

HABILITATIVE SERVICES AND OUTPATIENT REHABILITATION THERAPY

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[Instructions for Use](#) ⓘ

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Related Commercial Policies

- [Cognitive Rehabilitation](#)
- [Skilled Care and Custodial Care Services](#)
- [Speech Language Pathology Services](#)

Medicare Advantage Coverage Summaries

- [Rehabilitation: Cardiac Rehabilitation Services \(Outpatient\)](#)
- [Rehabilitation: Medical Rehabilitation \(OT, PT and ST, including Cognitive Rehabilitation\)](#)
- [Respiratory Therapy, Pulmonary Rehabilitation and Pulmonary Services](#)

COVERAGE RATIONALE

Indications for Coverage

Habilitative Services

Habilitative services are Medically Necessary, Skilled Care Services that are part of a prescribed treatment plan or maintenance program* to help a person with a disabling condition to keep, learn or improve skills and functioning for daily living. For information about skilled care, see the Coverage Determination Guideline titled [Skilled Care and Custodial Care Services](#). (Large group plans that include coverage for habilitative services do not include coverage for maintenance programs, or services to keep skills and functioning for daily living.)

Benefits for outpatient and inpatient habilitative services are limited to:

- Physical therapy
- Occupational therapy
- Manipulative Treatment
- Speech therapy (see the Coverage Determination Guideline titled [Speech Language Pathology Services](#))
- Post-cochlear implant aural therapy
- Cognitive therapy

*Certain plans may not include coverage for all of the above therapies, and state mandates may require coverage for therapies not mentioned above. [For example, with respect to the treatment of autism and autism spectrum disorder, Maryland includes behavioral health treatment (including applied behavioral analysis), and psychological care within the scope of habilitative service]. Please see the member specific benefit plan document and state mandate requirements for details.

For plans that provide coverage for habilitative services, benefits are provided for inpatient and outpatient habilitative services when all of the following conditions are met:

- The covered member has a disabling condition
- The treatment is prescribed by a Physician
- The treatment is administered by a licensed speech-language pathologist, licensed audiologist, licensed occupational therapist, licensed physical therapist, Physician, or other provider who acts within the scope of his or her license will be considered on the same basis as a Physician, and
- Treatment must be proven and not Experimental or Investigational.

Outpatient habilitative services are those that are either:

- Provided in a physician's office

- Provided on an outpatient basis at a hospital or Alternate Facility (such as health care facility that provides outpatient rehabilitation), or
- Provided in the member's residence from an independent physical or occupational therapist (a physical or occupational therapist that is not affiliated with a home health agency).

Certain states may require coverage of habilitative services in other locations. (For example, in Maryland, benefits for habilitative services may not be denied on the sole basis that the services are received in an educational setting.) Please see the member specific benefit plan document and state mandate requirements for details.

Outpatient habilitative services provided in the member's residence from a home health agency are addressed under the home health care benefit. The home health care benefit only applies to habilitative services that are rendered by a home health agency.

Inpatient habilitative services are those received while in an inpatient setting. Depending on where the inpatient habilitative services are provided, benefits are the same as the applicable inpatient benefit category (inpatient hospital, skilled nursing facility/inpatient rehabilitation facility).

We may require that a treatment plan be provided, request medical records, clinical notes, or other necessary data to allow us to substantiate that initial or continued medical treatment is Medically Necessary. When the treating provider expects that continued treatment is or will be required to allow the covered person to achieve progress that is capable of being demonstrated (measurable progress), we may request a treatment plan that includes:

- Diagnosis
- Proposed treatment by type, frequency, and expected duration of treatment
- Expected treatment goals
- Frequency of treatment plan updates

Certain state mandates may limit the frequency for requesting plan treatment progress (for example Maryland is limited to no more than one request per year). See the member specific benefit plan document and state mandate requirements for details.

Coverage of Durable Medical Equipment and prosthetic devices, when used as a component of habilitative services, are described under the Durable Medical Equipment (DME) Orthotics and Supplies or Prosthetic Devices benefit sections of the member specific benefit plan document, and may require a separate review. Check the member specific benefit plan document.

Refer to the member specific benefit plan document for any applicable benefit visit limits for habilitative services.

Cardiac Rehabilitation and pulmonary therapy are covered under the rehabilitation services benefit. These are not habilitative services.

Rehabilitation Services - Outpatient

Benefits for outpatient rehabilitation services include:

- Physical therapy
- Occupational therapy
- Manipulative Treatment
- Speech therapy for disorders of speech, language, voice, communication and auditory processing only when the disorder results from injury, stroke, cancer, Congenital Anomaly or autism spectrum disorder (see the Coverage Determination Guideline titled [Speech Language Pathology Services](#))
- Pulmonary rehabilitation therapy
- Cardiac Rehabilitation therapy
- Post-cochlear implant aural therapy
- Cognitive rehabilitation therapy when Medically Necessary following a post-traumatic brain injury or cerebral vascular accident (stroke).

Certain plans may not include coverage for all of the above therapies and state mandates may require coverage for therapies not mentioned above. Please see the member specific benefit plan document and state mandate requirements for details.

Benefits are provided for outpatient rehabilitation services when all of the following conditions are met:

- The treatment is administered by a Physician or a licensed therapy provider (i.e., licensed speech-language pathologist, licensed audiologist, licensed occupational therapist, licensed physical therapist, or other provider who acts within the scope of his or her license)
- The treatment is not for maintenance/preventive purposes

- The services are not considered to be habilitative.

Outpatient rehabilitation services are those that are either:

- Provided in a physician's office,
- Provided on an outpatient basis at a hospital or Alternate Facility (such as health care facility that provides outpatient rehabilitative services), or
- Provided in the member's residence from an independent physical or occupational therapist (a physical or occupational therapist that is not affiliated with a home health agency).

Certain states may require coverage for therapies of rehabilitative services in other locations. Please see the member specific benefit plan document and state mandate requirements for details.

Outpatient rehabilitation therapy services that are provided in the member's residence from a home health agency are addressed under the home health care section of the member specific benefit plan document. The home health care benefit only applies to rehabilitation therapy services that are rendered by a home health agency.

Rehabilitation therapy services that are received while in an inpatient setting, e.g., inpatient hospital, inpatient rehabilitation facility or skilled nursing facility, are part of the applicable inpatient setting benefit. Depending on the inpatient setting, benefits are the same as the applicable inpatient benefit category (hospital inpatient, skilled nursing facility/inpatient rehabilitation facility benefit).

