Medicare Therapy Fee Schedule January 1, 2015 - March 31, 2015 Service Dates

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

Sources: Federal Register dated November 13, 2014, and CMS Payment Files

March Marc				Chicago &	Suburban	East St.	Rest of		
George Company of the page 1945 1945 1946 1928 1949 1928 1949 1928 1949									Special Notes / Instructions
Section of Personnel Control Unit 19-70 Vol. 19-90 Vol. 19-9									
Appendix of languare and Color 1974 1974 1975									
Applied Applied printed and content and Applied Applied Applied printed and content Applied Applied Applied and content Applied									
Septis S									
Apply Communication Debt Control Contr									
Page	29105	Apply long arm splint	Unit	96.38	95.69	89.74	85.67	83.59	
September of Ingergate User	29125	Apply forearm splint	Unit	69.67	69.69	64.42	61.92	61.10	
Applications of Property and Property Unit Sept. 20 Sept. 3 Sept. 3 Sept. 3 Sept. 5 Sept.	29126	Apply forearm splint	Unit	83.61	83.44	77.56	74.47	73.26	
Segons of cheek Unit 31.00 31.57 9.999 30.85 30.80 1.991 1.992 1.9	29130	Application of finger splint	Unit	44.80	44.33	42.01	40.12	39.01	
Second Column			Unit						
Sequence of relation or related Unit 31.00 31.00 70.00									
Surgery of hand or friege									
September of Service years Units 152.55 150.57 142.23 154.66 224.55									
Applied for the grant Unit 1984 354.00 198.07 198.03 198.04									
Apply and to lag cest Unit 89.77 89.16 83.55 77.79 77.70									
Apple Paper Pape									
Application Numer in gaspier Unit 78.00 77.68 77.08 78.09 78.00	29445		Unit	150.09	148.31	141.10	134.65	130.68	
Stapping of New Unit 33.08 33.09 33.09 31.08 29.09	29505		Unit	90.63	90.44	83.94	80.48	79.12	
Strapping of Notes Unit 30.11 30.06 23.05 27.55 27.26 10.0 NOT USE WITH 2081, OR 2082 28.09 28.09 28.09 28.00	29515	Application lower leg splint	Unit	78.00	77.68	72.66	69.75	68.46	
Strapping of ankle analor it Unit 22.32 28.00 28.69 25.72 25.15 0 NOT USE WITH 2081, OR 2082	29520	Strapping of hip	Unit	33.08	33.09	31.03	30.16	29.90	
Strapping of loss		1							
28985 Apple multips compas for ing Unit 57.37 56.65 53.51 51.14 49.22 DO NOT USE WITH 20840, 20890, 20840 CR 87140		1							DO NOT USE WITH 29581, OR 29582
28981									
29883 Apply multiny comprise up in Apply Company Apply Company Apply A									·
28983 Appl multary compris quir arm									
29898 Applications on programme amministry Unit 1.6.2 16.96 15.81 15.35 15.24									
Castingstrageing procedure Unit 1.0									
90911 Birleedback print/unitorial Unit 89.80 89.87 37.00 36.08 35.89					-				
99011 Bidrechback perium/mortal Unit 9.80 89.87 83.73 81.09 80.34	64550	Apply neurostimulator	Unit	16.92	16.95	15.81	15.35	15.24	
	90901	Biofeedback train any meth	Unit	39.75	39.87	37.09	36.08	35.89	
Speechhearing therapy	90911	Biofeedback peri/uro/rectal	Unit	89.80	89.87	83.73	81.09	80.34	
92500 Speech/hearing therapy	92506	Speech/hearing evaluation	Unit	-	-	-	-	-	DELETED CODE, USE 92521, 92522, 92523, OR 92524
Section									
92521 Evaluation of speech fluency									
September Sept									
92523 Speech sound lang comprehen		·							
92524 Behavral qualit analys voice Unit 92.70 92.47 88.17 86.21 85.47 REPLACED 92508									
92526 Oral function therapy									
