

Multiple Procedure Payment Reduction (MPPR) For Selected Therapy Services
January 1, 2013 - March 31, 2013 Service Dates

Prepared By: Frost, Rutenberg & Rothblatt, P.C.

Source: American Taxpayer Relief Act of 2012; Federal Register dated November 16, 2012 and CMS Payment Files

Chicago & Cook County							Suburban Chicago				East St. Louis				Rest of Illinois				Indiana			
HCP Code	Description	Billing Unit	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 25% MPPR	Fee Schedule With 20% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 25% MPPR	Fee Schedule With 20% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 25% MPPR	Fee Schedule With 20% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 25% MPPR	Fee Schedule With 20% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 25% MPPR	Fee Schedule With 20% MPPR
G0281	Elec stim unattnd for press	Unit	14.52	7.51	12.65	13.02	14.52	7.66	12.60	12.98	13.47	6.69	11.80	12.13	13.07	6.49	11.45	11.78	12.93	6.59	11.28	11.61
G0283	Elec stim other than wound	Unit	14.52	7.51	12.65	13.02	14.52	7.66	12.60	12.98	13.47	6.69	11.80	12.13	13.07	6.49	11.45	11.78	12.93	6.59	11.28	11.61
G0329	Electromagntic tx for ulcers	Unit	11.03	8.22	8.98	9.39	11.06	8.39	8.96	9.38	10.02	7.32	8.19	8.56	9.61	7.11	7.83	8.19	9.47	7.22	7.67	8.03
92506	Speech/hearing evaluation	Unit	229.63	195.95	180.64	190.44	232.76	199.87	182.80	192.79	207.06	174.51	163.44	172.16	201.01	169.48	158.64	167.12	202.39	172.09	159.37	167.97
92507	Speech/hearing therapy	Unit	76.25	25.75	69.81	71.10	75.66	26.26	69.09	70.41	71.76	22.93	66.03	67.18	69.68	22.27	64.11	65.23	68.30	22.61	62.65	63.78
92508	Speech/hearing therapy	Unit	21.93	9.65	19.51	20.00	21.94	9.85	19.47	19.97	20.48	8.60	18.33	18.76	20.03	8.35	17.94	18.36	19.92	8.48	17.80	18.22
92526	Oral function therapy	Unit	82.66	30.75	74.97	76.51	82.16	31.37	74.32	75.89	77.58	27.39	70.74	72.11	75.37	26.60	68.72	70.05	74.06	27.01	67.31	68.66
92597	Oral speech device eval	Unit	74.49	25.39	68.14	69.41	73.90	25.90	67.42	68.72	70.09	22.61	64.43	65.56	68.01	21.96	62.52	63.62	66.63	22.30	61.05	62.17
92607	Ex for speech device rx 1hr	First Hour	127.68	55.78	113.74	116.52	127.22	56.90	112.99	115.84	119.20	49.68	106.78	109.27	115.73	48.25	103.67	106.08	114.02	48.99	101.77	104.22
92609	Use of speech device service	Unit	104.71	47.20	92.91	95.27	104.52	48.14	92.48	94.89	97.68	42.04	87.17	89.27	95.04	40.82	84.83	86.88	93.95	41.45	83.58	85.66
96125	Cognitive test by hc pro	Per Hour	114.58	50.06	102.07	104.57	114.41	51.06	101.64	104.20	107.03	44.58	95.88	98.11	104.32	43.30	93.49	95.66	103.26	43.96	92.27	94.47