Refer to the member specific benefit plan document for any applicable benefit visit limits for rehabilitation services.

Pulmonary therapy does not include respiratory therapy. Respiratory therapy is a therapeutic service and not included in the benefit limits for pulmonary therapy.

Coverage Limitations and Exclusions

The following limitations and exclusions apply to **both** habilitative services and rehabilitation therapy:

- Coverage is excluded for services that are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services.
- Coverage is excluded when the patient does not meet criteria for coverage as indicated in the [Indications for Coverage](#) section above and the member specific benefit plan document.
- Coverage is excluded if the service is considered by UnitedHealthcare to be Unproven, Investigational or Experimental.
- Coverage is excluded for Custodial Care, respite care, day care, therapeutic recreation, vocational training and residential treatment.
- Coverage is excluded once the treatment plan goals are met.
- Coverage is excluded for physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. An example includes, but is not limited to, the same day combined use of hot packs, ultrasound and iontophoresis in the treatment of strain.
- Coverage is excluded for programs that do not require the supervision of Physician and/or a licensed therapy provider.
- Coverage is excluded for Work Hardening (see [Definitions](#) below).
- Coverage is excluded for confinement, treatment, services or supplies that are required: a) only by a court of law, or b) only for insurance, travel, employment, and school or camp purposes. Please check the member specific plan benefit document and state mandates.
- Coverage is excluded for services beyond any visit limits specified in the member specific benefit plan document. (Certain state mandates do not allow visit limits or limits on the number of hours of treatment. Please see the member specific benefit plan document and state mandate requirements for details.)
- Coverage is excluded for gym and fitness club memberships and fees, health club fees, exercise equipment or supplies.
- Biofeedback services are excluded on most plans. Please check the member specific benefit plan document.

Additional Limitations and Exclusions for Habilitative Services

- A service that does not help the covered person to meet or maintain functional goals in a treatment plan within a prescribed time frame is not a habilitative service.
- Large group plans that include coverage for habilitative services do **not** include coverage for maintenance programs, or services to keep skills and functioning for daily living.
- In the absence of a disabling condition, services to improve general physical condition are excluded from coverage.

Additional Limitations and Exclusions for Rehabilitation Therapy

- Coverage is excluded for services that are not considered to be rehabilitation therapy (see [Indications for Coverage](#) section above). Coverage is excluded if the services provided are considered non-skilled or custodial care. For additional information, see the Coverage Determination Guideline titled [Skilled Care and Custodial Care Services](#).
- Maintenance therapy is not a rehabilitation therapy service and is excluded from the rehabilitation therapy benefit. (For additional information on maintenance therapy, see the [Habilitative Services](#) section above.)
- Coverage is excluded for rehabilitation therapy services that are done for preventive reasons.
- Confinement, treatment, services or supplies related to learning and intellectual disabilities.
- Coverage is excluded for general education and training (video or computerized interactive program). Viewing of films or videotapes, listening to audiotapes, and completing interactive computer programs.
- Services to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, are not Rehabilitation Services and are excluded from coverage.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Alternate Facility: A health care facility that is not a Hospital. It provides one or more of the following services on an outpatient basis, as permitted by law:

- Surgical services
- Emergency Health Care Services
- Rehabilitative, laboratory, diagnostic or therapeutic services

Cardiac Rehabilitation: Cardiac Rehabilitation (CR) programs are defined as physician supervised programs that furnish physician prescribed exercise, cardiac risk factor modification, including education, counseling, and behavioral intervention; psychosocial assessment, outcomes assessment, and other items/services as determined by the Secretary under certain conditions. Intensive Cardiac Rehabilitation (ICR) programs are defined as physician supervised programs that furnish the same items/services under the same conditions as a CR program, but must also demonstrate, as shown in peer-reviewed published research, that it improves patients' cardiovascular disease through specific outcome measurements described in 42 CFR 410.49(c).

Cognitive Rehabilitation: Development of cognitive skills to improve attention, memory or problem solving.

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Custodial Care: Services that are any of the following non-Skilled Care services:

- Non-health-related services, such as help with daily living activities. Examples include eating, dressing, bathing, transferring and ambulating).
- Health-related services that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence.

Experimental or Investigational Service(s): Medical, surgical, diagnostic, psychiatric, mental health, substance-related and addictive disorders or other health care services, technologies, supplies, treatments, procedures, drug therapies, medications or devices that, at the time we make a determination regarding coverage in a particular case, are determined to be any of the following:

- Not approved by the *U.S. Food and Drug Administration (FDA)* to be lawfully marketed for the proposed use and not identified in the *American Hospital Formulary Service* or the *United States Pharmacopoeia Dispensing Information* as appropriate for the proposed use
- Subject to review and approval by any institutional review board for the proposed use (devices which are *FDA* approved under the *Humanitarian Use Device* exemption are not considered to be Experimental or Investigational)
- The subject of an ongoing clinical trial that meets the definition of a Phase I, II or III clinical trial set forth in the *FDA* regulations, regardless of whether the trial is actually subject to *FDA* oversight

Exceptions:

- Clinical trials for which Benefits are available as described under *Clinical Trials in Section 1: Covered Health Care Services*
- We may, as we determine, consider an otherwise Experimental or Investigational Service to be a Covered Health Care Service for that sickness or condition if:

- The member is not a participant in a qualifying clinical trial, as described under *Clinical Trials* in *Section 1: Covered Health Services*; and
- The member has a sickness or condition that is likely to cause death within one year of the request for treatment. Prior to such a consideration, we must first establish that there is sufficient evidence to conclude that, even though unproven, the service has significant potential as an effective treatment for that sickness or condition.

Medically Necessary: Health care services that are all of the following as determined by us or our designee:

- In accordance with *Generally Accepted Standards of Medical Practice*
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your sickness, injury, mental illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s) service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your sickness, injury, disease or symptoms

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the *Generally Accepted Standards of Medical Practice* scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services. These clinical policies (as developed by us and revised from time to time), are available to covered persons through www.myuhc.com or the telephone number on the member's ID card. They are also available to Physicians and other health care professionals on www.UHCprovider.com.

Physician: Any *Doctor of Medicine* or *Doctor of Osteopathy* who is properly licensed and qualified by law.

Note: Any podiatrist, dentist, psychologist, chiropractor, optometrist, or other provider who acts within the scope of his or her license will be considered on the same basis as a Physician. The fact that we describe a provider as a Physician does not mean that Benefits for services from that provider are available to you under the Policy.

