

PREVAILING RATE/MAXIMUM
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

<u>CPT CODE</u>	<u>DESCRIPTION</u>	<u>2006 FEE</u>
97001	Physical therapy evaluation	\$114.90
97002	Physical therapy re-evaluation	\$44.99
97003	Occupational therapy evaluation	\$114.90
97004	Occupational therapy re-evaluation	\$44.99

MODALITIES

SUPERVISED: The application of a modality that does not require direct (one-on-one) patient contact by the provider.

Application of a modality to one or more areas;

97012	Traction, mechanical	\$31.82
97014	Electrical stimulation (unattended)	\$27.70
97016	Vasopneumatic devices	\$31.15
97018	Paraffin bath	\$26.29
97022	Whirlpool	\$31.82
97024	Diathermy (eg, microwave)	\$23.52
97026	Infrared	\$22.14
97028	Ultraviolet	\$27.70

CONSTANT ATTENDANCE: The application of a modality that requires direct (one-on-one) patient contact by the provider.

Application of a modality to one or more areas;

97032	Electrical stimulation (manual), each 15 minutes	\$27.70
97033	Iontophoresis, each 15 minutes	\$29.06
97034	Contrast baths, each 15 minutes	\$22.14
97035	Ultrasound, each 15 minutes	\$22.84
97036	Hubbard tank, each 15 minutes	\$42.23

THERAPEUTIC PROCEDURES:

Physician or therapist required to have direct (one-on-one) patient contact.

97110	Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$41.52
97112	Neuromuscular reeducation of movement, balance, coordination kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$42.08

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97113	Aquatic therapy with therapeutic exercises	\$45.61
97116	Gait training (includes stair climbing)	\$35.98
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$32.53
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$29.75
97150	Therapeutic procedure(s), group (2 or more individuals)	\$33.90
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional each 15 minutes	\$43.60
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes	\$44.09
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) direct (one-on-one) patient contact by the provider, each 15 minutes	\$47.97
97535	Self care/home management training (eg. activities, of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/ adaptive equipment) direct one on one contact by provider, each 15 minutes	\$35.04
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/ modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	\$35.04
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$29.64
97545	Work hardening/conditioning; initial 2 hours	\$148.59
97546	Each additional hour	\$74.31
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	\$49.15
97598	total wound(s) surface area greater than 20 square centimeters	\$67.80
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	\$45.38
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical applications(s), wound assessment, and	

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	instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	\$42.64
97606	total wound(s) surface area greater than 50 square centimeters	\$42.64

TEST AND MEASUREMENTS

97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	\$45.99
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$42.06
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	\$37.70
97750	Physical performance test or measurement (eg, musculoskeletal functional capacity), with written report, each 15 minutes	\$49.81
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, each 15 minutes	\$60.36

BIOFEEDBACK

90901	Biofeedback training by any modality	\$48.36
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NOTE 1: Procedures performed, by either a therapist or physician, and listed on this Maximum Physical Therapy/Rehabilitation Fee Schedule shall be reimbursed in accordance with this schedule.

NOTE 2: Procedures performed by either a therapist or physician, and not listed in this schedule, shall be reimbursed in accordance with the CPT codes listed in the Maximum Fee Schedule for Physicians.

NOTE 3: For codes not listed in the Physical Therapy/Rehabilitation Schedule or the Maximum Fee Schedule for Physicians, reimbursement shall be determined by special report and based on usual, customary, and reasonable charges.

NOTE 4: Code 97010, Hot or cold packs, shall be global to the procedure(s) performed.

Effective August 1, 2006