97001	Pt evaluation	Unit	79.56	33.97	71.06	72.76	79.40	34.65	70.74	72.47	74.37	30.25	66.81	68.32	72.48	29.38	65.14	66.60	71.70	29.83	64.25	65.74
97002	Pt re-evaluation	Unit	44.96	21.81	39.51	40.60	44.91	22.25	39.35	40.46	41.81	19.43	36.96	37.93	40.64	18.87	35.93	36.87	40.20	19.16	35.41	36.36
97003	Ot evaluation	Unit	89.93	44.34	78.84	81.06	89.98	45.23	78.67	80.93	83.61	39.49	73.73	75.71	81.45	38.35	71.86	73.78	80.81	38.94	71.08	73.02
97004	Ot re-evaluation	Unit	56.76	33.61	48.36	50.04	56.95	34.28	48.38	50.09	52.32	29.93	44.84	46.34	50.85	29.07	43.58	45.03	50.56	29.52	43.18	44.65
97012	Mechanical traction therapy	Unit	16.98	7.51	15.10	15.47	16.96	7.66	15.04	15.43	15.85	6.69	14.18	14.51	15.45	6.49	13.83	14.16	15.31	6.59	13.66	13.99
97016	Vasopneumatic device therapy	Unit	20.96	13.95	17.47	18.17	21.08	14.22	17.53	18.24	19.20	12.42	16.10	16.72	18.64	12.06	15.63	16.23	18.58	12.25	15.52	16.13
97018	Paraffin bath therapy	Unit	12.11	9.30	9.78	10.25	12.16	9.48	9.79	10.26	10.98	8.28	8.91	9.32	10.54	8.04	8.53	8.93	10.41	8.16	8.37	8.78
97022	Whirlpool therapy	Unit	25.26	18.59	20.61	21.54	25.47	18.97	20.73	21.68	23.00	16.56	18.86	19.69	22.32	16.08	18.30	19.10	22.32	16.33	18.24	19.06
97024	Diathermy eg microwave	Unit	7.10	4.29	6.03	6.24	7.05	4.38	5.95	6.17	6.52	3.82	5.57	5.76	6.21	3.71	5.28	5.47	6.02	3.77	5.08	5.26
97026	Infrared therapy	Unit	6.74	3.93	5.76	5.96	6.68	4.01	5.68	5.88	6.20	3.50	5.33	5.50	5.90	3.40	5.05	5.22	5.70	3.45	4.84	5.01
97028	Ultraviolet therapy	Unit	8.16	4.65	7.00	7.23	8.11	4.74	6.93	7.16	7.52	4.14	6.48	6.69	7.20	4.02	6.19	6.39	7.01	4.08	5.99	6.20
97032	Electrical stimulation	Per 15 Min.	20.20	10.73	17.51	18.05	20.24	10.94	17.51	18.05	18.72	9.55	16.33	16.81	18.24	9.28	15.92	16.38	18.14	9.42	15.78	16.25
97033	Electric current therapy	Per 15 Min.	34.85	25.03	28.59	29.84	35.18	25.53	28.80	30.07	31.80	22.29	26.22	27.34	30.95	21.65	25.54	26.62	31.04	21.98	25.54	26.64
97034	Contrast bath therapy	Per 15 Min.	19.15	11.09	16.38	16.93	19.21	11.31	16.38	16.95	17.67	9.87	15.21	15.70	17.19	9.59	14.79	15.27	17.09	9.74	14.65	15.14
97035	Ultrasound therapy	Per 15 Min.	13.43	5.36	12.09	12.36	13.37	5.47	12.01	12.28	12.58	4.78	11.38	11.62	12.24	4.64	11.08	11.31	12.06	4.71	10.89	11.12
97036	Hydrotherapy	Per 15 Min.	35.19	24.67	29.02	30.26	35.51	25.17	29.22	30.48	32.16	21.97	26.67	27.76	31.32	21.34	25.99	27.05	31.40	21.67	25.99	27.07
97110	Therapeutic exercises	Per 15 Min.	33.64	17.16	29.35	30.21	33.78	17.51	29.40	30.28	31.25	15.29	27.43	28.20	30.61	14.84	26.90	27.64	30.59	15.07	26.82	27.58
97112	Neuromuscular reeducation	Per 15 Min.	35.07	18.59	30.42	31.35	35.24	18.97	30.50	31.45	32.53	16.56	28.39	29.22	31.85	16.08	27.83	28.63	31.85	16.33	27.77	28.58