92601 Cochlear implit //up exam <7 Unit 147.57 146.06 140.29 135.41 132.37 92602 Reprogram cochlear implit //> Unit 93.99 94.10 88.70 88.74 86.33 DO NOT USE WITH 92601 92603 Cochlear implit //□ Parm 7/> Unit 156.68 156.59 148.15 144.74 13.65 92604 Reprogram cochlear implit //> Unit 94.00 94.01 88.59 86.37 85.75 DO NOT USE WITH 92603 92605 Ex for nonspeech device x First Hour 100.56 99.36 96.16 92.97 90.80 BUNDLED CODE 92618 Ex for nonspeech device x First Hour 100.56 99.36 96.16 92.97 90.80 BUNDLED CODE 92607 Ex for speech device service Unit 19.09 130.75 123.80 120.59 119.44 92608 Non-speech device x addl + 30 min 55.49 55.67 52.16 51.02 50.89 MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN. 92608 Ex for speech device x addl + 30 min 55.49 55.67 52.16 51.02 50.89 MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN. 92609 Use of speech device addl + 30 min 55.49 55.67 52.16 51.02 50.89 MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN. 92610 Evaluate swallowing function Unit 90.23 89.97 85.37 83.08 82.16 92611 Molton fluoroscopy/swallow Unit 92.02 91.46 87.15 84.43 83.04 92612 Endoscopy swallow tst (fees) Unit 183.05 184.45 168.90 184.41 184.07 92613 Endoscopy swallow tst (fees) Unit 152.24 153.04 141.14 137.13 136.70 92614 Laynyoscopic sensory test Unit 152.24 153.04 141.14 137.13 136.70 92615 Eval laynyoscopy sense tst Unit 152.24 153.04 141.14 137.13 136.70 92616 Fees wilaryngeal sense test Unit 217.80 218.91 202.12 196.43 195.80 92617 Eval add rehab status Per Hr. 49.463 49.452 89.61 87.51 86.84 92627 Eval add status rehab add-on Per 15 Min. 23.12 23.14 21.85 21.38 21.27 MUST BE USED WITH 92626 92638 Body muscle testing manual Unit 54.05 53.98 50.60 48.98 43.41 93639 Body muscle testing manual Unit 195.4 196.50 183.11 17.57 17.49 93630 Body muscle testing manual Unit 195.4 196.50 183.11 17.57 17.49 93630 Range of motion measurements Unit 195.4 196.05 110.09 105.17 102.36 101.02									
92602 Reprogram cochlear implt 7/> Unit 93.99 94.10 88.70 86.74 86.33 DO NOT USE WITH 92601 92603 Cochlear implt f/up exam 7/> Unit 156.68 156.59 148.15 144.67 143.65 92604 Reprogram cochlear implt 7/> Unit 94.00 94.01 88.59 86.37 148.15 DO NOT USE WITH 92603 92605 Ex for nonspeech device x First Hour 100.66 99.36 96.16 92.97 99.80 BUNDLED CODE 92618 Ex for nonspeech device x Add + 30 min 36.56 36.11 35.00 33.85 33.06 MUST BE USED WITH 92605 FOR EACH ADDITIONAL 30 MIN. 92606 Non-speech device service Unit 89.73 88.92 85.29 82.47 80.00 BUNDLED CODE 92607 Ex for speech device x 1hr First Hour 130.99 130.75 123.80 120.59 119.44 92608 Ex for speech device x 2 add + 30 min 55.49 55.67 52.16 51.02 50.89 MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN. 92609 Use of speech device service Unit 115.74 116.10 109.90 106.59 106.55 92610 Evaluate swallowing function Unit 90.23 89.97 88.57 88.57 88.04 82.16 92611 Motion fluoroscopy/swallow Unit 92.02 91.46 87.15 84.43 83.04 92612 Endoscopy swallow tst (fees) Unit 142.04 41.35 40.17 38.52 31.04 141.14 164.07 92613 Endoscopy swallow tst (fees) Unit 152.24 153.04 141.14 137.13 136.70 92615 Eval laryngoscopic sensory test Unit 152.24 153.04 141.14 137.13 136.70 92616 Fees wlaryngeal sense test Unit 36.20 35.76 34.62 33.46 32.67 92617 Eval and shab status Per Hr. 94.63 94.52 89.91 30.77 129.59 29.15 93834 Body muscle testing manual Unit 33.14 33.09 30.77 29.59 29.15 938354 Body muscle testing manual Unit 39.70 39.77 37.24 36.27 36.06 93838 Body muscle testing manual Unit 17.35 17.44 19.63 18.11 17.57 17.49 938582 Range of motion measurements Unit 17.54 19.63 110.09 105.17 102.36 101.02	92597	Oral speech device eval	Unit	76.53	76.03	72.90	70.91	69.85	
