

Occupational Therapy

Issue Date: July 3, 1997

Authority: [32 CFR 199.4\(c\)\(3\)\(x\)](#)

1.0 CPT¹ PROCEDURE CODES

97127, 97150, 97165 - 97168, 97533, 97535, 97799

2.0 DESCRIPTION

Occupational therapy is the prescribed use of specific purposeful activity or interventions designed to promote health, prevent injury or disability, and which develop, improve, sustain, or restore functions which have been lost or reduced as a result of injury, illness, cognitive impairment, psychosocial dysfunction, mental illness, or developmental, learning or physical disability(ies), to the highest possible level for independent functioning.

3.0 POLICY

3.1 Occupational therapy to improve, restore, or maintain function or to minimize or prevent deterioration of function of a patient is covered when prescribed and supervised by a TRICARE-authorized provider including:

- A physician;
- A certified Physician Assistant (PA) working under the supervision of a physician;
- A certified Nurse Practitioner (NP); or
- A podiatrist (see [Chapter 8, Section 11.1](#)).

Note: See [Chapter 11, Section 3.17](#) for occupational therapy performed by an Occupational Therapy Assistant (OTA).

3.2 Occupational therapy to improve, restore, or maintain function, or to minimize or prevent deterioration of function of a patient when prescribed by a physician is covered in accordance with the rehabilitative therapy provisions found in [Section 18.1, paragraph 2.1](#).

4.0 EXCLUSIONS

4.1 The following occupational therapy services are not covered:

- Vocational assessment and training.

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Chapter 7, Section 18.3

Occupational Therapy

- General exercise programs, **even if recommended by a physician (or other authorized individual professional provider acting within the scope of their license).**
- Separate charges for instruction of the patient and family in therapy procedures.
- Repetitive exercise to improve gait, maintain strength and endurance, and assisted walking such as that provided in support of feeble or unstable patients.

4.2 Maintenance therapy that does not require a skilled level after a therapy program has been designed (see [Section 18.1, paragraph 2.1](#)).

- Range of motion and passive exercises which are not related to restoration of a specific loss of function.

4.3 Sensory integration therapy (**Current Procedural Terminology (CPT²)** procedure code 97533) which may be considered a component of cognitive rehabilitation is unproven.

Note: This policy does not exclude multidisciplinary services, such as physical therapy, occupational therapy, or speech therapy.

4.4 Occupational therapists are not authorized to bill using Evaluation and Management (E&M) codes listed in the Physicians' CPT.

4.5 For beneficiaries under the age of three, services and items provided in accordance with the beneficiary's Individualized Family Service Plan (IFSP) as required by Part C of the Individuals with Disabilities Education Act (IDEA), and which are otherwise allowable under the TRICARE Basic program or the Extended Care Health Option (ECHO) but determined not to be medically or psychologically necessary, are excluded.

4.6 For beneficiaries aged three to 21, who are receiving special education services from a public education agency, cost-sharing of outpatient occupational therapy services that are required by the IDEA and which are indicated in the beneficiary's Individualized Education Program (IEP), may not be cost-shared except when the intensity or timeliness of occupational therapy services as proposed by the educational agency are not sufficient to meet the medical needs of the beneficiary.

5.0 EFFECTIVE DATE

October 28, 1997.

- END -

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