

PREVAILING RATE/MAXIMUM
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

| <u>CPT CODE</u> | <u>DESCRIPTION</u> | <u>2007 FEE</u> |
|---------------------|------------------------------------|---------------------|
| 97001 | Physical therapy evaluation | \$117.31 |
| 97002 | Physical therapy re-evaluation | \$45.93 |
| 97003 | Occupational therapy evaluation | \$117.31 |
| 97004 | Occupational therapy re-evaluation | \$45.93 |

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;

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| 97012 | Traction, mechanical | \$32.49 |
| 97014 | Electrical stimulation (unattended) | \$28.28 |
| 97016 | Vasopneumatic devices | \$31.80 |
| 97018 | Paraffin bath | \$26.84 |
| 97022 | Whirlpool | \$32.49 |
| 97024 | Diathermy (eg, microwave) | \$24.01 |
| 97026 | Infrared | \$22.60 |
| 97028 | Ultraviolet | \$28.28 |

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;

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| 97032 | Electrical stimulation (manual), each 15 minutes | \$28.28 |
| 97033 | Iontophoresis, each 15 minutes | \$29.67 |
| 97034 | Contrast baths, each 15 minutes | \$22.60 |
| 97035 | Ultrasound, each 15 minutes | \$23.32 |
| 97036 | Hubbard tank, each 15 minutes | \$43.12 |

THERAPEUTIC PROCEDURES:

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

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| 97110 | Therapeutic procedure, one or more areas, each 15 minutes, therapeutic exercises to develop strength and endurance, range of motion and flexibility | \$42.39 |
| 97112 | Neuromuscular reeducation of movement, balance, coordination kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities | \$42.96 |

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|---------------------|---|---------------------|
| 97113 | Aquatic therapy with therapeutic exercises | \$46.57 |
| 97116 | Gait training (includes stair climbing) | \$36.74 |
| 97124 | Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) | \$33.21 |
| 97140 | Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes | \$30.37 |
| 97150 | Therapeutic procedure(s), group (2 or more individuals) | \$34.61 |
| 97530 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional each 15 minutes | \$44.52 |
| 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 | \$45.02 |
| 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 | \$48.98 |
| 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 | \$35.78 |
| 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 | \$35.78 |
| 97542 | Wheelchair management (eg, assessment, fitting, training), each 15 minutes | \$30.26 |
| 97545 | Work hardening/conditioning; initial 2 hours | \$151.71 |
| 97546 | Each additional hour | \$75.87 |
| 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 | \$50.18 |
| 97598 | total wound(s) surface area greater than 20 square centimeters | \$69.22 |
| 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 | \$46.33 |
| 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 | \$43.54 |
| 97606 | total wound(s) surface area greater than 50 square centimeters | \$43.54 |

TEST AND MEASUREMENTS

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| 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 | \$46.96 |
| 97761 | Prosthetic training, upper and/or lower extremity(s), each 15 minutes | \$42.94 |
| 97762 | Checkout for orthotic/prosthetic use, established patient, each 15 minutes | \$38.49 |
| 97750 | Physical performance test or measurement (eg, musculoskeletal functional capacity), with written report, each 15 minutes | \$50.86 |
| 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 | \$61.63 |

BIOFEEDBACK

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| 90901 | Biofeedback training by any modality | \$49.38 |
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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, 2007