92603 Cochlear implt f/up exam 7/> Unit 156.68 156.59 148.15 144.67 143.65 92604 Reprogram occhlear implt 7/> Unit 94.00 94.01 88.59 86.37 85.75 DO NOT USE WITH 92603 92605 Ex for nonspeech device rx First Hour 100.56 99.36 96.16 92.97 90.80 BUNDLED CODE 92618 Ex for nonspeech device xx First Hour 130.56 36.11 35.00 33.85 33.06 MUST BE USED WITH 92605 FOR EACH ADDITIONAL 30 MIN. 92606 Non-speech device service Unit 89.73 88.92 85.29 82.47 80.80 BUNDLED CODE 92607 Ex for speech device xx Ihr First Hour 130.99 130.75 123.80 120.59 119.44 92608 Ex for speech device x addl +30 min 55.49 55.67 52.16 51.02 50.89 MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN. 92609 Use of speech device service Unit 115.74 116.10 108.90 106.59 106.35 92610 Evaluate swallowing function Unit 99.23 89.97 85.37 83.08 82.16 92611 Evaluate swallowing function Unit 99.20 91.46 87.15 84.43 83.04 92612 Ex discoopy swallow tst (fees) Unit 143.05 184.45 168.90 164.14 164.07 92613 Endoscopy swallow tst (fees) Unit 42.04 41.35 40.17 38.52 37.30 92614 Lanyngoscopic sensory test Unit 152.24 153.04 141.14 137.13 136.70 92615 Eval lanyngoscopy sense tst Unit 152.24 153.04 141.14 137.13 136.70 92616 Eval aud rehab status Per Hr. 94.63 94.52 89.61 87.51 86.84 92626 Eval aud rehab status Per Hr. 94.63 94.52 89.61 87.51 86.84 92627 Eval aud status rehab add-on Per 15 Min. 23.12 23.14 21.85 21.38 21.27 MUST BE USED WITH 92626 95831 Limb muscle testing manual Unit 33.14 33.09 30.77 29.59 29.59 29.59 95832 Hand muscle testing manual Unit 17.35 17.44 19.63 18.11 17.57 17.49 95852 Range of motion measurements Unit 17.35 17.44 19.63 18.11 17.57 17.49 95852 Range of motion measurements Unit 17.35 17.44 19.63 18.11 17.57 17.49 95850 Assessment of aphasia Per Hr. 110.65 110.09 105.17 102.36 101.02	92601	Cochlear implt f/up exam <7	Unit	147.57	146.06	140.29	135.41	132.37	
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92615 Eval laryngoscopy sense tst Unit 36.20 35.76 34.62 33.46 32.67 92616 Fees w/laryngeal sense test Unit 217.80 218.91 202.12 196.43 195.80 92626 Eval aud rehab status Per Hr. 94.63 94.52 89.61 87.51 86.84 92627 Eval aud status rehab add-on Per 15 Min. 23.12 23.14 21.85 21.38 21.27 MUST BE USED WITH 92626 95831 Limb muscle testing manual Unit 33.14 33.09 30.77 29.59 29.15 95832 Hand muscle testing manual Unit 39.71 37.24 36.27 36.06 95833 Body muscle testing manual Unit 39.77 37.24 36.27 36.06 95834 Body muscle testing manual Unit 54.05 53.98 50.60 48.98 48.41 95851 Range of motion measurements Unit 19.54 19.63 18.11 17.57 17.49 95852	92613	Endoscopy swallow tst (fees)	Unit	42.04	41.35	40.17	38.52	37.30	
92616 Fees wilaryngeal sense test Unit 217.80 218.91 202.12 196.43 195.80 92626 Eval aud rehab status Per Hr. 94.63 94.52 89.61 87.51 86.84 92627 Eval aud status rehab add-on Per 15 Min. 23.12 23.14 21.85 21.38 21.27 MUST BE USED WITH 92626 95831 Limb muscle testing manual Unit 33.14 33.09 30.77 29.59 29.15 95832 Hand muscle testing manual Unit 39.71 37.24 36.27 36.06 95833 Body muscle testing manual Unit 39.77 37.24 36.27 36.06 95834 Body muscle testing manual Unit 54.05 53.98 50.60 48.98 48.41 95851 Range of motion measurements Unit 19.54 19.63 18.11 17.57 17.49 95852 Range of motion measurements Unit 17.35 17.44 15.98 15.45 15.37 9610	92614	Laryngoscopic sensory test	Unit	152.24	153.04		137.13	136.70	
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96105 Assessment of aphasia Per Hr. 110.65 110.09 105.17 102.36 101.02									
96110 Developmental screen w/score									
and the second of the second o	96110	Developmental screen w/score	Per Hr.	10.38	10.42	9.37	8.91	8.79	