Pulmonary Rehabilitation: A comprehensive intervention based on a thorough patient assessment followed by patient tailored therapies that include, but are not limited to, exercise training, education and behavior change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to improve the long-term adherence to health-enhancing behaviors. (Based on a 2013 joint statement from the American Thoracic Society and the European Respiratory Society)

Skilled Care: Skilled nursing, skilled teaching, skilled habilitation and skilled rehabilitation services when all of the following are true:

- Must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified medical outcome, and provide for the safety of the patient
- Ordered by a Physician
- Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing or transferring from a bed to a chair
- Requires clinical training in order to be delivered safely and effectively
- Not Custodial Care, which can safely and effectively be performed by trained non-medical personnel

Unproven Service(s): Services, including medications, that are determined not to be effective for treatment of the medical condition and/or not to have a beneficial effect on health outcomes due to insufficient and inadequate clinical evidence from well-conducted randomized controlled trials or cohort studies in the prevailing published peer-reviewed medical literature.

- Well-conducted randomized controlled trials (Two or more treatments are compared to each other, and the patient is not allowed to choose which treatment is received.)

- Well-conducted cohort studies from more than one institution (Patients who receive study treatment are compared to a group of patients who receive standard therapy. The comparison group must be nearly identical to the study treatment group.)

We have a process by which we compile and review clinical evidence with respect to certain health care services. From time to time, we issue Medical and Drug Policies that describe the clinical evidence available with respect to specific health care services. These Medical and Drug Policies are subject to change without prior notice. You can view these policies at <https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html>.

Note: If you have a life-threatening sickness or condition (one that is likely to cause death within one year of the request for treatment) we may, as we determine, consider an otherwise Unproven Service to be a Covered Health Care Service for that sickness or condition. Prior to such a consideration, we must first establish that there is sufficient evidence to conclude that, even though unproven, the service has significant potential as an effective treatment for that sickness or condition.

Work Hardening: Treatment programs designed to return a person to work or to prepare a person for specific work.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

Important: When indicated as habilitative codes, the following CPT and HCPCS codes only apply to habilitative services when billed with one of the [habilitative diagnosis codes](#) in the primary position on the claim.

CPT/HCPCS Code	Description
Aural Rehabilitation (Post Cochlear Implant)	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
Cognitive Rehabilitation	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
Manipulative Treatment	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions

CPT/HCPCS Code	Description
Manipulative Treatment	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
Occupational Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
97018	Application of a modality to one/more areas: paraffin bath
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (i.e., relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (e.g., physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.

CPT/HCPCS Code	Description
Occupational Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97755	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Physical Therapy	
Except for code S8990, the list below applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic devices
97018	Application of a modality to 1 or more areas; paraffin bath
97022	Application of a modality to 1 or more areas; whirlpool
97024	Application of a modality to 1 or more areas; diathermy (e.g., microwave)
97026	Application of a modality to 1 or more areas; infrared
97028	Application of a modality to 1 or more areas; ultraviolet
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
97150	Therapeutic procedure(s), group (2 or more individuals)
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.

CPT/HCPCS Code	Description
Physical Therapy	
Except for code S8990, the list below applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement, (e.g., musculoskeletal, functional capacity) with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes
S8990*	Physical or manipulative therapy performed for maintenance rather than restoration
*This code applies to the small group habilitative benefit only.	
S9476	Vestibular rehabilitation program, nonphysician provider, per diem
V5364	Dysphagia screening
Speech Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated. Also, see the Coverage Determination Guideline titled Speech Language Pathology Services .	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

CPT/HCPCS Code	Description
Speech Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated. Also, see the Coverage Determination Guideline titled Speech Language Pathology Services .	
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
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)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
S9152	Speech therapy, re-evaluation
V5362	Speech screening
V5363	Language screening
Cardiac Rehabilitation	
Applies to rehabilitation therapy benefit. Does not apply to habilitative services benefit.	
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session
S9472	Cardiac rehabilitation program, nonphysician provider, per diem
Pulmonary Rehabilitation	
Applies to rehabilitation therapy benefit. Does not apply to habilitative services benefit.	
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to face, one-on-one, each 15 minutes (includes monitoring)
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one-on-one, face-to face, per 15 minutes (includes monitoring)
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, 2 or more individuals (includes monitoring)
G0302	Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services
G0303	Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services
G0304	Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services
G0305	Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to 2 sessions per day
S9473	Pulmonary rehabilitation program, nonphysician provider, per diem

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ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
A50.41	Late congenital syphilitic meningitis
A50.42	Late congenital syphilitic encephalitis
A50.49	Other late congenital neurosyphilis
D81.3	Adenosine deaminase [ADA] deficiency
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D82.1	Di George's syndrome
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E23.0	Hypopituitarism
E34.4	Constitutional tall stature
E65	Localized adiposity
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemias
E70.20	Disorder of tyrosine metabolism, unspecified
E70.21	Tyrosinemia
E70.29	Other disorders of tyrosine metabolism
E70.30	Albinism, unspecified
E70.310	X-linked ocular albinism
E70.311	Autosomal recessive ocular albinism
E70.318	Other ocular albinism
E70.319	Ocular albinism, unspecified
E70.320	Tyrosinase negative oculocutaneous albinism
E70.321	Tyrosinase positive oculocutaneous albinism
E70.328	Other oculocutaneous albinism
E70.329	Oculocutaneous albinism, unspecified
E70.330	Chediak-Higashi syndrome
E70.331	Hermansky-Pudlak syndrome
E70.338	Other albinism with hematologic abnormality
E70.339	Albinism with hematologic abnormality, unspecified
E70.39	Other specified albinism
E70.40	Disorders of histidine metabolism, unspecified
E70.41	Histidinemia
E70.49	Other disorders of histidine metabolism
E70.8	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup-urine disease
E71.110	Isovaleric acidemia
E71.111	3-methylglutaconic aciduria
E71.118	Other branched-chain organic acidurias
E71.120	Methylmalonic acidemia

