

**2007 MEDICARE PART B FEE SCHEDULE
OUTPATIENT REHABILITATION**

Status	CPT/HCPCS Code	Short Description	Detroit, MI	Rest of Michigan
			00953 01	00953 99
C	0019T	Extracorp shock wv tx,ms nos	0.00	0.00
C	0029T	Magnetic tx for incontinence	0.00	0.00
A	64550	Apply neurostimulator	17.72	15.71
A	90901	Biofeedback, any method	41.00	36.47
A	92506	Speech and hearing evaluation	143.79	127.32
A	92507	Speech and hearing therapy	65.74	58.43
A	92508	Speech and hearing therapy	30.47	27.10
A	92526	Oral function therapy	87.34	77.36
A	92597	Oral speech device eval	100.96	89.93
B	92605	Eval for nonspeech device rx	0.00	0.00
B	92606	Non-speech device service	0.00	0.00
A	92607	Ex for speech device rx, 1hr	140.38	120.93
A	92608	Ex for speech device rx addl	30.33	24.84
A	92609	Use of speech device service	74.93	64.11
A	92610	Evaluate swallowing function	127.44	108.66
A	92611	Motion fluoroscopy/swallow	129.85	110.75
A	92612	Endoscopy swallow tst (fees)	158.55	141.21
A	92614	Laryngoscopic sensory test	146.54	130.73
A	92616	Fees w/laryngeal sense test	203.42	181.70
A	95831	Limb muscle testing, manual	28.46	25.41
A	95832	Hand muscle testing, manual	25.87	22.87
A	95833	Body muscle testing, manual	40.56	36.27
A	95834	Body muscle testing, manual	48.70	43.48
A	95851	Range of motion measurements	20.13	17.75
A	95852	Range of motion measurements	14.96	13.09
A	96105	Assessment of aphasia	91.65	74.13
A	96110	Developmental test, lim	25.62	16.48
A	96111	Developmental test, extend	148.80	132.42
A	97001	PT evaluation	76.77	69.27
A	97002	PT re-evaluation	40.48	36.62
A	97003	OT evaluation	83.00	74.38
A	97004	OT re-evaluation	48.88	43.96
B	97010	Hot or cold packs therapy	0.00	0.00
A	97012	Mechanical traction therapy	14.87	13.45
A	97016	Vasopneumatic device therapy	15.32	13.62
A	97018	Paraffin bath therapy	7.79	6.65
A	97022	Whirlpool therapy	16.52	14.64
A	97024	Diathermy treatment	5.79	4.91
A	97026	Infrared therapy	5.39	4.56
A	97028	Ultraviolet therapy	6.58	5.66
A	97032	Electrical stimulation	16.47	14.84
A	97033	Electric current therapy	22.47	20.11
A	97034	Contrast bath therapy	14.89	13.36
A	97035	Ultrasound therapy	12.49	11.26
A	97036	Hydrotherapy	24.86	22.27
C	97039	Physical therapy treatment	0.00	0.00
A	97110	Therapeutic excercises	28.97	26.07
A	97112	Neuromuscular reeducation	29.55	26.91
A	97113	Aquatic therapy excercises	33.95	30.75
A	97116	Gait training therapy	25.18	22.94

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			00953 01	00953 99
A	97124	Massage therapy	22.81	20.70
C	97139	Physical medicine procedure	0.00	0.00
A	97140	Manual therapy	26.76	24.43
A	97150	Group therapeutic procedure	18.06	16.30
A	97530	Therapeutic activities	30.35	27.61
A	97532	Cognitive skills development	25.15	23.06
A	97533	Sensory integration	26.75	24.46
A	97535	Self care management training	30.35	27.61
A	97537	Community/work reintegration	27.55	25.16
A	97542	Wheelchair management training	27.95	25.51
A	97597	Active wound care/20 cm or <	56.37	49.44
A	97598	Active wound care > 20 cm	69.83	61.91
B	97602	Wound care non-selective	0.00	0.00
A	97605	Neg press wound tx, < 50 cm	35.71	32.28
A	97606	Neg press wound tx, > 50 cm	39.10	35.09
A	97750	Physical performance test	30.57	27.47
A	97755	Assistive technology assess	35.26	32.14
A	97760	Othotic management and training	33.20	29.44
A	97761	Prosthetic training	29.37	26.42
A	97762	C/o for orthotic/prosth use	30.70	26.94
C	97799	Physical medicine procedure	0.00	0.00
A	G0281	Elec stim unattend for press	12.11	10.82
A	G0283	Elec stim other than wound	12.11	10.82
A	G0329	Electromagntic tx for ulcers	8.59	7.35

Conversion Factor **\$37.8975**
Budget Neutrality Adj **0.8994**
((A1 x BN x B1)+(A2 x B2)+(A3 x B3)) x Conversion Factor

Status

- A Active code - separately payable under the fee schedule if covered
- B Bundled code - payment is always bundled into payment for other services. No separate payment is made for this service
- C Carrier-priced code - carrier will establish RVUs and payment for these services
- R Restricted service - special coverage instructions apply and if covered will be carrier-priced