

# Habilitation and Rehabilitation (Occupational, Physical and Speech Therapy)

Policy Number: REHABILITATION 037.2

Effective Date: April 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	5
<a href="#">Applicable Codes</a> .....	7
<a href="#">Description of Services</a> .....	33
<a href="#">Benefit Considerations</a> .....	33
<a href="#">References</a> .....	33
<a href="#">Policy History/Revision Information</a> .....	34
<a href="#">Instructions for Use</a> .....	36

## Related Policies

- [Cochlear Implants](#)
- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#)
- [Home Health, Skilled, and Custodial Care Services](#)
- [Formula and Specialized Food](#)

## Coverage Rationale

Outpatient habilitation, rehabilitation and maintenance therapy may be covered when Medically Necessary when all the following criteria is met:

- The member has a disabling condition
- Treatment is prescribed by a physician
- Treatment is administered by a licensed speech-language pathologist (and clinical fellows, licensed occupational therapist, licensed physical therapist, physician, or other provider who acts within the scope of his or her license)
- Treatment must be proven and meet generally accepted standards of practice, and is targeted and effective in the treatment of the member’s diagnosed impairment or condition
- Treatment is expected to produce clinically significant and measurable improvement in the member’s level of functioning within a reasonable and medically predictable period of time; or the treatment is part of a Medically Necessary program to prevent significant functional regression and meets one of the following criteria:
  - When a member achieves a functional plateau, the provider adjusts the plan of care (POC) accordingly and provides monthly (or as appropriate) reassessments to update and modify the home program
  - When members who have received physical and occupational therapy services experience a loss or regression of present level of function it may be Medically Necessary to resume or increase frequency of therapy
- The services are not duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities

### Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living.

### Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.

## Maintenance Services

A maintenance program consists of activities and/or mechanisms a clinician establishes to help a beneficiary maximize or maintain the progress made during therapy, or to prevent or slow further deterioration due to a disease or illness. (ASHA)

## For Medical Necessity Clinical Coverage Criteria

Refer to the InterQual® LOC: Outpatient Rehabilitation & Chiropractic:

- Habilitation
- Rehabilitation
- Maintenance

Click [here](#) to view the InterQual® criteria.

Note: Many plans specifically exclude maintenance therapy. Before reviewing services for medical necessity, check the federal, state or contractual requirements that may apply.

## Required Documentation

### *Initial Therapy Evaluation/Initial Therapy Visit Requests*

A provider (PCP) (MD, DO, PA or NP) or appropriate specialist referral for the speech, physical and occupational therapy evaluation must be on file prior to the completion of the evaluation. The therapy evaluation report must include all of the following:

- A statement of the member's medical history; and
- A comparison prior level of function to current level of function, as applicable; and
- A description of the member's functional impairment including its impact on their health, safety, and/or independence; and
- A clear diagnosis including the appropriate ICD-10 code; and
- Reasonable prognosis, including the member's potential for meaningful and significant progress; and
- Baseline objective measurements (current versions of Standardized Assessments), including a description of the member's current deficits and their severity level which include:
  - Current Standardized Assessment scores, age equivalents, percentage of functional delay, criterion-referenced scores and/or other objective information as appropriate for the member's condition or impairment
  - Standardized Assessments administered must correspond to the delays identified and relate to the long- and short-term goals
  - Standardized Assessments results will not be used as the sole determinant as to the Medical Necessity of the requested initial therapy visit:
  - If the member has a medical condition that prevents them from completing Standardized Assessment(s), alternative could include:
    - The therapist provides in-depth objective clinical information using task analysis to describe the member's deficit area(s) in lieu of Standardized Assessments
    - The therapist should include checklists, caregiver reports or interviews, and clinical observation

### *Plan of Care*

The initial authorization for therapy must also include a plan of care (POC). The POC must be signed and dated by the referring provider (PCP) (MD, DO, PA or NP) or appropriate specialist. Providers must develop a member's POC based on the results of the evaluation. The POC must include all the following:

- Functional or physical impairment; and
- Short and long-term therapeutic goals and objectives:
  - Treatment goals should be specific to the member's diagnosed condition or Functional or Physical Impairment
  - Treatment goals must be functional, measurable, attainable and time based
  - Treatment goals must relate to member-specific functional skills;and
- Treatment frequency, duration, and anticipated length of treatment session(s); and

