

**2008 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	16.77	15.01
A	90901	Biofeedback train, any method	38.31	34.36
A	92506	Speech and hearing evaluation	154.36	137.52
A	92507	Speech and hearing therapy	66.60	59.59
A	92508	Speech and hearing therapy	31.11	27.86
A	92526	Oral function therapy	87.35	77.91
A	92597	Oral speech device eval	106.06	95.03
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	158.45	138.00
A	92608	Ex for speech device rx addl	33.12	27.73
A	92609	Use of speech device service	84.13	72.90
A	92610	Evaluate swallowing function	109.59	94.17
A	92611	Motion fluoroscopy/swallow	114.38	98.38
A	92612	Endoscopy swallow tst (fees)	161.85	145.05
A	92614	Laryngoscopic sensory test	145.89	131.00
A	92616	Fees w/laryngeal sense test	201.68	181.35
A	95831	Limb muscle testing, manual	27.90	25.11
A	95832	Hand muscle testing, manual	25.98	23.17
A	95833	Body muscle testing, manual	39.48	35.56
A	95834	Body muscle testing, manual	46.69	42.02
A	95851	Range of motion measurements	18.77	16.71
A	95852	Range of motion measurements	14.80	13.08
A	96105	Assessment of aphasia	84.02	68.87
A	96110	Developmental test, lim	22.95	15.14
A	96111	Developmental test, extend	140.85	126.59
A	96125	Cognitive test by hc pro	103.54	91.66
A	97001	PT evaluation	74.15	67.40
A	97002	PT re-evaluation	39.43	35.92
A	97003	OT evaluation	79.81	72.11
A	97004	OT re-evaluation	47.01	42.59
B	97010	Hot or cold packs therapy	0.00	0.00
A	97012	Mechanical traction therapy	15.14	13.79
A	97016	Vasopneumatic device therapy	15.57	13.96
A	97018	Paraffin bath therapy	8.04	6.96
A	97022	Whirlpool therapy	17.57	15.68
A	97024	Diathermy eg, microwave	5.64	4.85
A	97026	Infrared therapy	5.24	4.50
A	97028	Ultraviolet therapy	6.83	5.97
A	97032	Electrical stimulation	16.74	15.19
A	97033	Electric current therapy	24.32	21.89
A	97034	Contrast bath therapy	14.76	13.32
A	97035	Ultrasound therapy	11.97	10.86
A	97036	Hydrotherapy	25.91	23.36
C	97039	Physical therapy treatment	0.00	0.00
A	97110	Therapeutic excercises	29.11	26.40
A	97112	Neuromuscular reeducation	29.83	27.31
A	97113	Aquatic therapy excercises	34.63	31.50

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A	97116	Gait training therapy	25.06	22.95
A	97124	Massage therapy	23.09	21.08
C	97139	Physical medicine procedure	0.00	0.00
A	97140	Manual therapy	26.65	24.44
A	97150	Group therapeutic procedures	18.33	16.65
A	97530	Therapeutic activities	30.23	27.63
A	97532	Cognitive skills development	24.65	22.72
A	97533	Sensory integration	26.24	24.12
A	97535	Self care management training	30.63	28.02
A	97537	Community/work reintegration	27.44	25.21
A	97542	Wheelchair management training	27.84	25.56
A	97597	Active wound care/20 cm or <	59.63	52.78
A	97598	Active wound care > 20 cm	73.11	65.28
B	97602	Wound(s) care non-selective	0.00	0.00
A	97605	Neg press wound tx, < 50 cm	35.46	32.26
A	97606	Neg press wound tx, > 50 cm	38.71	35.00
A	97750	Physical performance test	30.31	27.45
A	97755	Assistive technology assess	34.63	31.76
A	97760	Othotic management and training	33.58	30.05
A	97761	Prosthetic training	29.51	26.75
A	97762	C/o for orthotic/prosth use	33.58	29.73
C	97799	Physical medicine procedure	0.00	0.00
A	G0281	Elec stim unattend for press	11.98	10.80
A	G0283	Elec stim other than wound	11.98	10.80
A	G0329	Electromagntic tx for ulcers	8.84	7.66

Conversion Factor **\$38.0870**

Budget Neutrality Adj **0.8806**

((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