PREVAILING RATE/MAXIMUM PHYSICAL THERAPY/REHABILITATION FEE SCHEDULE

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

CPT		2008
CODE	DESCRIPTION	<u>FEE</u>
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	\$31.68
	15 minutes	.
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	.
07500	each 15 minutes	\$46.43
97532	Development of cognitive skills to improve attention, memory,	
	problem solving, (includes compensatory training), direct (one-on-	¢ 40 00
07500	one) patient contact by the provider, each 15 minutes	\$46.96
97533	Sensory integrative techniques to enchance 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. activiites, of daily living	ψ01.00
01000	(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 eqipment), 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	¢50.04
97598	centimeters total wound(s) surface area greater than 20 square centimeters	\$52.34 \$72.20
97598 97602	Removal of devitalized tissue from wound(s), non-selective	φ12.20
97002	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	÷.0.02
	collection), including topical applications(s), wound assessment, and	

CPT <u>CODE</u>	DESCRIPTION	2008 <u>FEE</u>
97606	instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 sqaure centimeters total wound(s) surface area greater than 50 square centimeters	\$45.51 \$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 97762	Prosthetic training, upper and/or lower extremity(s), each 15 minutes Checkout for orthotic/prosthetic use, established patient, each 15	\$44.79
01102	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	ψ00.00
	compensate for existing function, optimize functional tasks and/or	
	maximize environmental accessibility), direct one-on-one contact by provider, each 15 minutes	\$64.28
90901	BIOFEEDBACK Biofeedback training by any modality	\$51.50
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: F	Procedures performed by either a therapist or physician, and	
not listed ir	n this schedule, shall be reimbursed in accordance with the slisted in the Maximum Fee Schedule for Physicians.	
NOTE 3: For codes not listed in the Physical Therapy/Rehabilitation		
Schedule c shall be de	or the Maximum Fee Schedule for Physicians, reimbursement termined by special report and based on usual, customary, hable charges.	
	and 07010. Het ar cold pools, shall be global to the	

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

Effective August 1, 2008