

CPT Codes

Current procedure codes, billing frequency, and Medicare national rates for instrumented strength testing and therapy evaluations.



CPT Code	Description	Billing Frequency	2026 Medicare Rate*
TESTS AND MEASUREMENTS			
97750	Instrumented testing of physical performance, such as strength, with results documented in a written report	Timed code, billed in 15-minute units of direct patient contact. Medicare: 1 unit for 8–22 minutes.	\$33.73 per unit
PHYSICAL THERAPY			
97161 97162 97163	Physical therapy evaluation: low, moderate, or high complexity <i>Evaluation minutes are not also counted toward timed codes such as 97750.</i>	When warranted, for example for a new diagnosis or a condition treated in a new setting. Untimed (1 unit).	\$97.86 each
97164	Physical therapy re-evaluation of an established plan of care	When there is a significant improvement, decline, or change not anticipated in the plan of care. Not routine. Untimed (1 unit).	\$67.47
OCCUPATIONAL THERAPY			
97165 97166 97167	Occupational therapy evaluation: low, moderate, or high complexity <i>Evaluation minutes are not also counted toward timed codes such as 97750.</i>	When warranted, for example for a new diagnosis or a condition treated in a new setting. Untimed (1 unit).	\$100.54 each
97168	Occupational therapy re-evaluation of an established plan of care	When there is a significant improvement, decline, or change not anticipated in the plan of care. Not routine. Untimed (1 unit).	\$68.47

*2026 Medicare national rates. Rates shown are office (non-facility) amounts, from the CMS Physician Fee Schedule (RVU26D, October 2026) at the conversion factor for most clinicians (90 FR 49961). Actual payment varies by location and payer.

Billing frequency: CMS Medicare Claims Processing Manual, Ch. 5, §20.2; Medicare Benefit Policy Manual, Ch. 15, §220.

Coding and billing are the responsibility of the provider, and payment is not guaranteed. This sheet is for reference only. Confirm coverage and requirements with each payer.

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