Clinical Practice Guideline: **Assistive Technology Assessment**

Date of Implementation: **April 19, 2012**

Effective Date: **February 19, 2026**

Product: **Specialty**

GUIDELINES

American Specialty Health, Inc. (ASH) considers Assistive Technology Assessments when performed by an appropriately trained healthcare professional as medically necessary when the history and physical exam findings demonstrate that the assessment will restore, augment, or compensate for existing functional ability in the patient; or that it will optimize functional tasks and/or maximize the patient's environmental accessibility. Additionally, such assessment should justify the necessity of further assessment beyond service included in the Evaluation and Management (E/M) service, or for practitioners not performing E/M services, beyond the evaluation/reevaluation service.

INTRODUCTION

Assistive Technology Devices are items, pieces of equipment, or product systems that may be used by a person with a disability to perform specific tasks, improve functional capabilities, and become more independent.

CPT CODE AND DOCUMENTATION REQUIREMENTS TO SUBSTANTIATE MEDICAL NECESSITY

Assistive Technology Assessments are determined to be medically necessary when appropriately correlated with clinical findings (e.g., history and exam) and clinical evidence. The physical exam findings should demonstrate that the assessment will restore, augment, or compensate for existing functional limitations in the patient; or that will optimize functional tasks and/or maximize the patient's environmental accessibility.

The practitioner performs an assessment of the suitability and benefits of acquiring any assistive technology device or equipment that will help restore, augment, or compensate for existing functional limitations in the patient (e.g., provision of large amounts of rehabilitative engineering).

This is an assessment code, per each 15 minutes, and must be accompanied by a written report explaining the nature and complexity of the assistive technology needed by the patient. Assistive technology includes user-interface technology and/or shared control between the user and the device, such as power mobility devices (including adaptive switches and access devices), prosthetic limb control devices, functional electrical stimulation devices, and robotic

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exoskeletons. For example, code 97755 may be reported for patient assessment for a power wheelchair that may include the control system, custom seating, and variable support positioning. This can include testing multiple components/systems to determine optimal interface between client and technology applications and determining the appropriateness of commercial (off the shelf) or customized components/systems. Code 97755 also should be reported for the time spent assessing the extent of a patient's functional capabilities (e.g., oral motor strength, range of motion and strength, ocular motor control, quality of voice output), when determining the necessary individual modifications (i.e., custom design of components and systems), and analyzing the patient's overall ability to utilize these accessibility devices in everyday life. Time spent writing the assessment report is not reported separately because it is included in the relative work value of the code. This assessment may require more than one patient visit due to the complexity of the patient's condition and his/her decreased tolerance for activity at one session.

SUPPORTIVE DOCUMENTATION RECOMMENDATIONS

- The goal of the assessment
- The technology/component/system involved
- A description of the process involved in assessing the patient's response
- The outcome of the assessment
- Documentation of how this information affects the treatment plan

CPT® Code	CPT® Code Description
97755*	Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes

* Use this code to report one-on-one patient contact time, per 15 minutes, with a health care provider who performs an assessment for the suitability and benefits of acquiring any assistive technology device or equipment that will restore, augment, or compensate for existing functional ability in the patient; or that will optimize functional tasks and/or maximize the patient's environmental accessibility. This includes the preparation of a written report.

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services and whether the services are within their scope of practice.

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It is *best practice* for the practitioner to appropriately render services to a patient only if they are trained to competency, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

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