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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E71.121	Propionic acidemia
E71.128	Other disorders of propionate metabolism
E71.19	Other disorders of branched-chain amino-acid metabolism
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
E71.310	Long chain/very long chain acyl CoA dehydrogenase deficiency
E71.312	Short chain acyl CoA dehydrogenase deficiency
E71.313	Glutaric aciduria type II
E71.314	Muscle carnitine palmitoyltransferase deficiency
E71.318	Other disorders of fatty-acid oxidation
E71.32	Disorders of ketone metabolism
E71.40	Disorder of carnitine metabolism, unspecified
E71.41	Primary carnitine deficiency
E71.42	Carnitine deficiency due to inborn errors of metabolism
E71.440	Ruvalcaba-Myhre-Smith syndrome
E71.50	Peroxisomal disorder, unspecified
E71.510	Zellweger syndrome
E71.511	Neonatal adrenoleukodystrophy
E71.518	Other disorders of peroxisome biogenesis
E71.520	Childhood cerebral X-linked adrenoleukodystrophy
E71.521	Adolescent X-linked adrenoleukodystrophy
E71.522	Adrenomyeloneuropathy
E71.528	Other X-linked adrenoleukodystrophy
E71.529	X-linked adrenoleukodystrophy, unspecified type
E71.53	Other group 2 peroxisomal disorders
E71.540	Rhizomelic chondrodysplasia punctata
E71.541	Zellweger-like syndrome
E71.542	Other group 3 peroxisomal disorders
E71.548	Other peroxisomal disorders
E72.00	Disorders of amino-acid transport, unspecified
E72.01	Cystinuria
E72.02	Hartnup's disease
E72.03	Lowe's syndrome
E72.04	Cystinosis
E72.09	Other disorders of amino-acid transport
E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11	Homocystinuria
E72.12	Methylenetetrahydrofolate reductase deficiency
E72.19	Other disorders of sulfur-bearing amino-acid metabolism
E72.20	Disorder of urea cycle metabolism, unspecified
E72.22	Arginosuccinic aciduria
E72.23	Citrullinemia
E72.29	Other disorders of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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E72.50	Disorder of glycine metabolism, unspecified
E72.51	Non-ketotic hyperglycinemia
E72.52	Trimethylaminuria
E72.59	Other disorders of glycine metabolism
E72.81	Disorders of gamma aminobutyric acid metabolism
E72.89	Other specified disorders of amino-acid metabolism
E73.0	Congenital lactase deficiency
E73.1	Secondary lactase deficiency
E73.8	Other lactose intolerance
E73.9	Lactose intolerance, unspecified
E74.00	Glycogen storage disease, unspecified
E74.01	von Gierke disease
E74.02	Pompe disease
E74.03	Cori disease
E74.04	McArdle disease
E74.09	Other glycogen storage disease
E74.10	Disorder of fructose metabolism, unspecified
E74.11	Essential fructosuria
E74.12	Hereditary fructose intolerance
E74.19	Other disorders of fructose metabolism
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E74.31	Sucrase-isomaltase deficiency
E74.39	Other disorders of intestinal carbohydrate absorption
E74.4	Disorders of pyruvate metabolism and gluconeogenesis
E74.8	Other specified disorders of carbohydrate metabolism
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.10	Unspecified gangliosidosis
E75.11	Mucopolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.26	Sulfatase deficiency
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
E76.01	Hurler's syndrome
E76.02	Hurler-Scheie syndrome
E76.03	Scheie's syndrome
E76.1	Mucopolysaccharidosis, type II
E76.22	Sanfilippo mucopolysaccharidoses
E76.3	Mucopolysaccharidosis, unspecified

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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E76.8	Other disorders of glucosaminoglycan metabolism
E76.9	Glucosaminoglycan metabolism disorder, unspecified
E77.1	Defects in glycoprotein degradation
E79.1	Lesch-Nyhan syndrome
E79.8	Other disorders of purine and pyrimidine metabolism
E79.9	Disorder of purine and pyrimidine metabolism, unspecified
E80.0	Hereditary erythropoietic porphyria
E80.1	Porphyria cutanea tarda
E80.20	Unspecified porphyria
E80.21	Acute intermittent (hepatic) porphyria
E80.29	Other porphyria
E80.4	Gilbert syndrome
E80.5	Crigler-Najjar syndrome
E80.6	Other disorders of bilirubin metabolism
E80.7	Disorder of bilirubin metabolism, unspecified
E84.11	Meconium ileus in cystic fibrosis
E85.0	Non-neuropathic hereditary familial amyloidosis
E88.40	Mitochondrial metabolism disorder, unspecified
E88.41	MELAS syndrome
E88.42	MERRF syndrome
E88.49	Other mitochondrial metabolism disorders
E88.81	Metabolic syndrome
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F80.1	Expressive language disorder
F80.2	Mixed receptive-expressive language disorder
F80.4	Speech and language development delay due to hearing loss
F80.81	Childhood onset fluency disorder
F80.82	Social pragmatic communication disorder
F81.0	Specific reading disorder
F82	Specific developmental disorder of motor function
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
G11.0	Congenital nonprogressive ataxia
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G31.81	Alpers disease

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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G31.82	Leigh's disease
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G44.031	Episodic paroxysmal hemicrania, intractable
G44.039	Episodic paroxysmal hemicrania, not intractable
G44.041	Chronic paroxysmal hemicrania, intractable
G44.049	Chronic paroxysmal hemicrania, not intractable
G44.051	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT), intractable
G44.059	Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT), not intractable
G44.091	Other trigeminal autonomic cephalgias (TAC), intractable
G44.099	Other trigeminal autonomic cephalgias (TAC), not intractable
G44.51	Hemicrania continua
G50.0	Trigeminal neuralgia
G51.31	Clonic hemifacial spasm, right
G51.32	Clonic hemifacial spasm, left
G51.33	Clonic hemifacial spasm, bilateral
G51.39	Clonic hemifacial spasm, unspecified
G51.4	Facial myokymia
G51.8	Other disorders of facial nerve
G52.1	Disorders of glossopharyngeal nerve
G52.7	Disorders of multiple cranial nerves
G57.10	Meralgia paresthetica, unspecified lower limb
G57.11	Meralgia paresthetica, right lower limb
G57.12	Meralgia paresthetica, left lower limb
G58.0	Intercostal neuropathy
G58.7	Mononeuritis multiplex
G72.3	Periodic paralysis
G90.01	Carotid sinus syncope
G90.09	Other idiopathic peripheral autonomic neuropathy
H05.30	Unspecified deformity of orbit
H05.89	Other disorders of orbit
H18.50	Unspecified hereditary corneal dystrophies
H18.52	Epithelial (juvenile) corneal dystrophy
H44.511	Absolute glaucoma, right eye
H44.512	Absolute glaucoma, left eye
H44.513	Absolute glaucoma, bilateral
H44.519	Absolute glaucoma, unspecified eye

