

PREVAILING RATE/MAXIMUM  
PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

<u>CPT CODE</u>	<u>DESCRIPTION</u>	<u>2008 FEE</u>
97001	Physical therapy evaluation	\$122.35
97002	Physical therapy re-evaluation	\$47.90
97003	Occupational therapy evaluation	\$122.35
97004	Occupational therapy re-evaluation	\$47.90

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	\$33.89
97014	Electrical stimulation (unattended)	\$29.50
97016	Vasopneumatic devices	\$33.17
97018	Paraffin bath	\$27.99
97022	Whirlpool	\$33.89
97024	Diathermy (eg, microwave)	\$25.04
97026	Infrared	\$23.57
97028	Ultraviolet	\$29.50

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	\$29.50
97033	Iontophoresis, each 15 minutes	\$30.95
97034	Contrast baths, each 15 minutes	\$23.57
97035	Ultrasound, each 15 minutes	\$24.32
97036	Hubbard tank, each 15 minutes	\$44.97

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	\$44.21
97112	Neuromuscular reeducation of movement, balance, coordination kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$44.81

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97113	Aquatic therapy with therapeutic exercises	\$48.57
97116	Gait training (includes stair climbing)	\$38.32
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$34.64
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$31.68
97150	Therapeutic procedure(s), group (2 or more individuals)	\$36.10
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional each 15 minutes	\$46.43
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	\$46.96
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	\$51.09
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	\$37.32
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	\$37.32
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	\$31.56
97545	Work hardening/conditioning; initial 2 hours	\$158.23
97546	Each additional hour	\$79.13
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	\$52.34
97598	total wound(s) surface area greater than 20 square centimeters	\$72.20
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	\$48.32
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	\$45.51
97606	total wound(s) surface area greater than 50 square centimeters	\$45.51

#### 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	\$48.98
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	\$44.79
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	\$40.15
97750	Physical performance test or measurement (eg, musculoskeletal functional capacity), with written report, each 15 minutes	\$53.05
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	\$64.28

#### BIOFEEDBACK

90901	Biofeedback training by any modality	\$51.50
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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, 2008