CPT Codes Most Often Used by Athletic Trainers billing for services provided in Clinical Practice

The following list of CPT codes and commonly used modifiers is in no way exhaustive and represents the codes and modifiers most often used in clinical practice by Athletic Trainers. For complete descriptions and listing of all current CPT codes, and their modifiers, please refer to [http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/List_of_Codes.html](http://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/List_of_Codes.html), or the most recent official AMA CPT codebook with rules and guidelines from the AMA’s CPT Editorial Panel, as well as other resources commonly found on the World Wide Web.

**EVALUATION CODES**

- 97005 Athletic Training evaluation
- 97006 Athletic Training re-evaluation

**PHYSICAL MEDICINE & REHABILITATION CODES**

The application of a modality that does not require direct (one-on-one) patient contact.

- 97018 Paraffin bath therapy
- 97022 Whirlpool therapy
- 97024 Diathermy eg microwave
- 97028 Ultraviolet therapy

The application of a modality that requires direct (one-on-one) patient contact.

- 97032 Electrical stimulation, manual, each 15 minutes
- 97034 Contrast bath therapy, each 15 minutes
- 97035 Ultrasound therapy, each 15 minutes
- 97036 Hydrotherapy, each 15 minutes

Physician or other qualified health care professional (ie, therapist) required to have direct (one-on-one) patient contact.

- 97110 Therapeutic exercises, each 15 minutes
- 97112 Neuromuscular reeducation, each 15 minutes
- 97116 Gait training therapy, each 15 minutes
- 97140 Manual therapy I/> regions, each 15 minutes
- 97530 Therapeutic activities, each 15 minutes
- 97532 Cognitive skills development, each 15 minutes
- 97535 Self-care management training, each 15 minutes
- 97537 Community/work reintegration, each 15 minutes
- 97542 Wheelchair management training, each 15 minutes
- 97545 Work hardening/conditioning; initial 2 hours
- 97546 Work hardening; each additional hour
- 97750 Physical performance test or measurement, with written report, each 15 minutes
- 97760 Orthotic management and training, each 15 minutes
- 97761 Prosthetic training, each 15 minutes

**Neuro-Cognitive Assessments/Tests**

- 96119 Neuropsychological testing (eg. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
- 96120 Neuropsychological testing eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report

**EVALUATION & MANAGEMENT CODE**

- 99211 Office/outpatient visit, est

**APPLICATION OF CASTS AND STRAPPING**

- 29240 Strapping; shoulder
- 29260 Strapping; elbow or wrist
- 29280 Strapping; hand or finger
- 29520 Strapping; hip
- 29530 Strapping; knee
- 29540 Strapping; ankle and/or foot
- 29550 Strapping; toes
- 29580 Unna boot
- 29581 Application of multi-layer compression system; leg (below knee) including ankle & foot
- 29582 Compression system; thigh and leg, including ankle and foot, when performed
- 29583 Compression system; upper arm and forearm
- 29584 Compression system; upper arm, forearm, hand, and fingers

**HCPCS Level II CODES**

- A6441-A6457 Bandages/dressings
- E0110-E0118 Crutches
- E0720-E0770 TENS
- E1800-E1841 Orthopedic devices
- L1500-L2999 Orthotic devices
- L3650-L4130 Orthotic devices

**HCFA 1500 Claim Form**

A HCFA 1500 form is an official standard form that is used by physicians as well as other providers when submitting claims or bills for reimbursement to private insurers as well as managed care plans for health services. HCFA 1500 is also used to bill Medicare and Medicaid for health services.

**UB 04 Claim Form**

UB 04 is a billing format adopted by the National Uniform Billing Committee (NUBC). The NUBC is a voluntary committee chaired by the American Hospital Association (AHA) with representation by national provider and payer organizations. The UB 04 is the billing format utilized by all hospitals when submitting claims or bills for reimbursement.

**UB 04 Revenue Codes used by ATs in hospitals**

- 0940 Other Therapeutic Services
- 0951 Athletic Training

**MODIFIERS**

The modifiers listed below are a sample of commonly used modifiers which should be understood by Athletic Trainers. Also, please see:


- GP – Used to tell Medicare that you are billing for services provided as part of an outpatient physical therapy plan of care
- 25 – used when performing and billing for a re-evaluation and treatment on the same
day. (Medicare functional outcomes).
- KX - Used when a Medicare patient has exhausted their benefits for rehab services. The
  clinician is “certifying that the services rendered are medically necessary”.  
  Documentation must demonstrate medical necessity

Athletic trainers and those who perform billing services for Athletic Trainers may find the
following links useful.

- ICD 9 code look up
  - http://www.cms.gov/medicare-coverage-database/staticpages/icd-9-code-
    lookup.aspx
- ICD-10 Information
  - http://www.cms.gov/ICD10
- ICD-10-PCS Coding System, Mappings, and Related Training Manual
- ICD-10-CM Coding System, Mappings, and Guidelines
- Report on Use of Health Information Technology to Enhance and Expand Health Care
  Anti-Fraud Activities
- CMS-0013-P—HIPAA Administrative Simplification: Modification to Medical Data Code
  Set Standards to Adopt
- ICD-10-CM and ICD-10-PCS
- Transactions and Code Sets Regulations
    SetsRegulations.asp