



## Outpatient Rehabilitation Services Referral Request Guideline Occupational, Physical & Speech Therapy

**Thank you for referring your patient to CHOC Outpatient Rehabilitation Services. To better serve you and your patient, we will require the following information to be submitted to the CHOC online referral portal:**

- Insurance Authorization including CPT codes authorized for the requested referral
- Copy of Insurance Card
- Legible medical records supporting the reason for the referral and diagnosis including any radiology findings pertinent to referral (ie: MBSS, CT Scan, MRI)
- Patient Lab/test result
- ICD-10 codes for referring diagnosis and chief complaint

**Please include the services you are requesting:**

Therapy	CPT Codes and HCPCS Codes
Developmental Occupational Therapy	97165, 97166, 97167 or X4100 QTY-1, X4102 QTY-2
Developmental Physical Therapy	97161, 97162, 97163 or X3920 QTY-1, X3922 QTY-2
Developmental Speech Therapy	92523 or X4301
OT/ST Feeding Therapy	92610 or X4301 QTY-1 and X4100 QTY-1, X4102 QTY-2
Ortho & Sport Medicine Physical Therapy	97161, 97162, 97163 or X3920 QTY-1, X3922 QTY-2
Concussion (specify OT/PT/ST)	OT: 97165, 97166, 97167 or X4100 QTY-1, X4102 QTY-2 PT: 97161, 97162, 97163 or X3920 QTY-1, X3922 QTY-2 ST: 92523 or X4301
Serial Casting - Physical Therapy)	97760 QTY-4, 97763 QTY-24 or X3908 QTY-6, X3910 QTY-12
Vocal Cord Dysfunction - Speech Therapy	92524 or X4301
Hand Therapy	97165, 97166, 97167, 97760-4 or Medi-Cal: X4100 QTY-1, X4102 QTY-2, X4110 QTY-1, X4112 QTY-2

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