

**MDCH
Therapy Database
January 2014**

Revised: 05/09/2014

Physical and Occupational Therapy Services				Outpatient Hospital			Nursing Homes County Medical Care Facilities Hospital Long Term Care Units Outpatient County Medical Care Facilities				Comments
				See Outpatient Prospective Payment System (OPPS) information for reimbursement related to Outpatient Hospitals. Codes are to be billed with the appropriate revenue codes: PT: 042x OT: 043x			Codes are to be billed with the following revenue codes: PT: 0420, 0424, 0429 OT: 0430, 0434, 0439				
HCPCS Code	Mod	Short Description	HCPCS Action Code	Age	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	
92526	GO	Oral Function Therapy		0-124	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	OT	\$47.58	
92610	GO	Evaluate Swallowing Function		0-124	N		N	4 per Year	OT	\$75.57	
95851		Range Of Motion Measurements		0-124	N		Y	Every 2 Calendar Months	OT/PT	\$11.41	
95852		Range Of Motion Measurements		0-124	N	2 per Year	Y	Every 2 Calendar Months	OT/PT	\$8.18	
97001	GP	Pt Evaluation		0-124	N	2 per Year	N	2 per Year	PT	\$43.06	
97002	GP	Pt Re-Evaluation		0-124	N	2 per Year	N	2 per Year	PT	\$22.82	
97003	GO	Ot Evaluation		0-124	N	2 per Year	N	2 per Year	OT	\$46.07	
97004	GO	Ot Re-Evaluation		0-124	N	2 per Year	N	2 per Year	OT	\$27.77	
97012		Mechanical Traction Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$8.40	
97014		Electric Stimulation Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$8.18	
97016		Vasopneumatic Device Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$7.97	
97018	GO GP	Paraffin Bath Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$3.66	
97022	GO GP	Whirlpool Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$8.40	
97024		Diathermy Eg, Microwave		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$3.01	
97026		Infrared Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$2.80	
97028		Ultraviolet Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$3.44	
97032	GO GP	Electrical Stimulation		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$9.04	
97033		Electric Current Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$11.63	
97034		Contrast Bath Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$7.97	
97035	GO GP	Ultrasound Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$6.89	
97036		Hydrotherapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$13.13	
97039		Physical Therapy Treatment		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$6.67	
97110	GO GP	Therapeutic Exercises		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$15.93	
97112	GO GP	Neuromuscular Reeducation		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$16.79	
97116	GO GP	Gait Training Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$13.99	
97124	GO GP	Massage Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$12.70	
97139	GO GP	Physical Medicine Procedure		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$9.04	
97140	GO GP	Manual Therapy		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$15.07	

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Physical and Occupational Therapy Services				Outpatient Hospital			Nursing Homes County Medical Care Facilities Hospital Long Term Care Units Outpatient County Medical Care Facilities				
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				Codes are to be billed with the appropriate revenue codes: PT: 042x OT: 043x			"Y"				
HCPCS Code	Mod	Short Description	HCPCS Action Code	Age	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	Comments
97530	GO GP	Therapeutic Activities		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$16.79	
97532		Cognitive Skills Development		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT	\$13.99	
97533		Sensory Integration		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT	\$14.86	
97535	GO GP	Self Care Mngment Training		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$17.01	
97542	GO GP	Wheelchair Mngment Training		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$15.93	
97760	GO GP	Orthotic Mgmt And Training		0-124	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$17.65	
97761	GO GP	Prosthetic Training		0-124	N	4 Sessions per Year	Y	Every 2 Calendar Months	OT/PT	\$16.15	
97762	GO GP	C/O For Orthotic/Prosth Use		0-124	N		N	4 per Year	OT/PT	\$14.86	
97799	GO GP	Physical Medicine Procedure		0-124	Y	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	M	

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<p align="center">Speech Therapy Services (Please refer to the Hearing Services Database for audiology services)</p>				<p align="center">Outpatient Hospital</p> <p align="center">See Outpatient Prospective Payment System (OPPS) information for reimbursement related to Outpatient Hospitals.</p> <p align="center">Codes are to be billed with the appropriate revenue codes: ST: 044x</p>			<p align="center">Nursing Homes County Medical Care Facilities Hospital Long Term Care Units Outpatient County Medical Care Facilities</p> <p align="center">Codes are to be billed with the following revenue codes: ST: 0440, 0443, 0444, 0449</p>				Comments
HCPCS Code	Mod	Short Description	HCPCS Action Code	Age	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	
31579		Diagnostic Laryngoscopy		0-124	N		N	Not Covered		\$0.00	
92506	GN	Speech/Hearing Evaluation	D	0-124	N	2 per Year	N	2 per Year	ST	\$74.92	
92507	GN	Speech/Hearing Therapy		0-124	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$35.52	
92508	GN	Speech/Hearing Therapy		0-124	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$16.79	
92520		Laryngeal Function Studies		0-124	N		N	Not Covered		\$0.00	
92521	GN	Evaluation of speech fluency	A	0-124	N	2 per Year	N	2 per Year	ST	\$68.68	
92522	GN	Evaluate speech production	A	0-124	N	2 per Year	N	2 per Year	ST	\$55.76	
92523	GN	Speech sound lang comprehen	A	0-124	N	2 per Year	N	2 per Year	ST	\$115.83	
92524	GN	Behavral qualit analys voice	A	0-124	N	2 per Year	N	2 per Year	ST	\$58.13	
92526	GN	Oral Function Therapy		0-124	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$47.58	
92597	GN	Oral Speech Device Eval		0-124	N	1 per 3 Years	Y	Every 2 Calendar Months	ST	\$55.55	
92607	GN	Ex For Speech Device Rx, 1hr		0-124	N	1 per 3 Years	N	Not Covered		\$0.00	
92608	GN	Ex For Speech Device Rx Addl		0-124	N	10 per 3 Years	N	Not Covered		\$0.00	
92609	GN	Use Of Speech Device Service		0-124	N	2 per Year	N	Not Covered		\$0.00	
92610	GN	Evaluate Swallowing Function		0-124	N	4 per Year	N	4 per Year	ST	\$75.57	
92700		Ent Procedure/Service		0-124	Y		N	Not Covered		\$0.00	
94010		Breathing Capacity Test		0-124	N		N	Not Covered		\$0.00	
97532	GN	Cognitive Skills Development		0-124	N		N	Not Covered		\$0.00	
97533	GN	Sensory Integration		0-124	N		N	Not Covered		\$0.00	
97799	GN	Physical Medicine Procedure		0-124	Y		N	Not Covered		\$0.00	
S9152		Speech Therapy, Re-Eval		0-124	N	2 per Year	N	2 per Year	ST	\$39.82	

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