

**2010 MEDICARE PART B FEE SCHEDULE - JUNE 1, 2010 - NOVEMBER 30, 2010**  
**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
C	0183T	Wound ultrasound	0.00	0.00
A	64550	Apply neurostimulator	16.02	14.84
A	90901	Biofeedback train, any method	36.31	33.96
A	92506	Speech and hearing evaluation	164.51	152.49
A	92507	Speech and hearing therapy	68.44	63.60
A	92508	Speech and hearing therapy	33.64	31.27
A	92520	Laryngeal function studies	65.66	61.13
A	92526	Oral function therapy	107.62	100.36
A	92597	Oral speech device eval	113.39	105.57
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	169.18	155.23
A	92608	Ex for speech device rx addl	34.45	31.61
A	92609	Use of speech device service	91.84	84.20
A	92610	Evaluate swallowing function	121.82	113.43
A	92611	Motion fluoroscopy/swallow	130.95	121.68
A	92612	Endoscopy swallow tst (fees)	166.69	154.89
A	92614	Laryngoscopic sensory test	149.05	138.57
A	92616	Fees w/laryngeal sense test	202.90	188.82
A	95831	Limb muscle testing, manual	28.97	26.73
A	95832	Hand muscle testing, manual	27.44	25.33
A	95833	Body muscle testing, manual	37.45	35.11
A	95834	Body muscle testing, manual	45.80	42.79
A	95851	Range of motion measurements	17.94	16.59
A	95852	Range of motion measurements	14.49	13.32
A	96105	Assessment of aphasia	80.34	73.56
A	96110	Developmental test, lim	7.99	7.14
A	96111	Developmental test, extend	141.88	132.23
A	96125	Cognitive test by hc pro	101.05	94.83
A	97001	PT evaluation	76.26	71.38
A	97002	PT re-evaluation	41.20	38.53
A	97003	OT evaluation	81.63	76.35
A	97004	OT re-evaluation	48.10	44.91
B	97010	Hot or cold packs therapy	0.00	0.00
A	97012	Mechanical traction therapy	16.01	14.94
A	97016	Vasopneumatic device therapy	17.17	15.90
A	97018	Paraffin bath therapy	9.13	8.29
A	97022	Whirlpool therapy	19.85	18.37
A	97024	Diathermy eg, microwave	6.45	5.80
A	97026	Infrared therapy	5.68	5.09
A	97028	Ultraviolet therapy	7.21	6.54
A	97032	Electrical stimulation	17.92	16.71
A	97033	Electric current therapy	27.51	25.59
A	97034	Contrast bath therapy	16.78	15.59
A	97035	Ultrasound therapy	12.94	12.04
A	97036	Hydrotherapy	28.66	26.69
C	97039	Physical therapy treatment	0.00	0.00

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			00953 01	00953 99
A	97110	Therapeutic excercises	30.55	28.70
A	97112	Neuromuscular reeducation	31.70	29.76
A	97113	Aquatic therapy excercises	38.22	35.78
A	97116	Gait training therapy	27.10	25.44
A	97124	Massage therapy	24.81	23.24
C	97139	Physical medicine procedure	0.00	0.00
A	97140	Manual therapy	28.63	26.90
A	97150	Group therapeutic procedures	19.84	18.51
A	97530	Therapeutic activities	32.85	30.81
A	97532	Cognitive skills development	26.33	24.78
A	97533	Sensory integration	28.63	26.91
A	97535	Self care management training	32.85	30.83
A	97537	Community/work reintegration	29.40	27.63
A	97542	Wheelchair management training	29.78	27.99
A	97597	Active wound care/20 cm or <	66.77	61.65
A	97598	Active wound care > 20 cm	82.39	76.19
B	97602	Wound(s) care non-selective	0.00	0.00
A	97605	Neg press wound tx, < 50 cm	41.33	37.57
A	97606	Neg press wound tx, > 50 cm	44.33	40.17
A	97750	Physical performance test	32.02	29.81
A	97755	Assistive technology assess	36.21	33.95
A	97760	Othotic management and training	35.47	33.00
A	97761	Prosthetic training	31.63	29.45
A	97762	C/o for orthotic/prosth use	37.86	35.16
C	97799	Physical medicine procedure	0.00	0.00
A	G0281	Elec stim unattend for press	12.95	12.00
A	G0283	Elec stim other than wound	12.95	12.00
A	G0329	Electromagntic tx for ulcers	9.13	8.29

**Conversion Factor** **\$36.8729**  
**((A1 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