## ***Requests for Continuation of Therapy Visits***

### **Progress Reports (Summary of Progress)**

Intermittent progress reports must demonstrate that the member is making functional progress related to the treatment goals to reflect that continued services are Medically Necessary. Progress reports must include all of the following:

- Start of care date
- Time period covered by the report
- Member's current status as compared to evaluation baseline data and the prior progress reports, including objective measures of member performance in functional terms that relate to the treatment goals
- If the member is not making the progress expected, describe any changes in prognosis, POC and goals and why
- Consultations with other professionals or coordination of services, if applicable
- Signature and date of licensed professional responsible for the therapy services
- Signature and date of prescribing physician

### ***Re-Evaluations***

Re-evaluations must be completed at least once every twelve months or more frequently based on state regulatory requirements to support the need for on-going services. Re-evaluations performed more often should only be completed when the member experiences a Significant Change in Functional Level in their condition or functional status. The documentation must be reflective of this change. Re-evaluations must include current Standardized Assessment scores, percentage of functional delay, criterion referenced scores or other objective information as appropriate for the member's condition or impairment. The therapy re-evaluation report must include all of the following:

- Date of last therapy evaluation; and
- Number of therapy visits authorized, and number of therapy visits attended; and
- Compliance to home program; and
- Description of the member's current deficits and their severity level documented using objective data; and
- Objective demonstration of the member's progress towards each treatment goal:
  - Using consistent and comparable methods to report progress on long- and short-term treatment goals established
  - For all unmet goals, baseline and current function so that the member's progress towards goals can be measured; and
- An updated statement of the prescribed treatment modalities and their recommended frequency/duration; and
- A brief prognosis with clearly established discharge criteria; and
- An updated individualized POC must include updated measurable, functional and time-based goals:
  - The updated POC/progress summary must not be older than 90 days; and
  - If the majority of the long and short-term goals were not achieved, the plan of care must include a description of the barriers or an explanation why the goal(s) needed to be modified or discontinued; and
- A revised POC that the treating therapist has not made a meaningful update to support the need for continued services will not be accepted. In addition, the notation of the percentage accuracy towards the member's goals alone is not sufficient to establish a need for continued, Medically Necessary therapy.

### ***Treatment Session Notes***

All treatment session notes must include:

- Date of treatment
- Specific treatment(s) provided that match the CPT code(s) billed
- Start and stop time in treatment
- The individual's response to treatment
- Skilled ongoing reassessment of the individual's progress toward the goals
- All progress toward the goals in objective, measurable terms using consistent and comparable methods
- Any problems or changes to the POC
- Member or caregiver involvement in and feedback about home program activities
- Signature and date of the treating provider

## ***Group Therapy***

The documentation must include all of the following:

- Prescribing provider's order for Group Therapy
- Individualized treatment plan that includes frequency and duration of the prescribed Group Therapy and individualized treatment goals
- Name and signature of licensed therapist providing supervision over the Group Therapy session
- Specific treatment techniques utilized during the Group Therapy session and how the techniques will restore function
- Start and stop times for each session
- Group Therapy setting or location
- Number of clients in the group

## ***Feeding and Swallowing Disorders***

For feeding and swallowing evaluations, all of the following must be submitted:

- Interview/case history
- Medical/clinical records including the potential impact of medications, if any
- Physical examination
- Previous screening and assessments
- Collaboration with providers and other caregivers
  - During assessment, therapist's determine whether the member is an appropriate candidate for treatment and/or management; this determination is based on findings that include medical stability, cognitive status, nutritional status, and psychosocial, environmental, and behavioral factors
- Assessment must result in one or more of the following outcomes:
  - Description of the characteristics of swallowing function, including any breakdowns in swallow physiology
  - Diagnosis of a Swallowing Disorder
  - Determination of the safest and most efficient route (oral vs. non-oral) of nutrition and hydration intake
  - Identification of the effectiveness of intervention and support
  - Recommendations for intervention and support for oral, pharyngeal, and/or laryngeal disorders
  - Prognosis for improvement and identification of other relevant factors, if appropriate

## ***Discharge Criteria***

Discharge criteria includes but is not limited to all of the following (as applicable):

- Treatment goals and objectives have been met
- Functional abilities have become comparable to those of others of the same chronological age and gender
- The desired level of function that has been agreed to by the member and provider has been achieved
- The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required
- The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful
- In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory. Therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation:
  - There is a request to be discharged or request continuation of services with another provider
  - The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale
- The member is unable to tolerate treatment because of a serious medical, psychological, or other condition

## ***Additional Considerations***

- Bilingual and multilingual speakers are frequently misclassified as developmentally delayed. Equivalent proficiency in both languages should not be expected. Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits. For Speech and Language Therapy services to be Medically Necessary for a member with limited English proficiency, all of the following criteria must be met:
  - All speech deficits must be present in the language in which the member has the highest proficiency

- All language deficits must be present in the language in which the member has the highest proficiency
- Delivery of services must be in the language in which the member has the highest receptive language proficiency
- For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits.