Medicare Therapy Fee Schedule January 1, 2015 - March 31, 2015 Service Dates

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

Sources: Federal Register dated November 13, 2014, and CMS Payment Files

HCPC Code	Description	Rilling Unit	Chicago & Cook County		East St. Louis	Rest of Illinois	Indiana	Special Notes / Instructions
96111	Developmental test extend	Per Hr.	135.57	134.32	130.27	126.98	124.86	NOT A SIMPLE EVALUATION/USE WITH CAUTION
96116	Neurobehavioral status exam	Per Hr.	98.66	97.64	94.73	92.11	90.34	NOT A GIVIL EE EVALOATION GOE WITH GAGTION
96125	Cognitive test by hc pro	Per Hr.	123.68	123.42	116.75	113.59	112.42	
97001	Pt evaluation	Unit	78.84	78.74	74.75	73.07	72.53	
97002	Pt re-evaluation	Unit	44.06	44.10	41.56	40.60	40.39	
97003	Ot evaluation	Unit	89.59	89.55	84.46	82.30	81.66	
97003	Ot re-evaluation	Unit	55.20	55.45	51.59	50.37	50.28	
97010	Hot or cold packs therapy	N/A	6.62	6.54	6.17	5.85		BUNDLED CODE
97010	Mechanical traction therapy	Unit	16.87	16.83	15.98	15.58	15.44	BONDLED GODE
97016	Vasopneumatic device therapy	Unit	20.26	20.35	18.82	18.28	18.21	
97018	Paraffin bath therapy	Unit	11.82	11.84	10.85	10.41	10.28	
97018	Whirlpool therapy	Unit	24.73	24.91	22.81	22.16	22.13	
97024		Unit	6.99	6.92	6.50	6.18	6.00	
97024	Diathermy eg microwave Infrared therapy	Unit	6.62	6.54	6.50	5.85	5.67	
97028	Ultraviolet therapy	Unit	8.09	8.03	7.55	7.22	7.04	
97028	Electrical stimulation	Per 15 Min.	20.21	20.24	18.99	18.51	18.40	
97033		Per 15 Min.	34.31	34.60	31.72	30.91	30.96	
97033	Electric current therapy Contrast bath therapy	Per 15 Min.	19.13	19.17	17.89	17.40	17.30	
97034	Ultrasound therapy	Per 15 Min.	13.56	13.49	12.87	12.52	12.36	
97036	Hydrotherapy	Per 15 Min.	35.39	35.53	32.77	31.75	31.57	
97039	Physical therapy treatment	Per 15 Min.	- 30.39	-	32.11	31.73	31.37	USE WITH CAUTION/MAY RESULT IN ADR/CARRIER PRICED
97039		Per 15 Min.	34.15	34.13	32.17	31.33	31.06	USE WITH CAUTION/MAT RESULT IN ADR/CARRIER PRICED
97110	Therapeutic exercises Neuromuscular reeducation	Per 15 Min.	34.15	35.05	32.84	32.18	32.16	
				45.29				
97113	Aquatic therapy/exercises	Per 15 Min.	44.94 29.75	29.84	41.84	40.93	41.03 27.40	
97116 97124	Gait training therapy	Per 15 Min.	28.28	28.23	28.04 26.59	27.46 25.79	25.50	