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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H44.521	Atrophy of globe, right eye
H44.522	Atrophy of globe, left eye
H44.523	Atrophy of globe, bilateral
H44.529	Atrophy of globe, unspecified eye
H49.811	Kearns-Sayre syndrome, right eye
H49.812	Kearns-Sayre syndrome, left eye
H49.813	Kearns-Sayre syndrome, bilateral
H49.819	Kearns-Sayre syndrome, unspecified eye
H50.011	Monocular esotropia, right eye
H50.012	Monocular esotropia, left eye
H50.021	Monocular esotropia with A pattern, right eye
H50.022	Monocular esotropia with A pattern, left eye
H50.031	Monocular esotropia with V pattern, right eye
H50.032	Monocular esotropia with V pattern, left eye
H50.041	Monocular esotropia with other noncomitancies, right eye
H50.042	Monocular esotropia with other noncomitancies, left eye
H50.05	Alternating esotropia
H50.06	Alternating esotropia with A pattern
H50.07	Alternating esotropia with V pattern
H50.08	Alternating esotropia with other noncomitancies
H50.111	Monocular exotropia, right eye
H50.112	Monocular exotropia, left eye
H50.121	Monocular exotropia with A pattern, right eye
H50.122	Monocular exotropia with A pattern, left eye
H50.131	Monocular exotropia with V pattern, right eye
H50.132	Monocular exotropia with V pattern, left eye
H50.141	Monocular exotropia with other noncomitancies, right eye
H50.142	Monocular exotropia with other noncomitancies, left eye
H50.15	Alternating exotropia
H50.16	Alternating exotropia with A pattern
H50.17	Alternating exotropia with V pattern
H50.18	Alternating exotropia with other noncomitancies
H50.21	Vertical strabismus, right eye
H50.22	Vertical strabismus, left eye
H50.311	Intermittent monocular esotropia, right eye
H50.312	Intermittent monocular esotropia, left eye
H50.32	Intermittent alternating esotropia
H50.331	Intermittent monocular exotropia, right eye
H50.332	Intermittent monocular exotropia, left eye
H50.34	Intermittent alternating exotropia
H50.411	Cyclotropia, right eye
H50.412	Cyclotropia, left eye
H50.43	Accommodative component in esotropia
H50.51	Esophoria

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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H50.52	Exophoria
H50.54	Cyclophoria
H50.55	Alternating heterophoria
H53.041	Amblyopia suspect, right eye
H53.042	Amblyopia suspect, left eye
H53.043	Amblyopia suspect, bilateral
H53.049	Amblyopia suspect, unspecified eye
H53.63	Congenital night blindness
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.10	Blindness, one eye, low vision other eye, unspecified eyes
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.3	Unqualified visual loss, both eyes
H54.40	Blindness, one eye, unspecified eye
H54.413A	Blindness right eye category 3, normal vision left eye
H54.414A	Blindness right eye category 4, normal vision left eye
H54.415A	Blindness right eye category 5, normal vision left eye
H54.42A3	Blindness left eye category 3, normal vision right eye
H54.42A4	Blindness left eye category 4, normal vision right eye
H54.42A5	Blindness left eye category 5, normal vision right eye
H54.50	Low vision, one eye, unspecified eye
H54.511A	Low vision right eye category 1, normal vision left eye

ICD-10 Diagnosis Code	Description
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H54.512A	Low vision right eye category 2, normal vision left eye
H54.52A1	Low vision left eye category 1, normal vision right eye
H54.52A2	Low vision left eye category 2, normal vision right eye
H54.8	Legal blindness, as defined in USA
H55.01	Congenital nystagmus
H90.0	Conductive hearing loss, bilateral
H90.11	Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.12	Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.2	Conductive hearing loss, unspecified
H90.3	Sensorineural hearing loss, bilateral
H90.41	Sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.42	Sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.71	Mixed conductive and sensorineural hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side
H90.72	Mixed conductive and sensorineural hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side
H90.A11	Conductive hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A12	Conductive hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H91.3	Deaf nonspeaking, not elsewhere classified
H93.25	Central auditory processing disorder
M04.8	Other autoinflammatory syndromes
M04.9	Autoinflammatory syndrome, unspecified
M91.30	Pseudocoxalgia, unspecified hip
M91.31	Pseudocoxalgia, right hip
M91.32	Pseudocoxalgia, left hip
P04.11	Newborn affected by maternal antineoplastic chemotherapy
P04.12	Newborn affected by maternal cytotoxic drugs
P04.13	Newborn affected by maternal use of anticonvulsants
P04.14	Newborn affected by maternal use of opiates
P04.15	Newborn affected by maternal use of antidepressants
P04.16	Newborn affected by maternal use of amphetamines

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Habilitative Services Benefit Only	
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P04.17	Newborn affected by maternal use of sedative-hypnotics
P04.18	Newborn affected by other maternal medication
P04.19	Newborn affected by maternal use of unspecified medication
P04.1A	Newborn affected by maternal use of anxiolytics
P04.40	Newborn affected by maternal use of unspecified drugs of addiction
P04.42	Newborn affected by maternal use of hallucinogens
P04.81	Newborn affected by maternal use of cannabis
P04.89	Newborn affected by other maternal noxious substances
P35.4	Congenital Zika virus disease
Q00.0	Anencephaly
Q00.1	Craniorachischisis
Q00.2	Iniencephaly
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites
Q01.9	Encephalocele, unspecified
Q02	Microcephaly
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q04.0	Congenital malformations of corpus callosum
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly
Q04.3	Other reduction deformities of brain
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts
Q04.8	Other specified congenital malformations of brain
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q06.0	Amyelia
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.2	Diastematomyelia
Q06.3	Other congenital cauda equina malformations