## Definitions

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

**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 as appropriate for proposed use in any of the following:
  - AHFS Drug Information (AHFS DI) under therapeutic uses section;
  - Elsevier Gold Standard's Clinical Pharmacology under the indications section;
  - DRUGDEX System by Micromedex under the therapeutic uses section and has a strength recommendation rating of class I, class IIa, or class IIb; or National Comprehensive Cancer Network (NCCN) drugs and biologics compendium category of evidence 1, 2A, or 2B.
- 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
- Only obtainable, with regard to outcomes for the given indication, within research settings.

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](http://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](http://www.UHCprovider.com).

**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

**Swallowing Disorders (also called Dysphagia):** Can occur at different stages in the swallowing process:

- Oral Phase: Sucking, chewing, and moving food or liquid into the throat
- Pharyngeal Phase: Starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking
- Esophageal Phase: Relaxing and tightening the openings at the top and bottom of the feeding tube in the throat (esophagus) and squeezing food through the esophagus into the stomach

**Unproven Service(s):** Services, including medications and devices, regardless of *U.S. Food and Drug Administration (FDA)* approval, that are determined to be effective for treatment of the medical condition or not determined 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 Clinical and Drug Policies that describe the clinical evidence available with respect to specific health care services. These Clinical and Drug Policies are subject to change without prior notice. You can view the Clinical Policies at <https://www.uhcprovider.com/en/policies-protocols/commercial-policies/oxford-policies.html> and the Drug 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 policy 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 may apply.

CPT Code	Description
<b>Occupational Therapy</b>	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
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
97039	Unlisted modality (specify type and time if constant attendance)
97022	Application of a modality to 1 or more areas; whirlpool
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)
97139	Unlisted therapeutic procedure (specify)
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)

CPT Code	Description
<b>Occupational Therapy</b>	
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.
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
97750	Physical performance test or measurement, (e.g., musculoskeletal, functional capacity) with written report, 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



CPT Code	Description
<b>Occupational Therapy</b>	
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
97799	Unlisted physical medicine/rehabilitation service or procedure
<b>Physical Therapy</b>	
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
97012	Application of a modality to 1 or more areas; traction, mechanical
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
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)
97139	Unlisted therapeutic procedure (specify)
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 Code	Description
<b>Physical Therapy</b>	
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
97799	Unlisted physical medicine/rehabilitation service or procedure
<b>Speech Therapy</b>	
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
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
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
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

*CPT® is a registered trademark of the American Medical Association*

HCPCS Code	Description
<b>Occupational Therapy</b>	
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
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
S9129	Occupational therapy, in the home, per diem
<b>Physical Therapy</b>	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
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
S9131	Physical therapy; in the home, per diem
<b>Speech Therapy</b>	
S9152	Speech therapy, re-evaluation

Diagnosis Code	Description
<b>Habilitative Services Benefit Only</b>	
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
D81.30	Adenosine deaminase deficiency, unspecified
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase 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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	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
E71.121	Propionic acidemia
E71.128	Other disorders of propionate metabolism

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
E72.29	Other disorders of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism
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
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.89	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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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
F78.A1	SYNGAP1-related intellectual disability
F80.1	Expressive language disorder

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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



HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G90.01	Carotid sinus syncope
G90.09	Other idiopathic peripheral autonomic neuropathy
H05.30	Unspecified deformity of orbit
H05.89	Other disorders of orbit
H18.501	Unspecified hereditary corneal dystrophies, right eye
H18.502	Unspecified hereditary corneal dystrophies, left eye
H18.503	Unspecified hereditary corneal dystrophies, bilateral
H18.509	Unspecified hereditary corneal dystrophies, unspecified eye
H18.521	Epithelial (juvenile) corneal dystrophy, right eye
H18.522	Epithelial (juvenile) corneal dystrophy, left eye
H18.523	Epithelial (juvenile) corneal dystrophy, bilateral
H18.529	Epithelial (juvenile) corneal dystrophy, unspecified eye
H44.511	Absolute glaucoma, right eye
H44.512	Absolute glaucoma, left eye
H44.513	Absolute glaucoma, bilateral
H44.519	Absolute glaucoma, unspecified eye
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

