

**PHYSICAL THERAPY FEE SCHEDULE
PROVIDER SPECIALTY 065**

CODE	DESCRIPTION	MEDICAID MAXIMUM ALLOWABLE		
		NON FACILITY FEE	FACILITY FEE	EFFECTIVE DATE
29075	APPLICATION OF FOREARM CAST	68.51	50.44	1/1/2009
29085	APPLICATION HAND/WRIST CAST	73.10	54.40	1/1/2009
29105	APPLICATION LONG ARM SPLINT	67.91	49.21	1/1/2009
29125	APPLICATION FOREARM SPLINT	52.48	35.05	1/1/2009
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	60.55	43.12	1/1/2009
29130	APPLICATION FINGER SPLINT STATIC	32.38	24.46	1/1/2009
29131	APPLICATION FINGER SPLINT DYNAMIC	39.78	27.42	1/1/2009
29240	STRAPPING OF SHOULDER	47.82	37.67	1/1/2009
29260	STRAPPING OF ELBOW OR WRIST	41.17	31.02	1/1/2009
29280	STRAPPING;	39.68	29.22	1/1/2009
29405	APPLICATION SHORT LEG CAST	70.22	53.74	1/1/2009
29425	APPLICATION SHORT LEG CAST	76.21	59.42	1/1/2009
29505	APPLICATION LONG LEG SPLINT	59.61	39.64	1/1/2009
29515	APPLICATION LOWER LEG SPLINT	56.13	41.55	1/1/2009
29530	STRAPPING;	41.85	31.71	1/1/2009
29540	STRAPPING;	34.62	28.29	1/1/2009
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	69.99	24.98	1/1/2009
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	67.66	67.66	1/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	22.81	12.98	1/1/2009
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.46	13.54	1/1/2009
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	31.75	21.61	1/1/2009
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	37.69	27.23	1/1/2009
97001	PHYSICAL THERAPY EVALUATION	69.33	59.34	1/1/2009
97002	PHYSICAL THERAPY RE-EVALUATION	36.72	29.72	1/1/2009
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	4.17	4.17	1/1/2009
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	13.22	13.22	1/1/2009
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	13.67	13.67	1/1/2009
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	7.03	7.03	1/1/2009
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	15.55	15.55	1/1/2009
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.81	4.81	1/1/2009
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.49	4.49	1/1/2009
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	5.49	5.49	1/1/2009
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	14.80	14.80	1/1/2009
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	21.80	21.80	1/1/2009
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	13.43	13.43	1/1/2009
97035	APPLY MODALITIY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	10.58	10.58	1/1/2009
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	22.81	22.81	1/1/2009
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	25.68	25.68	1/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	26.41	26.41	1/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	22.48	22.48	1/1/2009
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	20.45	20.45	1/1/2009
97140	MANUAL THERAPY TECHNIQUES	23.82	23.82	1/1/2009
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY TH	27.02	27.02	1/1/2009
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	23.85	23.85	1/1/2009
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	27.05	27.05	1/1/2009
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	24.83	24.83	1/1/2009
97602	NON-SELECTIVE DEBRIDEMENT	16.41	16.41	1/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	26.31	26.31	1/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN N	29.06	29.06	1/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	25.99	25.99	1/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	29.60	29.60	1/1/2009