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Q06.4	Hydromyelia
Q06.8	Other specified congenital malformations of spinal cord
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.8	Other specified congenital malformations of nervous system
Q10.0	Congenital ptosis
Q10.1	Congenital ectropion
Q10.2	Congenital entropion
Q10.3	Other congenital malformations of eyelid
Q10.6	Other congenital malformations of lacrimal apparatus
Q10.7	Congenital malformation of orbit
Q11.0	Cystic eyeball
Q11.2	Microphthalmos
Q11.3	Macrophthalmos
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens
Q12.3	Congenital aphakia
Q12.4	Spherophakia
Q12.8	Other congenital lens malformations
Q12.9	Congenital lens malformation, unspecified
Q13.0	Coloboma of iris
Q13.1	Absence of iris
Q13.2	Other congenital malformations of iris
Q13.3	Congenital corneal opacity
Q13.4	Other congenital corneal malformations
Q13.5	Blue sclera
Q13.81	Rieger's anomaly
Q13.89	Other congenital malformations of anterior segment of eye
Q13.9	Congenital malformation of anterior segment of eye, unspecified
Q14.0	Congenital malformation of vitreous humor
Q14.1	Congenital malformation of retina
Q14.2	Congenital malformation of optic disc
Q14.3	Congenital malformation of choroid
Q14.8	Other congenital malformations of posterior segment of eye
Q14.9	Congenital malformation of posterior segment of eye, unspecified
Q15.0	Congenital glaucoma
Q15.8	Other specified congenital malformations of eye
Q16.0	Congenital absence of (ear) auricle
Q16.1	Congenital absence, atresia and stricture of auditory canal (external)
Q16.2	Absence of eustachian tube
Q16.3	Congenital malformation of ear ossicles
Q16.4	Other congenital malformations of middle ear
Q16.5	Congenital malformation of inner ear
Q16.9	Congenital malformation of ear causing impairment of hearing, unspecified

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Habilitative Services Benefit Only	
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Q17.8	Other specified congenital malformations of ear
Q38.2	Macroglossia
Q38.3	Other congenital malformations of tongue
Q38.7	Congenital pharyngeal pouch
Q38.8	Other congenital malformations of pharynx
Q39.0	Atresia of esophagus without fistula
Q39.1	Atresia of esophagus with tracheo-esophageal fistula
Q39.2	Congenital tracheo-esophageal fistula without atresia
Q39.3	Congenital stenosis and stricture of esophagus
Q39.4	Esophageal web
Q39.5	Congenital dilatation of esophagus
Q39.6	Congenital diverticulum of esophagus
Q39.8	Other congenital malformations of esophagus
Q39.9	Congenital malformation of esophagus, unspecified
Q40.2	Other specified congenital malformations of stomach
Q40.3	Congenital malformation of stomach, unspecified
Q40.8	Other specified congenital malformations of upper alimentary tract
Q41.0	Congenital absence, atresia and stenosis of duodenum
Q41.1	Congenital absence, atresia and stenosis of jejunum
Q41.2	Congenital absence, atresia and stenosis of ileum
Q41.8	Congenital absence, atresia and stenosis of other specified parts of small intestine
Q41.9	Congenital absence, atresia and stenosis of small intestine, part unspecified
Q42.0	Congenital absence, atresia and stenosis of rectum with fistula
Q42.1	Congenital absence, atresia and stenosis of rectum without fistula
Q42.2	Congenital absence, atresia and stenosis of anus with fistula
Q42.3	Congenital absence, atresia and stenosis of anus without fistula
Q42.8	Congenital absence, atresia and stenosis of other parts of large intestine
Q42.9	Congenital absence, atresia and stenosis of large intestine, part unspecified
Q43.0	Meckel's diverticulum (displaced) (hypertrophic)
Q43.1	Hirschsprung's disease
Q43.2	Other congenital functional disorders of colon
Q43.3	Congenital malformations of intestinal fixation
Q43.4	Duplication of intestine
Q43.5	Ectopic anus
Q43.6	Congenital fistula of rectum and anus
Q43.7	Persistent cloaca
Q43.8	Other specified congenital malformations of intestine
Q43.9	Congenital malformation of intestine, unspecified
Q44.0	Agenesis, aplasia and hypoplasia of gallbladder
Q44.1	Other congenital malformations of gallbladder
Q44.2	Atresia of bile ducts
Q44.3	Congenital stenosis and stricture of bile ducts
Q44.4	Choledochal cyst
Q44.5	Other congenital malformations of bile ducts

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q44.6	Cystic disease of liver
Q44.7	Other congenital malformations of liver
Q45.0	Agenesis, aplasia and hypoplasia of pancreas
Q45.1	Annular pancreas
Q45.2	Congenital pancreatic cyst
Q45.3	Other congenital malformations of pancreas and pancreatic duct
Q45.8	Other specified congenital malformations of digestive system
Q60.0	Renal agenesis, unilateral
Q60.1	Renal agenesis, bilateral
Q60.2	Renal agenesis, unspecified
Q60.3	Renal hypoplasia, unilateral
Q60.4	Renal hypoplasia, bilateral
Q60.5	Renal hypoplasia, unspecified
Q60.6	Potter's syndrome
Q61.00	Congenital renal cyst, unspecified
Q61.01	Congenital single renal cyst
Q61.02	Congenital multiple renal cysts
Q61.11	Cystic dilatation of collecting ducts
Q61.19	Other polycystic kidney, infantile type
Q61.2	Polycystic kidney, adult type
Q61.3	Polycystic kidney, unspecified
Q61.4	Renal dysplasia
Q61.5	Medullary cystic kidney
Q61.8	Other cystic kidney diseases
Q61.9	Cystic kidney disease, unspecified
Q62.0	Congenital hydronephrosis
Q62.10	Congenital occlusion of ureter, unspecified
Q62.11	Congenital occlusion of ureteropelvic junction
Q62.12	Congenital occlusion of ureterovesical orifice
Q62.2	Congenital megaureter
Q62.31	Congenital ureterocele, orthotopic
Q62.32	Cecoureterocele
Q62.4	Agenesis of ureter
Q62.5	Duplication of ureter
Q62.60	Malposition of ureter, unspecified
Q62.61	Deviation of ureter
Q62.62	Displacement of ureter
Q62.63	Anomalous implantation of ureter
Q62.69	Other malposition of ureter
Q62.7	Congenital vesico-uretero-renal reflux
Q62.8	Other congenital malformations of ureter
Q63.0	Accessory kidney
Q63.1	Lobulated, fused and horseshoe kidney
Q63.2	Ectopic kidney