HCPSC Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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
P91.821	Neonatal cerebral infarction, right side of brain
P91.822	Neonatal cerebral infarction, left side of brain
P91.823	Neonatal cerebral infarction, bilateral
P91.829	Neonatal cerebral infarction, unspecified side
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
Q17.8	Other specified congenital malformations of ear
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.9	Cleft palate, unspecified
Q36.0	Cleft palate, unspecified
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
Q44.6	Cystic disease of liver



HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
Q44.7	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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
Q62.8	Other congenital malformations of ureter
Q63.0	Accessory kidney
Q63.1	Lobulated, fused and horseshoe kidney
Q63.2	Ectopic kidney
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
Q65.89	Other specified congenital deformities of hip
Q65.9	Congenital deformity of hip, unspecified
Q66.00	Congenital talipes equinovarus, unspecified foot
Q66.01	Congenital talipes equinovarus, right foot
Q66.02	Congenital talipes equinovarus, left foot
Q66.10	Congenital talipes calcaneovarus, unspecified foot
Q66.11	Congenital talipes calcaneovarus, right foot
Q66.12	Congenital talipes calcaneovarus, left foot
Q66.211	Congenital metatarsus primus varus, right foot
Q66.212	Congenital metatarsus primus varus, left foot
Q66.219	Congenital metatarsus primus varus, unspecified foot
Q66.221	Congenital metatarsus adductus, right foot
Q66.222	Congenital metatarsus adductus, left foot
Q66.229	Congenital metatarsus adductus, unspecified foot
Q66.30	Other congenital varus deformities of feet, unspecified foot
Q66.31	Other congenital varus deformities of feet, right foot
Q66.32	Other congenital varus deformities of feet, left foot
Q66.40	Congenital talipes calcaneovalgus, unspecified foot
Q66.41	Congenital talipes calcaneovalgus, right foot
Q66.42	Congenital talipes calcaneovalgus, left foot
Q66.70	Congenital pes cavus, unspecified foot
Q66.71	Congenital pes cavus, right foot
Q66.72	Congenital pes cavus, left foot
Q66.90	Congenital deformity of feet, unspecified, unspecified foot
Q66.91	Congenital deformity of feet, unspecified, right foot
Q66.92	Congenital deformity of feet, unspecified, left foot
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
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
Q71.40	Longitudinal reduction defect of unspecified radius

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
Q71.41	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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
Q72.70	Split foot, unspecified lower limb
Q72.71	Split foot, right lower limb
Q72.72	Split foot, left lower limb
Q72.73	Split foot, bilateral
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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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
Q87.11	Prader-Willi syndrome
Q87.19	Other 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

HCPCS Code	Description
<b>Habilitative Services Benefit Only</b>	
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.	
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
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



## Description of Services

Rehabilitative services are intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. by a therapist or by a therapist/therapy assistant under the direct or general supervision, as applicable, of a therapist. Services may include occupational, physical or speech therapy.

Habilitation Services are health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Maintenance therapy includes services that seek to prevent disease, promote health and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition. When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the treatment becomes supportive rather than corrective in nature, the treatment is then considered maintenance therapy. Services may include occupational, physical or speech therapy.

## Benefit Considerations

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

### Coverage Limitations and Exclusions

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

- Services that are considered non-skilled or Custodial Care
- Services that are solely educational or vocational in nature or otherwise paid under state or federal law for purely educational services
- Services that are considered by UnitedHealthcare to be unproven, investigational, or experimental
- Custodial Care, respite care, day care, vocational training, and residential treatment
- Therapeutic recreation (examples include, but are not limited to arts/crafts, dance, drama, music, swimming, and sports)
- 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
- Work Hardening (refer to the [Definitions](#) section)
- 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)
- Speech therapy if the provider is school based (check benefit language and state mandates)
- Sign language interpreter services (does not require the services of a licensed or certified healthcare professional)

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [MP.026.17]

CMS Medicare Benefit Manual Chapter 12 section 40.2 at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c12.pdf>, Accessed January 11, 2023.

