

## **Therapies - Prior Authorization Grid**

- See UHA Prior Authorization (PA) Grid Overview for important information for all providers.
- <sup>a</sup> Therapy requests are submitted using code groups. Please visit our website at https://www.umpquahealth.com/prior\_authorizations/ for more information on code groups, how to submit a PA, and UHA criteria.
- Prior Authorization is required for all Chiropractic and Acupuncture treatment (no PA required for evaluations).
  - Chiropractic and Acupuncture is a covered benefit ONLY for diagnoses of Scoliosis/Conditions of the Back & Spine (Prioritized List Lines 361, 402).

Code	Description	Code	Description				
	The following codes are for therapy evaluations. These codes do not require a PA for any provider.						
97165	Evaluation for occupational therapy, typically 30 minutes	92611	Evaluation of swallowing function image				
97166	Evaluation for occupational therapy, typically 45 minutes	92612	Evaluation and recording of swallowing using an endoscope				
97167	Evaluation for occupational therapy, typically 1 hour	92613	Evaluation, recording, and interpretation of swallowing using an endoscope				
97161	Evaluation for physical therapy, typically 20 minutes	92614	Evaluation and recording of voice box sensory function using an endoscope				
97162	Evaluation for physical therapy, typically 30 minutes	92615	Evaluation, recording, and interpretation of voice box sensory function using an endoscope				
97163	Evaluation for physical therapy, typically 45 minutes	92616	Evaluation and recording of swallowing and voice box sensory function using an endoscope				
92521	Evaluation of speech continuity, smoothness, rate, and effort	92617	Evaluation, recording, and interpretation of swallowing and voice box sensory function using an endoscope				
92522	Evaluation of speech sound production	92626	Evaluation of hearing function related to surgically implanted hearing device, first hour				
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	92627	Evaluation of hearing function related to surgically implanted hearing device, each additional 15 minutes				

92597	Evaluation for use of voice artificial device to	96112	Administration of developmental test, first hour				
	supplement oral speech						
92607	Evaluation with prescription of speech-generating and	96113	Administration of developmental test, each additional 30 minutes				
	alternative communication device, first hour						
92608	Evaluation with prescription of speech-generating and	S9152	Speech therapy, re-evaluation				
32000	alternative communication device, each additional 30	33132	Special incrupy, re evaluation				
	minutes						
	111111111111111111111111111111111111111						
92610	Evaluation of swallowing function						
All Chiropractic/Acupuncture treatment requires a PA. The following code do not require a PA for in-network providers if the diagnosis and							
procedure are covered (funded and paired). Limit to 30 per calendar year. Additional therapy visits will require a PA. PA required for not							
covered therapy visits for all providers. PA required for all out-of-network providers.							
97810	Acupuncture, initial 15 minutes	97113	Therapy procedure using water pool to exercises, each 15 minutes				
97811	Acumuncture each additional 15 minutes	97116	Therapy procedure for walking training, each 15 minutes				

97810	Acupuncture, initial 15 minutes	97113	Therapy procedure using water pool to exercises, each 15 minutes
97811	Acupuncture, each additional 15 minutes	97116	Therapy procedure for walking training, each 15 minutes
97813	Acupuncture with electrical stimulation, initial 15 minutes	97124	Therapy procedure using massage, each 15 minutes
97814	Acupuncture with electrical stimulation, each additional 15 minutes	97140	Therapy procedure using manual technique, each 15 minutes
98940	Chiropractic manipulative treatment, 1-2 spinal regions	97150	Therapy procedure in a group setting
98941	Chiropractic manipulative treatment, 3-4 spinal regions	97164	Re-evaluation for physical therapy, typically 20 minutes
98942	Chiropractic manipulative treatment, 5 spinal regions	97530	Therapy procedure using functional activities
97168	Re-evaluation for occupational therapy, typically 30 minutes	S9476	Vestibular rehabilitation program, non-physician provider, per diem
97535	Training for self-care or home management, each 15 minutes	92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder
97537	Training for community or work reintegration, each 15 minutes	92508	Treatment of speech, language, voice, communication, and/or hearing processing disorder in a group setting
97760	Training in the use of orthopedic device for arm, leg and/or trunk, each 15 minutes	92520	Study of voice box function
97761	Training in the use of artificial arm and/or leg, each 15 minutes	92524	Analysis of voice and resonance production
97763	Follow-up training in the use of orthopedic device or artificial arm, leg and/or trunk, each 15 minutes	92526	Treatment of swallowing and feeding disorder

97016	Application of blood vessel compression device	92609	Therapy service for use of speech-generating device with programming
97018	Application of hot wax bath	92630	Therapy service for hearing loss prior to speech and language development
97026	Application of low energy heat	92633	Therapy service for hearing loss after speech and language development
97033	Application of medication using electrical current, each 15 minutes	96110	Developmental screening
97039	Other physical medicine service or procedure	97129	Therapy procedure for a range of mental processes, initial 15 minutes
97110	Therapy procedure using exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	97130	Therapy procedure for a range of mental processes, each additional 15 minutes
97112	Therapy procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	S9451	Exercise classes, nonphysician provider, per session