

**MDHHS**  
**Therapy Database**  
**January 2017**

Physical and Occupational Therapy Services		Outpatient Hospital		Nursing Homes				
		See Outpatient Prospective Payment System (OPPS) information for reimbursement related to Outpatient Hospitals.		County Medical Care Facilities Hospital Long Term Care Units Outpatient County Medical Care Facilities				
		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				
HCPSC Code	Short Description	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	Comments
92526	Oral Function Therapy	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	OT	\$52.32	
92610	Evaluate Swallowing Function	N		N	4 per Year	OT	\$52.32	
95851	Range Of Motion Measurements	N		Y	Every 2 Calendar Months	OT/PT	\$10.98	
95852	Range Of Motion Measurements	N	2 per Year	Y	Every 2 Calendar Months	OT/PT	\$9.47	
97012	Mechanical Traction Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$9.90	
97014	Electric Stimulation Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$9.69	
97016	Vasopneumatic Device Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$11.84	
97018	Paraffin Bath Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$6.67	
97022	Whirlpool Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$14.43	
97024	Diathermy Eg Microwave	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$4.09	
97026	Infrared Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$3.66	
97028	Ultraviolet Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$4.52	
97032	Electrical Stimulation	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$11.63	
97033	Electric Current Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$13.35	
97034	Contrast Bath Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$10.98	
97035	Ultrasound Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$7.75	
97036	Hydrotherapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	\$20.02	
97039	Physical Therapy Treatment	N	144 Units per 12 Months	Y	Every 2 Calendar Months	PT	M	
97110	Therapeutic Exercises	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$19.81	
97112	Neuromuscular Reeducation	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$20.67	
97116	Gait Training Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$17.22	
97124	Massage Therapy	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$15.93	
97139	Physical Medicine Procedure	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	M	
97140	Manual Therapy 1/> Regions	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$18.30	

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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				
		See Outpatient Prospective Payment System (OPPS) information for reimbursement related to Outpatient Hospitals.  Codes are to be billed with the appropriate revenue codes: <b>PT: 042x OT: 043x</b>				"Y"		
HCPCS Code	Short Description	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	Comments
97161	Pt re-eval est plan care	N	2 per Year	N	2 per Year	PT	\$49.09	
97162	Pt eval mod complex 30 min	N	2 per Year	N	2 per Year	PT	\$49.09	
97163	Pt eval high complex 45 min	N	2 per Year	N	2 per Year	PT	\$49.09	
97164	Pt re-eval est plan care	N	2 per Year	N	2 per Year	PT	\$33.37	
97165	Ot eval low complex 30 min	N	2 per Year	N	2 per Year	OT	\$47.58	
97166	Ot eval mod complex 45 min	N	2 per Year	N	2 per Year	OT	\$47.58	
97167	Ot eval high complex 60 min	N	2 per Year	N	2 per Year	OT	\$47.58	
97168	Ot re-eval est plan care	N	2 per Year	N	2 per Year	OT	\$31.43	
97530	Therapeutic Activities	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$21.31	
97532	Cognitive Skills Development	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT	\$16.15	
97533	Sensory Integration	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT	\$17.87	
97535	Self Care Mngment Training	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$21.31	
97542	Wheelchair Mngment Training	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$18.73	
97760	Orthotic Mgmt And Training	N	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	\$23.25	
97761	Prosthetic Training	N	4 Sessions per Year	Y	Every 2 Calendar Months	OT/PT	\$20.24	
97762	C/O For Orthotic/Prosth Use	N		N	4 per Year	OT/PT	\$29.28	
97799	Physical Medicine Procedure	Y	144 Units per 12 Months	Y	Every 2 Calendar Months	OT/PT	M	

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<b>Speech Therapy Services</b> (Please refer to the Hearing Services Database for audiology 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 following revenue codes: <b>ST: 0440, 0443, 0444, 0449</b>				
HCPCS Code	Short Description	PA	Limits	PA	PA Requirements*	Approved Therapist	Maximum Fee	
31579	Diagnostic Laryngoscopy	N		N	Not Covered		\$0.00	
92507	Speech/Hearing Therapy	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$48.01	
92508	Speech/Hearing Therapy	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$13.99	
92520	Laryngeal Function Studies	N		N	Not Covered		\$0.00	
92521	Evaluation of speech fluency	N	2 per Year	N	2 per Year	ST	\$67.60	
92522	Evaluate speech production	N	2 per Year	N	2 per Year	ST	\$55.98	
92523	Speech sound lang comprehen	N	2 per Year	N	2 per Year	ST	\$119.49	
92524	Behavral qualit analys voice	N	2 per Year	N	2 per Year	ST	\$54.04	
92526	Oral Function Therapy	N	36 Visits per 12 Months	Y	Every 2 Calendar Months	ST	\$52.32	
92597	Oral Speech Device Eval	N	1 per 3 Years	Y	Every 2 Calendar Months	ST	\$44.14	
92607	Ex For Speech Device Rx, 1hr	N	1 per 3 Years	N	Not Covered		\$0.00	
92608	Ex For Speech Device Rx Addl	N	10 per 3 Years	N	Not Covered		\$0.00	
92609	Use Of Speech Device Service	N	2 per Year	N	Not Covered		\$0.00	
92610	Evaluate Swallowing Function	N	4 per Year	N	4 per Year	ST	\$52.32	
92700	Ent Procedure/Service	Y		N	Not Covered		\$0.00	
94010	Breathing Capacity Test	N		N	Not Covered		\$0.00	
97532	Cognitive Skills Development	N		N	Not Covered		\$0.00	
97533	Sensory Integration	N		N	Not Covered		\$0.00	
97799	Physical Medicine Procedure	Y		N	Not Covered		\$0.00	
S9152	Speech Therapy, Re-Eval	N	2 per Year	N	2 per Year	ST	\$39.82	

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