HealthCare.gov, Habilitative/Habilitation Services. Available at <https://www.healthcare.gov/glossary/habilitative-habilitation-services/>. Accessed January 11, 2023.

HealthCare.gov, Rehabilitative/Rehabilitation Services. Available at <https://www.healthcare.gov/glossary/rehabilitative-rehabilitation-services/>. Accessed January 11, 2023.

Leung, A. & Kao M.D., C.P. (1999). Evaluation and management of the child with speech delay. American Family Physician, 1:59 (11), 3121-3128. Retrieved from <http://www.aafp.org/afp/1999/0601/p3121.html>. Accessed January 11, 2023.

Marian, V., Faroqi-Shah, Y., Kaushanskaya, M., Blumenfeld, H.K., & Sheng, L., (2009). Bilingualism: Consequences for language, cognition, development, and the brain. Retrieved from <https://leader.pubs.asha.org/article.aspx?articleid=2289533>. Accessed January 11, 2023.

The American Speech-Language-Hearing Association (ASHA). [www.asha.org](http://www.asha.org). Accessed January 11, 2023.

UnitedHealthcare Insurance Company Generic Certificate of Coverage, 2018.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2023	<p><b>Title Change</b></p> <ul style="list-style-type: none"> <li>• Previously titled <i>Habilitative Services and Outpatient Rehabilitation Therapy</i></li> </ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>• Revised coverage guidelines to indicate: <ul style="list-style-type: none"> <li>○ Outpatient habilitation, rehabilitation, and maintenance therapy may be covered when Medically Necessary when all the following criteria is met: <ul style="list-style-type: none"> <li>▪ The member has a disabling condition</li> <li>▪ Treatment is prescribed by a physician</li> <li>▪ Treatment is administered by a licensed speech-language pathologist (and clinical fellows), licensed occupational therapist, licensed physical therapist, physician, or other provider who acts within the scope of his or her license</li> <li>▪ Treatment must be proven and meet generally accepted standards of practice, and is targeted and effective in the treatment of the member’s diagnosed impairment or condition</li> <li>▪ Treatment is expected to produce clinically significant and measurable improvement in the member’s level of functioning within a reasonable and medically predictable period of time; or the treatment is part of a Medically Necessary program to prevent significant functional regression and meets one of the following criteria: <ul style="list-style-type: none"> <li>– When a member achieves a functional plateau, the provider adjusts the plan of care (POC) accordingly and provides monthly (or as appropriate) reassessments to update and modify the home program</li> <li>– When members who have received physical and occupational therapy services experience a loss or regression of present level of function it may be Medically Necessary to resume or increase frequency of therapy</li> </ul> </li> <li>▪ The services are not duplicate services of another service provided concurrently by any other type of therapy (such as speech, physical and occupational therapy), and must provide different treatment goals, plans, and therapeutic modalities</li> </ul> </li> <li>○ For medical necessity clinical coverage criteria, refer to the InterQual® LOC: Outpatient Rehabilitation &amp; Chiropractic: <ul style="list-style-type: none"> <li>▪ Habilitation</li> <li>▪ Rehabilitation</li> <li>▪ Maintenance</li> </ul> </li> <li>○ Many plans specifically exclude maintenance therapy; before reviewing services for medical necessity, check the federal, state, or contractual requirements that may apply</li> <li>○ Discharge criteria includes but is not limited to all of the following (as applicable): <ul style="list-style-type: none"> <li>▪ Treatment goals and objectives have been met</li> <li>▪ Functional abilities have become comparable to those of others of the same chronological age and gender</li> <li>▪ The desired level of function that has been agreed to by the member and provider has been achieved</li> <li>▪ The skill of a therapist or other licensed healthcare professional (within the scope of his/her licensure) is not required</li> <li>▪ The member exhibits behavior that interferes with improvement or participation in treatment and efforts to address these factors have not been successful</li> </ul> </li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ In some situations, the member, family, or designated guardian may choose not to participate in treatment, may relocate, or may seek another provider if the therapeutic relationship is not satisfactory; therefore, discharge is also appropriate in the following situations, provided that the member/client, family, and/or guardian have been advised of the likely outcomes of discontinuation: <ul