

Medicare Therapy Fee Schedule
January 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	Special Notes / Instructions
G0281	Elec stim unattend for press	Unit	14.52	14.52	13.47	13.07	12.93	
G0282	Elect stim wound care not pd	Unit	-	-	-	-	-	NONCOVERED SERVICE
G0283	Elec stim other than wound	Unit	14.52	14.52	13.47	13.07	12.93	
G0329	Electromagntic tx for ulcers	Unit	11.03	11.06	10.02	9.61	9.47	
29065	Application of long arm cast	Unit	109.38	108.56	100.32	95.32	92.29	
29075	Application of forearm cast	Unit	98.38	97.71	90.18	85.76	83.13	
29085	Apply hand/wrist cast	Unit	107.25	106.67	98.36	93.80	91.24	
29105	Apply long arm splint	Unit	99.38	98.65	91.36	86.99	84.34	
29125	Apply forearm splint	Unit	73.24	73.14	66.86	63.95	62.64	
29126	Apply forearm splint	Unit	86.68	86.42	79.39	75.93	74.21	
29130	Application of finger splint	Unit	46.07	45.57	42.64	40.61	39.20	
29131	Application of finger splint	Unit	58.54	58.11	53.91	51.42	49.90	
29200	Strapping of chest	Unit	58.14	58.03	53.75	51.91	51.11	
29220	Strapping of Lower Back	Unit	-	-	-	-	-	DELETED CODE - USE 29799 FOR LOW BACK STRAPPING
29240	Strapping of shoulder	Unit	62.74	62.68	58.02	56.12	55.35	
29260	Strapping of elbow or wrist	Unit	57.14	57.10	52.57	50.68	49.90	
29280	Strapping of hand or finger	Unit	55.74	55.85	51.19	49.48	48.96	
29345	Application of long leg cast	Unit	156.11	154.22	143.74	135.99	130.52	
29365	Application of long leg cast	Unit	140.92	139.48	129.48	122.66	118.11	
29405	Apply short leg cast	Unit	91.59	91.18	84.14	80.46	78.50	
29445	Apply rigid leg cast	Unit	153.71	151.87	142.59	135.80	130.89	
29505	Application long leg splint	Unit	94.17	93.91	86.13	82.29	80.41	
29515	Application lower leg splint	Unit	80.92	80.50	74.41	71.13	69.32	
29520	Strapping of hip	Unit	53.22	53.25	49.03	47.41	46.84	
29530	Strapping of knee	Unit	57.84	57.79	53.25	51.36	50.58	
29540	Strapping of ankle and/or ft	Unit	40.46	40.51	37.22	35.97	35.56	DO NOT USE WITH 29581, OR 29582
29550	Strapping of toes	Unit	34.14	34.46	31.14	30.30	30.38	
29580	Application of paste boot	Unit	58.91	58.62	54.21	51.89	50.63	DO NOT USE WITH 29581, OR 29582
29581	Apply multilay comprs lwr leg	Unit	67.75	68.75	61.07	59.37	59.90	DO NOT USE WITH 29540, 29580, 29582 OR 97140
29582	Apply multilay comprs upr leg	Unit	76.62	77.71	69.25	67.41	68.01	DO NOT USE WITH 29540, 29580, 29581, OR 97140
29583	Apply multilay comprs upr arm	Unit	47.73	48.32	43.24	42.05	42.32	DO NOT USE WITH 29584, OR 97140
29584	Appl multilay comprs arm/hand	Unit	76.62	77.71	69.25	67.41	68.01	DO NOT USE WITH 29583, OR 97140
29590	Application of foot splint	Unit	-	-	-	-	-	DELETED CODE
29799	Casting/strapping procedure	Unit	-	-	-	-	-	USE WITH CAUTION/MAY RESULT IN ADR/CARRIER PRICED
64550	Apply neurostimulator	Unit	17.03	17.07	15.70	15.24	15.13	
90901	Biofeedback train any meth	Unit	41.89	42.23	38.49	37.60	37.71	
90911	Biofeedback peri/uro/rectal	Unit	91.20	91.27	83.93	81.09	80.10	
92506	Speech/hearing evaluation	Unit	229.63	232.76	207.06	201.01	202.39	