97124	Massage therapy	Per 15 Min. Per 15 Min.	20.20	- 20.23	20.59	25.79	25.50	USE WITH CAUTION/MAY RESULT IN ADR/CARRIER PRICED
97139	Physical medicine procedure	Per 15 Min.	31.21	31.30	29.44	28.86	28.80	DO NOT USE WITH 29581 - 29584
97150	Manual therapy 1/> regions	Unit	18.33	18.28		17.01		DO NOT USE WITH 29361 - 29364
97130	Group therapeutic procedures	Per 15 Min.	36.40	36.58	17.41	33.45	16.87 33.45	
97532	Therapeutic activities	Per 15 Min.	28.59	28.47	34.15 27.13	26.41	26.09	
97532	Cognitive skills development	Per 15 Min.	30.46	30.53	28.80	28.24	28.17	
97535	Sensory integration	Per 15 Min.	36.40	36.57	34.17	33.48	33.48	
97535	Self care mngment training Community/work reintegration	Per 15 Min.	31.57	31.65	29.83	29.25	29.19	
				32.03				
97542	Wheelchair mngment training	Per 15 Min.	31.94		30.16	29.58	29.52	
97597	RmvI devital tis 20 cm/<		80.47	80.99	74.13	71.80	71.57	MUST DE LICED WITH 07507
97598 97602	Rmvl devital tis addl 20cm/< Wound(s) care non-selective	Unit	27.23	27.10	25.33	24.26	23.76	MUST BE USED WITH 97597 BUNDLED CODE
97750	Physical performance test	Per 15 Min.	34.89	34.88	32.84	31.98	31.72	BONDLED GODE
97755	Assistive technology assess	Per 15 Min.	34.89	34.88	35.92	35.14	31.72	
97760	Orthotic mgmt and training	Per 15 Min.	40.09	40.18	37.52	36.53	36.34	NOT TO BE USED WITH 97116
97761	Prosthetic training	Per 15 Min.	34.89	34.88	32.84	31.98	31.72	
97762	C/o for orthotic/prosth use	Per 15 Min.	49.91	50.51	45.74	44.55	44.78	
	Physical medicine procedure	Unit						CARRIER PRICED
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Definitions:

Billina Unit

Per 15 Mn.: Indicates one charge unit for each 15 minutes of therapy treatment provided.

Per Hr.: Indicated one charge unit for each 60 minutes of therapy treatment provided.

Unit: Is always one charge unit per day of service.

Geographical Location

Chicago: Facilities located in Cook County.

Suburban Chicago: Facilities located in DuPage, Kane, Lake, or Will counties.

East St. Louis: Facilities located in Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, or Washington counties.

Rest of Illinois: Facilities located in any other county not referenced above.

Indiana: Facilities located in Indiana