

**Physical Thereapy Fee Schedule
Provider Specialty 065**

Code	Description	Medicaid Maximum	
		Non-Facility Fee	Facility Fee
29075	APPLICATION OF FOREARM CAST	69.28	50.36
29085	APPLICATION HAND/WRIST CAST	73.75	52.83
29105	APPLICATION LONG ARM SPLINT	70.64	48.06
29125	APPLICATION FOREARM SPLINT	54.20	33.95
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	64.94	42.03
29130	APPLICATION FINGER SPLINT STATIC	32.83	23.54
29131	APPLICATION FINGER SPLINT DYNAMIC	41.89	26.62
29240	STRAPPING OF SHOULDER	51.29	36.68
29260	STRAPPING OF ELBOW OR WRIST	42.68	29.73
29280	STRAPPING;	42.80	28.20
29405	APPLICATION SHORT LEG CAST	71.39	54.13
29425	APPLICATION SHORT LEG CAST	76.99	60.06
29505	APPLICATION LONG LEG SPLINT	62.31	39.07
29515	APPLICATION LOWER LEG SPLINT	55.35	41.07
29530	STRAPPING;	44.39	30.78
29540	STRAPPING;	32.86	28.21
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	72.87	24.40
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	100.73	100.73
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND)	23.83	13.21
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	21.10	13.80
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	33.83	22.55
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	40.37	28.75
97001	PHYSICAL THERAPY EVALUATION	64.25	59.26
97002	PHYSICAL THERAPY RE-EVALUATION	34.17	29.68
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	4.02	4.02
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	12.46	12.46
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	12.63	12.63
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	5.70	5.70
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	13.31	13.31
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	4.35	4.35
97026	PHYSICAL MEDICINE TREATMENT INFRARED	4.02	4.02
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	5.07	5.07
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	13.79	13.79
97033	APPLY MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS EA. 15 MINUTES	18.53	18.53
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	12.38	12.38
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	10.39	10.39
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	20.85	20.85
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	24.15	24.15
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	25.25	25.25
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	21.49	21.49
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	19.35	19.35
97140	MANUAL THERAPY TECHNIQUES	22.90	22.90
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THERAPIST	25.91	25.91
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	24.06	24.06
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	27.42	27.42
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	25.76	25.76
97602	NON-SELECTIVE DEBRIDEMENT	15.80	15.80
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL,	25.48	25.48
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NEEDED)	27.03	23.52
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	24.48	22.96
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	23.37	15.75