92507	Speech/hearing therapy	Unit	76.25	75.66	71.76	69.68	68.30	
92508	Speech/hearing therapy	Unit	21.93	21.94	20.48	20.03	19.92	
92520	Laryngeal function studies	Unit	79.89	80.27	73.37	71.25	70.94	APPLIES TO THERAPY CAP WHEN PERFORMED BY A THERAPIST
92526	Oral function therapy	Unit	82.66	82.16	77.58	75.37	74.06	
92597	Oral speech device eval	Unit	74.49	73.90	70.09	68.01	66.63	
92601	Cochlear implt t/up exam <7	Unit	141.65	140.94	132.94	129.33	127.34	
92602	Reprogram cochlear implt 7/>	Unit	95.92	95.72	89.28	86.69	85.57	DO NOT USE WITH 92601
92603	Cochlear implt t/up exam 7/>	Unit	156.71	156.34	146.21	142.17	140.40	
92604	Reprogram cochlear implt 7/>	Unit	93.82	93.91	87.22	85.01	84.40	DO NOT USE WITH 92603
92605	Ex for nonspeech device rx	First Hour	97.37	96.52	91.89	89.30	87.48	BUNDLED CODE
92618	Ex for nonspeech dev rx add	+ 30 min	34.91	34.62	33.01	32.14	31.53	MUST BE USED WITH 92605 FOR EACH ADDITIONAL 30 MIN.
92606	Non-speech device service	Unit	87.26	86.81	81.85	79.58	78.30	BUNDLED CODE
92607	Ex for speech device rx 1hr	First Hour	127.68	127.22	119.20	115.73	114.02	
92608	Ex for speech device rx addl	+ 30 min	51.32	51.17	47.78	46.36	45.69	MUST BE USED WITH 92607 FOR EACH ADDITIONAL 30 MIN.
92609	Use of speech device service	Unit	104.71	104.52	97.68	95.04	93.95	
92610	Evaluate swallowing function	Unit	83.40	82.95	78.13	75.86	74.58	
92611	Motion fluoroscopy/swallow	Unit	93.73	93.32	87.48	84.79	83.37	
92612	Endoscopy swallow tst (fees)	Unit	190.70	192.42	173.61	168.55	168.71	
92613	Endoscopy swallow tst (fees)	Unit	40.94	40.58	38.57	37.42	36.61	
92614	Laryngoscopic sensory test	Unit	164.24	165.43	150.04	145.67	145.47	
92615	Eval laryngoscopy sense tst	Unit	35.64	35.38	33.60	32.69	32.11	
92616	Fees w/laryngeal sense test	Unit	225.28	226.74	206.21	200.26	199.83	
92626	Eval aud rehab status	Per Hr.	95.49	95.19	89.18	86.69	85.52	
92627	Eval aud status rehab add-on	Per 15 Min.	22.64	22.67	21.12	20.65	20.54	MUST BE USED WITH 92626
95831	Limb muscle testing manual	Unit	31.24	31.20	28.70	27.59	27.11	
95832	Hand muscle testing manual	Unit	29.80	29.73	27.44	26.38	25.88	
95833	Body muscle testing manual	Unit	39.35	39.58	36.39	35.62	35.67	
95834	Body muscle testing manual	Unit	55.33	55.49	51.05	49.61	49.30	
95851	Range of motion measurements	Unit	19.54	19.66	17.88	17.34	17.27	
95852	Range of motion measurements	Unit	18.15	18.28	16.50	15.95	15.88	
96105	Assessment of aphasia	Per Hr.	99.20	99.09	93.38	91.67	91.15	
96110	Developmental screen	Per Hr.	10.00	10.06	8.94	8.50	8.37	
96111	Developmental test extend	Per Hr.	137.11	135.34	129.88	125.73	122.26	NOT A SIMPLE EVALUATION/USE WITH CAUTION

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96116	Neurobehavioral status exam	Per Hr.	95.85	94.74	90.88	88.24	86.09	REPLACED 96115
96125	Cognitive test by hc pro	Per Hr.	114.58	114.41	107.03	104.32	103.26	
97001	Pt evaluation	Unit	79.56	79.40	74.37	72.48	71.70	
97002	Pt re-evaluation	Unit	44.96	44.91	41.81	40.64	40.20	
