be completely healed.[9]
    - Grade II injuries can return to normal activities after 2-4 weeks of physical therapy.[9]
    - Grade III injuries can return to normal activities after 8-12 weeks of physical therapy. A period of immobilization with a sling is also recommended.[9] Return to normal activities will be determined by the provider.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

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

- ◆ Grade III AC joint separation without significant scapular winging
- ◆ Grades I-II AC joint separation

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

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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:**
  AC joint arthritis:
  - The majority of shoulders in asymptomatic patients have arthritic changes at the AC joint.[5]
  - MRI findings may not correlate with symptoms.[6]
  - Clinical correlation is critical.

  AC joint separation:
  - MRI findings may change the Rockwood classification from the clinical impression, thus affecting surgical planning.[10]
  - MRI imaging is recommended for grade II and above AC sprains
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **MRI** is considered appropriate if **ANY** of the following is **TRUE**[3,8,10]:
- ◆ Confirmed higher-grade AC joint injury classification
- ◆ Evaluation of suspected concomitant intra-articular pathology

Non-Indications

➔ **MRI** is not considered appropriate if **ANY** of the following is **TRUE:**
- ◆ Confirming a diagnosis of a low grade (types I-II) AC joint injury[10]
- ◆ Confirming a diagnosis of AC joint arthritis[4]
- ◆ Non-compatible implanted devices
- ◆ Metallic intraocular foreign bodies
- ◆ Claustrophobia

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition

23350	Injection procedure for enhanced magnetic resonance imaging (MRI) arthrography of shoulder region joint
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

Surgical Management

Service: AC Joint Reconstruction (+/- resection)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - Since AC joint injury classification dictates conservative vs. surgical treatment, accurate classification is essential.
  - Surgical intervention is typically recommended for injuries with instability, significant displacement, or refractory to conservative management.
  - Surgical indications for grades III and V AC joint injuries remain controversial.[3,8]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **AC joint reconstruction (+/- resection)** is considered appropriate if **ANY** of the following is **TRUE**[3,11]:

- Grades IV and VI
- Grade V injuries with more than 2 cm of displacement
- Grade III that are open, have associated neurovascular compromise, or have failed conservative management
- Medial-lateral instability
- Significant deformity
- Persistent instability or pain after a distal clavicle excision
- Grade III AC joint separation with significant scapular winging
- Grade III AC separations that have disruption of the AC ligaments and the CC ligaments, especially in the dominant arm

Non-Indications

➔ **AC joint reconstruction (+/- resection)** is not considered appropriate if **ANY** of the following is **TRUE**:

- Grades I and II injuries[3,8]

Site of Service Criteria

None.

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
23550	Open reduction of acute dislocation of acromioclavicular joint; Open reduction of chronic dislocation of acromioclavicular joint
23552	Open reduction of dislocation of acute acromioclavicular joint with fascial graft, including harvesting of graft; Open reduction of dislocation of chronic acromioclavicular joint with fascial graft, including harvesting of graft

Service: Distal Clavicle Excision (DCE)

General Guidelines

- **Units, Frequency, & Duration:** None.
- **Criteria for Subsequent Requests:** None.
- **Recommended Clinical Approach:**
  - DCE is recommended for recalcitrant AC joint symptoms due to injury or arthritis.[4,8]
  - The procedure can be performed open or arthroscopically.
- **Exclusions:** None.

Medical Necessity Criteria

Indications

➔ **Distal clavicle resection** is considered appropriate if **ANY** of the following is **TRUE**:

- Grades I and II AC separations that have failed non-surgical management for 3–6 months[3]
- AC joint osteoarthritis with persistent symptoms despite non-surgical management for 3 months[4]
- Distal clavicle osteolysis with persistent symptoms despite non-surgical management for 3 months[12]

Non-Indications

None.

Site of Service Criteria

Outpatient

Procedure Codes (HCPCS/CPT)

HCPCS Code	Code Description/Definition
29824	Surgical arthroscopy of shoulder with distal claviculectomy; Surgical arthroscopy of shoulder with distal claviculectomy including distal articular surface
23120	Claviculectomy
29805	Diagnostic examination of shoulder using an endoscope
S2300	Arthroscopy, shoulder, surgical

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	Prior history of alcohol abuse			Screen for liver disease and malnutrition
2- Low Risk	Prior history of tobacco use			
3- Intermediate Risk	Asthma	peak flow <80% of predicted or personal best value		
3- Intermediate Risk	Active alcohol abuse			
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
3- Intermediate Risk	Active tobacco Use			Enroll patient in smoking cessation program
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			
4- High Risk	End Stage Liver Disease			
4- High Risk	Uncontrolled Seizure Disorder			
4- High Risk	History of Malignant Hyperthermia			
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			
5- Very High Risk	Chronic Pain			

Postoperative Care

Service: Physical Therapy

General Guidelines

- **Units, Frequency, & Duration:** There is insufficient evidence to make a recommendation for units, frequency, or duration.
- **Criteria for Subsequent Requests:** The patient has not met all physical therapy goals.
- **Recommended Clinical Approach:**
  - The focus of physical therapy should be on periscapular strengthening and proprioception.
  - Post-reconstruction PT begins after a 2-4 week period of immobilization.
  - Postoperative PT lasts 3-4 months in duration.
  - The patient can return to work and sport at around 6 months.[3,8]
- **Exclusions:** None.

Medical Necessity Criteria

Indications

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

- ◆ The patient underwent AC joint reconstruction or distal clavicle resection.

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

References

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Clinical Guideline Revision History/Information

Original Date: June 19, 2020	
Review History	
January 1, 2022 (V.2)	Reviewing Physician: Dr. Scott Duncan Approving Physician: Dr. Brian Covino
November 10, 2022 (V.3)	Reviewing Physician: Dr. Edwin Spencer Approving Physician: Dr. Traci Granston