97113	Aquatic therapy/exercises	Per 15 Min.	45.81	29.68	38.39	39.87	46.20	30.27	38.63	40.14	42.06	26.43	35.45	36.77	41.09	25.67	34.68	35.96	41.24	26.06	34.73	36.03
97116	Gait training therapy	Per 15 Min.	29.74	15.02	25.99	26.74	29.85	15.32	26.02	26.78	27.64	13.38	24.30	24.97	27.05	12.99	23.81	24.46	27.01	13.19	23.71	24.37
97124	Massage therapy	Per 15 Min.	27.63	14.66	23.97	24.70	27.74	14.95	24.00	24.75	25.62	13.06	22.36	23.01	25.04	12.68	21.87	22.51	24.99	12.88	21.77	22.42
97140	Manual therapy 1/> regions	Per 15 Min.	31.51	15.73	27.58	28.36	31.62	16.05	27.61	28.41	29.30	14.01	25.80	26.50	28.69	13.61	25.29	25.97	28.66	13.82	25.20	25.89
97150	Group therapeutic procedures	Unit	18.38	7.51	16.50	16.88	18.35	7.66	16.44	16.82	17.21	6.69	15.54	15.87	16.82	6.49	15.19	15.52	16.67	6.59	15.02	15.35
97530	Therapeutic activities	Per 15 Min.	36.87	20.74	31.68	32.72	37.08	21.15	31.79	32.85	34.10	18.47	29.48	30.40	33.36	17.94	28.88	29.77	33.39	18.21	28.84	29.75
97533	Sensory integration	Per 15 Min.	30.43	14.30	26.85	27.57	30.51	14.59	26.87	27.60	28.37	12.74	25.18	25.82	27.80	12.37	24.70	25.32	27.74	12.56	24.60	25.23
97535	Self care mngmt training	Per 15 Min.	36.50	20.02	31.50	32.50	36.70	20.42	31.59	32.61	33.80	17.83	29.34	30.24	33.08	17.32	28.75	29.62	33.10	17.59	28.71	29.59
97537	Community/work reintegration	Per 15 Min.	31.49	15.02	27.74	28.49	31.59	15.32	27.76	28.53	29.34	13.38	26.00	26.67	28.75	12.99	25.51	26.16	28.71	13.19	25.41	26.07
97542	Wheelchair mngmt training	Per 15 Min.	31.85	15.38	28.01	28.78	31.96	15.68	28.04	28.82	29.66	13.69	26.24	26.92	29.06	13.30	25.74	26.40	29.02	13.50	25.65	26.32
97750	Physical performance test	Per 15 Min.	35.77	17.88	31.30	32.19	35.67	18.24	31.11	32.02	33.21	15.92	29.23	30.02	32.14	15.46	28.27	29.05	31.64	15.70	27.71	28.50
97755	Assistive technology assess	Per 15 Min.	38.15	14.30	34.58	35.29	37.95	14.59	34.30	35.03	35.81	12.74	32.62	33.26	34.83	12.37	31.74	32.35	34.28	12.56	31.14	31.77
97760	Orthotic mgmt and training	Per 15 Min.	41.13	23.24	35.32	36.48	41.14	23.71	35.21	36.40	37.98	20.70	32.81	33.84	36.78	20.10	31.75	32.76	36.35	20.41	31.25	32.27
97761	Prosthetic training	Per 15 Min.	35.77	17.88	31.30	32.19	35.67	18.24	31.11	32.02	33.21	15.92	29.23	30.02	32.14	15.46	28.27	29.05	31.64	15.70	27.71	28.50
97762	C/o for orthotic/prosth use	Per 15 Min.	51.66	42.19	41.11	43.22	52.34	43.04	41.58	43.73	46.74	37.58	37.35	39.23	45.45	36.49	36.33	38.16	45.77	37.06	36.51	38.36

Multiple Procedure Payment Reduction (MPPR) For Selected Therapy Services
April 1, 2013 - December 31, 2013 Service Dates

Prepared By: Frost, Ruttenberg & Rothblatt, P.C.