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q63.3	Hyperplastic and giant kidney
Q63.8	Other specified congenital malformations of kidney
Q63.9	Congenital malformation of kidney, unspecified
Q64.10	Exstrophy of urinary bladder, unspecified
Q64.11	Supravesical fissure of urinary bladder
Q64.12	Cloacal exstrophy of urinary bladder
Q64.19	Other exstrophy of urinary bladder
Q64.2	Congenital posterior urethral valves
Q64.31	Congenital bladder neck obstruction
Q64.32	Congenital stricture of urethra
Q64.33	Congenital stricture of urinary meatus
Q64.39	Other atresia and stenosis of urethra and bladder neck
Q64.4	Malformation of urachus
Q64.5	Congenital absence of bladder and urethra
Q64.6	Congenital diverticulum of bladder
Q64.70	Unspecified congenital malformation of bladder and urethra
Q64.71	Congenital prolapse of urethra
Q64.72	Congenital prolapse of urinary meatus
Q64.73	Congenital urethrorectal fistula
Q64.74	Double urethra
Q64.75	Double urinary meatus
Q64.79	Other congenital malformations of bladder and urethra
Q65.00	Congenital dislocation of unspecified hip, unilateral
Q65.01	Congenital dislocation of right hip, unilateral
Q65.02	Congenital dislocation of left hip, unilateral
Q65.1	Congenital dislocation of hip, bilateral
Q65.2	Congenital dislocation of hip, unspecified
Q65.30	Congenital partial dislocation of unspecified hip, unilateral
Q65.31	Congenital partial dislocation of right hip, unilateral
Q65.32	Congenital partial dislocation of left hip, unilateral
Q65.4	Congenital partial dislocation of hip, bilateral
Q65.5	Congenital partial dislocation of hip, unspecified
Q65.6	Congenital unstable hip
Q65.81	Congenital coxa valga
Q65.82	Congenital coxa vara
Q65.89	Other specified congenital deformities of hip
Q65.9	Congenital deformity of hip, unspecified
Q66.50	Congenital pes planus, unspecified foot
Q66.51	Congenital pes planus, right foot
Q66.52	Congenital pes planus, left foot
Q66.6	Other congenital valgus deformities of feet
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
Q67.6	Pectus excavatum
Q67.7	Pectus carinatum
Q68.3	Congenital bowing of femur
Q68.4	Congenital bowing of tibia and fibula
Q68.8	Other specified congenital musculoskeletal deformities
Q69.0	Accessory finger(s)
Q69.1	Accessory thumb(s)
Q69.2	Accessory toe(s)
Q70.00	Fused fingers, unspecified hand
Q70.01	Fused fingers, right hand
Q70.02	Fused fingers, left hand
Q70.03	Fused fingers, bilateral
Q70.10	Webbed fingers, unspecified hand
Q70.11	Webbed fingers, right hand
Q70.12	Webbed fingers, left hand
Q70.13	Webbed fingers, bilateral
Q70.20	Fused toes, unspecified foot
Q70.21	Fused toes, right foot
Q70.22	Fused toes, left foot
Q70.23	Fused toes, bilateral
Q70.30	Webbed toes, unspecified foot
Q70.31	Webbed toes, right foot
Q70.32	Webbed toes, left foot
Q70.33	Webbed toes, bilateral
Q70.4	Polysyndactyly, unspecified
Q70.9	Syndactyly, unspecified
Q71.00	Congenital complete absence of unspecified upper limb
Q71.01	Congenital complete absence of right upper limb
Q71.02	Congenital complete absence of left upper limb
Q71.03	Congenital complete absence of upper limb, bilateral
Q71.10	Congenital absence of unspecified upper arm and forearm with hand present
Q71.11	Congenital absence of right upper arm and forearm with hand present
Q71.12	Congenital absence of left upper arm and forearm with hand present
Q71.13	Congenital absence of upper arm and forearm with hand present, bilateral
Q71.20	Congenital absence of both forearm and hand, unspecified upper limb
Q71.21	Congenital absence of both forearm and hand, right upper limb
Q71.22	Congenital absence of both forearm and hand, left upper limb
Q71.23	Congenital absence of both forearm and hand, bilateral
Q71.30	Congenital absence of unspecified hand and finger
Q71.31	Congenital absence of right hand and finger
Q71.32	Congenital absence of left hand and finger
Q71.33	Congenital absence of hand and finger, bilateral

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q71.40	Longitudinal reduction defect of unspecified radius
Q71.41	Longitudinal reduction defect of right radius
Q71.42	Longitudinal reduction defect of left radius
Q71.43	Longitudinal reduction defect of radius, bilateral
Q71.50	Longitudinal reduction defect of unspecified ulna
Q71.51	Longitudinal reduction defect of right ulna
Q71.52	Longitudinal reduction defect of left ulna
Q71.53	Longitudinal reduction defect of ulna, bilateral
Q71.60	Lobster-claw hand, unspecified hand
Q71.61	Lobster-claw right hand
Q71.62	Lobster-claw left hand
Q71.63	Lobster-claw hand, bilateral
Q72.00	Congenital complete absence of unspecified lower limb
Q72.01	Congenital complete absence of right lower limb
Q72.02	Congenital complete absence of left lower limb
Q72.03	Congenital complete absence of lower limb, bilateral
Q72.10	Congenital absence of unspecified thigh and lower leg with foot present
Q72.11	Congenital absence of right thigh and lower leg with foot present
Q72.12	Congenital absence of left thigh and lower leg with foot present
Q72.13	Congenital absence of thigh and lower leg with foot present, bilateral
Q72.20	Congenital absence of both lower leg and foot, unspecified lower limb
Q72.21	Congenital absence of both lower leg and foot, right lower limb
Q72.22	Congenital absence of both lower leg and foot, left lower limb
Q72.23	Congenital absence of both lower leg and foot, bilateral
Q72.30	Congenital absence of unspecified foot and toe(s)
Q72.31	Congenital absence of right foot and toe(s)
Q72.32	Congenital absence of left foot and toe(s)
Q72.33	Congenital absence of foot and toe(s), bilateral
Q72.40	Longitudinal reduction defect of unspecified femur
Q72.41	Longitudinal reduction defect of right femur
Q72.42	Longitudinal reduction defect of left femur
Q72.43	Longitudinal reduction defect of femur, bilateral
Q72.50	Longitudinal reduction defect of unspecified tibia
Q72.51	Longitudinal reduction defect of right tibia
Q72.52	Longitudinal reduction defect of left tibia
Q72.53	Longitudinal reduction defect of tibia, bilateral
Q72.60	Longitudinal reduction defect of unspecified fibula
Q72.61	Longitudinal reduction defect of right fibula
Q72.62	Longitudinal reduction defect of left fibula
Q72.63	Longitudinal reduction defect of fibula, bilateral
Q72.70	Split foot, unspecified lower limb
Q72.71	Split foot, right lower limb
Q72.72	Split foot, left lower limb
Q72.73	Split foot, bilateral