97003	Ot evaluation	Unit	89.93	89.98	83.61	81.45	80.81	
97004	Ot re-evaluation	Unit	56.76	56.95	52.32	50.85	50.56	
97010	Hot or cold packs therapy	N/A	6.74	6.68	6.20	5.90	5.70	BUNDLED CODE
97012	Mechanical traction therapy	Unit	16.98	16.96	15.85	15.45	15.31	
97016	Vasopneumatic device therapy	Unit	20.96	21.08	19.20	18.64	18.58	
97018	Paraffin bath therapy	Unit	12.11	12.16	10.98	10.54	10.41	
97022	Whirlpool therapy	Unit	25.26	25.47	23.00	22.32	22.32	
97024	Diathermy eg microwave	Unit	7.10	7.05	6.52	6.21	6.02	REPLACED 97020
97026	Infrared therapy	Unit	6.74	6.68	6.20	5.90	5.70	
97028	Ultraviolet therapy	Unit	8.16	8.11	7.52	7.20	7.01	
97032	Electrical stimulation	Per 15 Min.	20.20	20.24	18.72	18.24	18.14	
97033	Electric current therapy	Per 15 Min.	34.85	35.18	31.80	30.95	31.04	
97034	Contrast bath therapy	Per 15 Min.	19.15	19.21	17.67	17.19	17.09	
97035	Ultrasound therapy	Per 15 Min.	13.43	13.37	12.58	12.24	12.06	
97036	Hydrotherapy	Per 15 Min.	35.19	35.51	32.16	31.32	31.40	
97039	Physical therapy treatment	Per 15 Min.	-	-	-	-	-	USE WITH CAUTION/MAY RESULT IN ADR/CARRIER PRICED
97110	Therapeutic exercises	Per 15 Min.	33.64	33.78	31.25	30.61	30.59	
97112	Neuromuscular reeducation	Per 15 Min.	35.07	35.24	32.53	31.85	31.85	
97113	Aquatic therapy/exercises	Per 15 Min.	45.81	46.20	42.06	41.09	41.24	
97116	Gait training therapy	Per 15 Min.	29.74	29.85	27.64	27.05	27.01	
97124	Massage therapy	Per 15 Min.	27.63	27.74	25.62	25.04	24.99	
97139	Physical medicine procedure	Per 15 Min.	-	-	-	-	-	USE WITH CAUTION/MAY RESULT IN ADR/CARRIER PRICED
97140	Manual therapy 1/> regions	Per 15 Min.	31.51	31.62	29.30	28.69	28.66	DO NOT USE WITH 29581 - 29584
97150	Group therapeutic procedures	Unit	18.38	18.35	17.21	16.82	16.67	
97530	Therapeutic activities	Per 15 Min.	36.87	37.08	34.10	33.36	33.39	
97532	Cognitive skills development	Per 15 Min.	27.57	27.60	25.82	25.32	25.23	
97533	Sensory integration	Per 15 Min.	30.43	30.51	28.37	27.80	27.74	
97535	Self care mngmt training	Per 15 Min.	36.50	36.70	33.80	33.08	33.10	
97537	Community/work reintegration	Per 15 Min.	31.49	31.59	29.34	28.75	28.71	
97542	Wheelchair mngmt training	Per 15 Min.	31.85	31.96	29.66	29.06	29.02	
97597	Rmvl devital tis 20 cm/<		83.62	84.15	76.05	73.44	73.04	
97598	Rmvl devital tis addl 20cm/<		27.69	27.62	25.43	24.37	23.86	MUST BE USED WITH 97597
97602	Wound(s) care non-selective	Unit	-	-	-	-	-	BUNDLED CODE
97750	Physical performance test	Per 15 Min.	35.77	35.67	33.21	32.14	31.64	
97755	Assistive technology assess	Per 15 Min.	38.15	37.95	35.81	34.83	34.28	
97760	Orthotic mgmt and training	Per 15 Min.	41.13	41.14	37.98	36.78	36.35	REPLACED 97504; NOT TO BE USED WITH 97116
97761	Prosthetic training	Per 15 Min.	35.77	35.67	33.21	32.14	31.64	REPLACED 97520
97762	C/o for orthotic/prosth use	Per 15 Min.	51.66	52.34	46.74	45.45	45.77	REPLACED 97703
97799	Physical medicine procedure	Unit	-	-	-	-	-	CARRIER PRICED

Definitions:

Billing 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