Source: American Taxpayer Relief Act of 2012; Federal Register dated November 16, 2012 and CMS Payment Files

HCPC Code	Description	Billing Unit	Chicago & Cook County			Suburban Chicago			East St. Louis			Rest of Illinois			Indiana		
			Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 50% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 50% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 50% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 50% MPPR	Full Fee Schedule Without MPPR	Practice Expense	Fee Schedule With 50% MPPR
G0281	Elec stim unattend for press	Unit	14.52	7.51	10.77	14.52	7.66	10.69	13.47	6.69	10.12	13.07	6.49	9.83	12.93	6.59	9.63
G0283	Elec stim other than wound	Unit	14.52	7.51	10.77	14.52	7.66	10.69	13.47	6.69	10.12	13.07	6.49	9.83	12.93	6.59	9.63
G0329	Electromagnetic tx for ulcers	Unit	11.03	8.22	6.92	11.06	8.39	6.87	10.02	7.32	6.36	9.61	7.11	6.05	9.47	7.22	5.86
92506	Speech/hearing evaluation	Unit	229.63	195.95	131.65	232.76	199.87	132.83	207.06	174.51	119.81	201.01	169.48	116.27	202.39	172.09	116.35
92507	Speech/hearing therapy	Unit	76.25	25.75	63.37	75.66	26.26	62.53	71.76	22.93	60.30	69.68	22.27	58.54	68.30	22.61	57.00
92508	Speech/hearing therapy	Unit	21.93	9.65	17.10	21.94	9.85	17.01	20.48	8.60	16.18	20.03	8.35	15.86	19.92	8.48	15.68
92526	Oral function therapy	Unit	82.66	30.75	67.28	82.16	31.37	66.48	77.58	27.39	63.89	75.37	26.60	62.07	74.06	27.01	60.55
92597	Oral speech device eval	Unit	74.49	25.39	61.79	73.90	25.90	60.95	70.09	22.61	58.78	68.01	21.96	57.03	66.63	22.30	55.48
92607	Ex for speech device rx 1hr	First Hour	127.68	55.78	99.79	127.22	56.90	98.77	119.20	49.68	94.36	115.73	48.25	91.61	114.02	48.99	89.52
92609	Use of speech device service	Unit	104.71	47.20	81.11	104.52	48.14	80.45	97.68	42.04	76.66	95.04	40.82	74.63	93.95	41.45	73.22
96125	Cognitive test by hc pro	Per Hour	114.58	50.06	89.55	114.41	51.06	88.88	107.03	44.58	84.74	104.32	43.30	82.67	103.26	43.96	81.28
97001	Pt evaluation	Unit	79.56	33.97	62.57	79.40	34.65	62.07	74.37	30.25	59.25	72.48	29.38	57.79	71.70	29.83	56.79
97002	Pt re-evaluation	Unit	44.96	21.81	34.05	44.91	22.25	33.79	41.81	19.43	32.10	40.64	18.87	31.21	40.20	19.16	30.62
97003	Ot evaluation	Unit	89.93	44.34	67.76	89.98	45.23	67.36	83.61	39.49	63.86	81.45	38.35	62.27	80.81	38.94	61.34
97004	Ot re-evaluation	Unit	56.76	33.61	39.95	56.95	34.28	39.81	52.32	29.93	37.36	50.85	29.07	36.31	50.56	29.52	35.80
97012	Mechanical traction therapy	Unit	16.98	7.51	13.22	16.96	7.66	13.13	15.85	6.69	12.51	15.45	6.49	12.21	15.31	6.59	12.01
97016	Vasopneumatic device therapy	Unit	20.96	13.95	13.99	21.08	14.22	13.97	19.20	12.42	12.99	18.64	12.06	12.61	18.58	12.25	12.45
97018	Paraffin bath therapy	Unit	12.11	9.30	7.46	12.16	9.48	7.42	10.98	8.28	6.84	10.54	8.04	6.52	10.41	8.16	6.33
97022	Whirlpool therapy	Unit	25.26	18.59	15.96	25.47	18.97	15.99	23.00	16.56	14.72	22.32	16.08	14.28	22.32	16.33	14.16
97024	Diathermy eg microwave	Unit	7.10	4.29	4.96	7.05	4.38	4.86	6.52	3.82	4.61	6.21	3.71	4.35	6.02	3.77	4.13