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q72.811	Congenital shortening of right lower limb
Q72.812	Congenital shortening of left lower limb
Q72.813	Congenital shortening of lower limb, bilateral
Q72.819	Congenital shortening of unspecified lower limb
Q72.891	Other reduction defects of right lower limb
Q72.892	Other reduction defects of left lower limb
Q72.893	Other reduction defects of lower limb, bilateral
Q72.899	Other reduction defects of unspecified lower limb
Q72.90	Unspecified reduction defect of unspecified lower limb
Q72.91	Unspecified reduction defect of right lower limb
Q72.92	Unspecified reduction defect of left lower limb
Q72.93	Unspecified reduction defect of lower limb, bilateral
Q73.0	Congenital absence of unspecified limb(s)
Q73.1	Phocomelia, unspecified limb(s)
Q73.8	Other reduction defects of unspecified limb(s)
Q74.0	Other congenital malformations of upper limb(s), including shoulder girdle
Q74.1	Congenital malformation of knee
Q74.2	Other congenital malformations of lower limb(s), including pelvic girdle
Q74.8	Other specified congenital malformations of limb(s)
Q74.9	Unspecified congenital malformation of limb(s)
Q75.0	Craniosynostosis
Q75.1	Craniofacial dysostosis
Q75.2	Hypertelorism
Q75.3	Macrocephaly
Q75.4	Mandibulofacial dysostosis
Q75.5	Oculomandibular dysostosis
Q75.8	Other specified congenital malformations of skull and face bones
Q75.9	Congenital malformation of skull and face bones, unspecified
Q76.5	Cervical rib
Q76.6	Other congenital malformations of ribs
Q76.7	Congenital malformation of sternum
Q76.8	Other congenital malformations of bony thorax
Q76.9	Congenital malformation of bony thorax, unspecified
Q77.0	Achondrogenesis
Q77.1	Thanatophoric short stature
Q77.2	Short rib syndrome
Q77.3	Chondrodysplasia punctata
Q77.4	Achondroplasia
Q77.5	Diastrophic dysplasia
Q77.6	Chondroectodermal dysplasia
Q77.7	Spondyloepiphyseal dysplasia
Q77.8	Other osteochondrodysplasia with defects of growth of tubular bones and spine
Q77.9	Osteochondrodysplasia with defects of growth of tubular bones and spine, unspecified
Q79.0	Congenital diaphragmatic hernia

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
Important: The procedure codes above only apply to habilitative services when billed with one of the habilitative diagnosis codes on this list in the primary position on the claim.	
Q79.1	Other congenital malformations of diaphragm
Q79.2	Exomphalos
Q79.3	Gastroschisis
Q79.4	Prune belly syndrome
Q79.51	Congenital hernia of bladder
Q79.59	Other congenital malformations of abdominal wall
Q79.8	Other congenital malformations of musculoskeletal system
Q79.9	Congenital malformation of musculoskeletal system, unspecified
Q85.1	Tuberous sclerosis
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.51	Angelman syndrome
Q93.59	Other deletions of part of a chromosome
Q93.82	Williams syndrome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q96.0	Karyotype 45, X
Q96.1	Karyotype 46, X iso (Xq)
Q96.2	Karyotype 46, X with abnormal sex chromosome, except iso (Xq)
Q96.3	Mosaicism, 45, X/46, XX or XY
Q96.4	Mosaicism, 45, X/other cell line(s) with abnormal sex chromosome
Q96.8	Other variants of Turner's syndrome
Q96.9	Turner's syndrome, unspecified
Q97.0	Karyotype 47, XXX
Q97.1	Female with more than three X chromosomes
Q97.2	Mosaicism, lines with various numbers of X chromosomes
Q97.3	Female with 46, XY karyotype

ICD-10 Diagnosis Code	Description
Habilitative Services Benefit Only	
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Q97.8	Other specified sex chromosome abnormalities, female phenotype
Q97.9	Sex chromosome abnormality, female phenotype, unspecified
Q98.0	Klinefelter syndrome karyotype 47, XXY
Q98.1	Klinefelter syndrome, male with more than two X chromosomes
Q98.3	Other male with 46, XX karyotype
Q98.4	Klinefelter syndrome, unspecified
Q98.5	Karyotype 47, XYY
Q98.6	Male with structurally abnormal sex chromosome
Q98.7	Male with sex chromosome mosaicism
Q98.8	Other specified sex chromosome abnormalities, male phenotype
Q98.9	Sex chromosome abnormality, male phenotype, unspecified
Q99.0	Chimera 46, XX/46, XY
Q99.1	46, XX true hermaphrodite
Q99.2	Fragile X chromosome
Q99.8	Other specified chromosome abnormalities
Q99.9	Chromosomal abnormality, unspecified
R25.0	Abnormal head movements
R25.1	Tremor, unspecified
R25.2	Cramp and spasm
R25.3	Fasciculation
R25.8	Other abnormal involuntary movements
R25.9	Unspecified abnormal involuntary movements
R48.0	Dyslexia and alexia
R68.3	Clubbing of fingers

Revenue Code	Description
Occupational Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
430	Occupational therapy
431	Occupational therapy/visit
432	Occupational therapy/hour
433	Occupational therapy/group
434	Occupational therapy/evaluation
439	Other occupational therapy
Physical Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
420	Physical therapy
421	Physical therapy/visit charge
422	Physical therapy/hourly charge
423	Physical therapy/group rate
424	Physical therapy/evaluation & reevaluation
429	Other physical therapy
Speech Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
440	Speech pathology

Revenue Code	Description
Speech Therapy	
Applies to both the rehabilitation therapy benefit and the habilitative services, when indicated.	
441	Visit charge
442	Hourly charge
443	Group rate
444	Evaluation or reevaluation
449	Other speech-language pathology
979	Speech pathology
Cardiac Rehabilitation	
Applies to rehabilitation therapy benefit. Does not apply to habilitative services benefit.	
0943	Cardiac rehabilitation
Pulmonary Rehabilitation	
Applies to rehabilitation therapy benefit. Does not apply to habilitative services benefit.	
0948	Pulmonary rehabilitation

REFERENCES

UnitedHealthcare Certificate of Coverage, 2018.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2019	<ul style="list-style-type: none"> • Reorganized policy template: <ul style="list-style-type: none"> ○ Simplified and relocated <i>Instructions for Use</i> ○ Removed <i>Benefit Considerations</i> section • Updated list of applicable CPT codes for speech therapy; removed 70371 • Archived previous policy version CDG.026.02

INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Coverage Determination Guideline are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

For self-funded plans with SPD language other than fully-insured Generic COC language, please refer to the member specific benefit plan document for coverage.