style="list-style-type: none"> <li>– There is a request to be discharged or request continuation of services with another provider</li> <li>– The individual is transferred or discharged to another location where ongoing service from the current provider is not reasonably available; efforts should be made to ensure continuation of services in the new locale</li> </ul> </li> <li>▪ The member is unable to tolerate treatment because of a serious medical, psychological, or other condition</li> <li>○ Bilingual and multilingual speakers are frequently misclassified as developmentally delayed <ul style="list-style-type: none"> <li>▪ Equivalent proficiency in both languages should not be expected</li> <li>▪ Members with limited English proficiency must receive culturally and linguistically adapted norm referenced standardized testing in all languages the child is exposed to in order to compare potential deficits</li> <li>▪ For speech and language therapy services to be Medically Necessary for a member with limited English proficiency, all of the following criteria must be met: <ul style="list-style-type: none"> <li>– All speech deficits must be present in the language in which the member has the highest proficiency</li> <li>– All language deficits must be present in the language in which the member has the highest proficiency</li> <li>– Delivery of services must be in the language in which the member has the highest receptive language proficiency</li> </ul> </li> <li>○ For members with dyslexia, test results substantiating a diagnosis of receptive or expressive language delay must be included with goals addressing the corresponding language deficits</li> </ul> </li> <li>● Added description of: <ul style="list-style-type: none"> <li>○ Habilitation services</li> <li>○ Rehabilitation services</li> <li>○ Maintenance services</li> </ul> </li> </ul> <p><b>Required Documentation</b></p> <ul style="list-style-type: none"> <li>● Added documentation requirements for: <ul style="list-style-type: none"> <li>○ Initial Therapy Evaluation/Initial Therapy Visit Requests</li> <li>○ Plan of Care</li> <li>○ Requests for Continuation of Therapy Visits</li> <li>○ Re-Evaluations</li> <li>○ Treatment Session Notes</li> <li>○ Group Therapy</li> <li>○ Feeding and Swallowing Disorders</li> </ul> </li> </ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>● Removed definition of: <ul style="list-style-type: none"> <li>○ Alternate Facility</li> <li>○ Autism Spectrum Disorder</li> <li>○ Cardiac Rehabilitation</li> <li>○ Cognitive Rehabilitation</li> <li>○ Congenital Anomaly</li> <li>○ Developmental Delay</li> <li>○ Illness</li> <li>○ Injury</li> <li>○ Maintenance Program</li> <li>○ Physician</li> <li>○ Pulmonary Rehabilitation</li> </ul> </li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>○ Restorative Therapy/Rehabilitation</li> <li>○ Sickness</li> <li>○ Speech Delay – Bilingualism</li> <li>○ Speech-Language Pathologists</li> <li>○ Stuttering</li> <li>● Updated definition of “Experimental or Investigational Service(s)”</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>● Added CPT/HCPCS codes for: <ul style="list-style-type: none"> <li><i>Occupational Therapy</i> <ul style="list-style-type: none"> <li>○ 0552T, 97012, 97014, 97016, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97112, 97113, 97139, 97140, 97150, 97750, 97760, 97761, 97763, 97799, G0129, G0281, G0282, G0283, S8948, S8990, and S9129</li> </ul> </li> <li><i>Physical Therapy</i> <ul style="list-style-type: none"> <li>○ 97014, 97039, 97139, 97799, G0282, and S9131</li> </ul> </li> <li><i>Speech Therapy</i> <ul style="list-style-type: none"> <li>○ 92609, 92610, and 96105</li> </ul> </li> </ul> </li> <li>● Removed CPT/HCPCS codes 92626, 92627, 92630, 92633, 93668, 93797, 93798, 94625, 94626, 96105, 97129, 97130, 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942, 98943, G0422, G0423, S9472, G0237, G0238, G0239, G0302, G0303, G0304, G0305, S9473, V5362, V5363, and V5364</li> <li>● Removed notations pertaining to the rehabilitation therapy benefit and habilitative services</li> <li>● Removed list of applicable revenue codes: 0420, 0421, 0422, 0423, 0424, 0429, 0430, 0431, 0432, 0433, 0434, 0439, 0440, 0441, 0442, 0443, 0444, 0449, 0943, 0948, and 0979</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Added <i>Description of Services</i> section</li> <li>● Updated <i>Benefits Considerations</i> and <i>References</i> sections to reflect the most current information</li> <li>● Archived previous policy version REHABILITATION 037.1</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford 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 Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies 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.