

EviCore Therapies and Chiropractic codes requiring prior authorization

This list applies to groups using eviCore authorizations for the Therapies and Alternative Care program.

EFFECTIVE 5/1/2026

*Check EBT to verify member enrollment in eviCore program	
PT, OT, Speech Therapy, and Chiropractic Codes	
CPT Code	Code Description
420	Physical therapy
421	Physical therapy: visit charge
422	Physical therapy: hourly charge
423	Physical therapy: group rate
424	Physical therapy: evaluation/re-evaluation
429	Physical therapy: other physical therapy
430	OT General
431	OT Visit Code
432	Occupational therapy: hourly charge
433	Occupational therapy: group rate
434	Occupational therapy: evaluation/re-evaluation
439	Occupational therapy: other occupational therapy
440	Speech-language pathology

CPT Code	Code Description
441	Speech-language pathology: Visit charge
442	Speech-language pathology: Hourly charge
443	Speech-language pathology: Group rate
444	Speech-language pathology: Evaluation/ re-evaluation
28520	Strapping, hip
29105	Application of long arm splint(shoulder to hand)
29125	Application of short arm splint (forearm to hand), static
29126	Application of short arm splint (forearm to hand), dynamic
29130	Application of finger splint, static
29131	Application of finger splint, dynamic
29200	Strapping; thorax
29220	Strapping, thorax
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot

CPT Code	Code Description
29550	Strapping; toes
31575	Laryngoscopy, flexible fiberoptic; diagnostic
31579	Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy
90901	Biofeedback Training By Any Modality
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
92511	Nasopharyngoscopy with endoscope (separate procedure)
92520	Laryngeal function studies (ie, aerodynamic testing and acoustic
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient;

CPT Code	Code Description
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92610	Evaluation of oral and pharyngeal swallowing function
92611	Motion fluoroscopic evaluation of swallowing function by cine or
92612	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording;
92613	Flexible fiberoptic endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615	Flexible fiberoptic endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
92616	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92617	Flexible fiberoptic endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive
96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's
97010	Application of a modality to 1 or more areas; hot or cold packs

CPT Code	Code Description
97012	Application of a modality to 1 or more areas; traction, mechanical
97016	Application of a modality to 1 or more areas; vasopneumatic
97018	Application of a modality to 1 or more areas; paraffin bath
97026	Application of a modality to 1 or more areas; infrared
97033	Application of a modality to 1 or more areas; iontophoresis, each
97039	Unlisted modality (specify type and time if constant attendance)
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination,
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)
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement
97139	Unlisted therapeutic procedure (specify)
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions,
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
97162	Physical Therapy Evaluation: Moderate Complexity, Requiring These Components: A History Of Present Problem With 1-2 Personal Factors
97163	Physical Therapy Evaluation: High Complexity, Requiring These Components: A History Of Present Problem With 3 Or More Personal
97164	Re-Evaluation Of Physical Therapy Established Plan Of Care, Requiring These Components: An Examination Including A Review Of History And

CPT Code	Code Description
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/O
97166	Occupational Therapy Evaluation, Moderate Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes A
97167	Occupational Therapy Evaluation, High Complexity, Requiring These Components: An Occupational Profile And Medical And Therapy History, Which Includes Review Of Medical And/O
97168	Re-Evaluation Of Occupational Therapy Established Plan Of Care, Requiring These Components: An Assessment Of Changes In Patient Functional O
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work
97542	Wheelchair management (eg, assessment, fitting, training), each
97597	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Filling, De
97598	Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Filling, De
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, (and th
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(s) Wound Assessment And Instruction(s) For
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(s) Wound Assessment And Instruction(s) For
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremit(ies), lower
97761	Prosthetic training, upper and/or lower extremity(s), each 15

CPT Code	Code Description
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 prosthetic(s)/orthotic(s) encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, etc.
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
G0329	Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Masses