97026	Infrared therapy	Unit	6.74	3.93	4.78	6.68	4.01	4.68	6.20	3.50	4.45	5.90	3.40	4.20	5.70	3.45	3.98
97028	Ultraviolet therapy	Unit	8.16	4.65	5.83	8.11	4.74	5.74	7.52	4.14	5.45	7.20	4.02	5.19	7.01	4.08	4.97
97032	Electrical stimulation	Per 15 Min.	20.20	10.73	14.83	20.24	10.94	14.77	18.72	9.55	13.94	18.24	9.28	13.60	18.14	9.42	13.43
97033	Electric current therapy	Per 15 Min.	34.85	25.03	22.33	35.18	25.53	22.41	31.80	22.29	20.65	30.95	21.65	20.12	31.04	21.98	20.05
97034	Contrast bath therapy	Per 15 Min.	19.15	11.09	13.61	19.21	11.31	13.56	17.67	9.87	12.74	17.19	9.59	12.39	17.09	9.74	12.22
97035	Ultrasound therapy	Per 15 Min.	13.43	5.36	10.75	13.37	5.47	10.64	12.58	4.78	10.19	12.24	4.64	9.92	12.06	4.71	9.71
97036	Hydrotherapy	Per 15 Min.	35.19	24.67	22.86	35.51	25.17	22.93	32.16	21.97	21.17	31.32	21.34	20.65	31.40	21.67	20.57
97110	Therapeutic exercises	Per 15 Min.	33.64	17.16	25.06	33.78	17.51	25.03	31.25	15.29	23.61	30.61	14.84	23.19	30.59	15.07	23.06
97112	Neuromuscular reeducation	Per 15 Min.	35.07	18.59	25.78	35.24	18.97	25.75	32.53	16.56	24.25	31.85	16.08	23.81	31.85	16.33	23.68
97113	Aquatic therapy/exercises	Per 15 Min.	45.81	29.68	30.97	46.20	30.27	31.06	42.06	26.43	28.84	41.09	25.67	28.26	41.24	26.06	28.21
97116	Gait training therapy	Per 15 Min.	29.74	15.02	22.23	29.85	15.32	22.19	27.64	13.38	20.95	27.05	12.99	20.56	27.01	13.19	20.41
97124	Massage therapy	Per 15 Min.	27.63	14.66	20.30	27.74	14.95	20.26	25.62	13.06	19.09	25.04	12.68	18.70	24.99	12.88	18.55
97140	Manual therapy 1/> regions	Per 15 Min.	31.51	15.73	23.64	31.62	16.05	23.60	29.30	14.01	22.29	28.69	13.61	21.89	28.66	13.82	21.75
97150	Group therapeutic procedures	Unit	18.38	7.51	14.62	18.35	7.66	14.52	17.21	6.69	13.87	16.82	6.49	13.57	16.67	6.59	13.37
97530	Therapeutic activities	Per 15 Min.	36.87	20.74	26.50	37.08	21.15	26.50	34.10	18.47	24.86	33.36	17.94	24.39	33.39	18.21	24.29
97533	Sensory integration	Per 15 Min.	30.43	14.30	23.28	30.51	14.59	23.22	28.37	12.74	22.00	27.80	12.37	21.61	27.74	12.56	21.46
97535	Self care mngmt training	Per 15 Min.	36.50	20.02	26.49	36.70	20.42	26.49	33.80	17.83	24.89	33.08	17.32	24.42	33.10	17.59	24.31
97537	Community/work reintegration	Per 15 Min.	31.49	15.02	23.98	31.59	15.32	23.93	29.34	13.38	22.65	28.75	12.99	22.26	28.71	13.19	22.11
97542	Wheelchair mngmt training	Per 15 Min.	31.85	15.38	24.16	31.96	15.68	24.12	29.66	13.69	22.82	29.06	13.30	22.41	29.02	13.50	22.27
97750	Physical performance test	Per 15 Min.	35.77	17.88	26.83	35.67	18.24	26.55	33.21	15.92	25.25	32.14	15.46	24.41	31.64	15.70	23.79
97755	Assistive technology assess	Per 15 Min.	38.15	14.30	31.00	37.95	14.59	30.66	35.81	12.74	29.44	34.83	12.37	28.64	34.28	12.56	28.00
97760	Orthotic mngmt and training	Per 15 Min.	41.13	23.24	29.51	41.14	23.71	29.29	37.98	20.70	27.63	36.78	20.10	26.73	36.35	20.41	26.14
97761	Prosthetic training	Per 15 Min.	35.77	17.88	26.83	35.67	18.24	26.55	33.21	15.92	25.25	32.14	15.46	24.41	31.64	15.70	23.79
97762	C/o for orthotic/prosth use	Per 15 Min.	51.66	42.19	30.57	52.34	43.04	30.82	46.74	37.58	27.95	45.45	36.49	27.21	45.77	37.06	27.24