

Michigan Department of Health and Human Services
Physical Therapy
April 2019

Outpatient Hospital				
See Outpatient Prospective Payment System (OPPS) information for reimbursement related to Outpatient				
Code	Short Description	Private Practice Therapist	Nursing Facilities	Effective Date**
95851	Range Of Motion Measurements	\$11.69	\$12.70	
95852	Range Of Motion Measurements	\$10.50	\$11.41	
97012	Mechanical Traction Therapy	\$8.32	\$9.04	
97014	Electric Stimulation Therapy	\$8.32	\$9.04	
97016	Vasopneumatic Device Therapy	\$7.13	\$7.75	
97018	Paraffin Bath Therapy	\$3.96	\$4.31	
97022	Whirlpool Therapy	\$10.10	\$10.98	
97024	Diathermy Eg Microwave	\$3.96	\$4.31	
97026	Infrared Therapy	\$3.57	\$3.88	
97028	Ultraviolet Therapy	\$4.56	\$4.95	
97032	Electrical Stimulation	\$8.32	\$9.04	
97033	Electric Current Therapy	\$11.69	\$12.70	
97034	Contrast Bath Therapy	\$8.52	\$9.26	
97035	Ultrasound Therapy	\$7.73	\$8.40	
97036	Hydrotherapy	\$19.61	\$21.31	
97039	Physical Therapy Treatment	M	M	
97110	Therapeutic Exercises	\$17.23	\$18.73	
97112	Neuromuscular Reeducation	\$19.61	\$21.31	
97116	Gait Training Therapy	\$17.04	\$18.52	
97124	Massage Therapy	\$16.05	\$17.44	
97139	Physical Medicine Procedure	M	M	
97140	Manual Therapy 1/> Regions	\$15.65	\$17.01	
97161	Pt Eval Low Complex 20 Min	\$47.54	\$51.67	
97162	Pt Eval Mod Complex 30 Min	\$47.54	\$51.67	
97163	Pt Eval High Complex 45 Min	\$47.54	\$51.67	
97164	Pt Re-Eval Est Plan Care	\$32.29	\$35.09	
97530	Therapeutic Activities	\$22.39	\$24.33	
97533	Sensory Integration	\$23.97	\$26.05	
97535	Self Care Mngment Training	\$19.22	\$20.88	
97542	Wheelchair Mngment Training	\$18.62	\$20.24	
97760	Orthotic Mgmt&Trainj 1st Enc	\$26.74	\$29.07	
97761	Prosthetic Trainj 1st Enc	\$22.98	\$24.97	
97763	Orthc/Prostc Mgmt Sbsq Enc	\$28.33	\$30.79	
97799	Physical Medicine Procedure	M	M	
G0515	Cognitive Skills Development	\$18.03	\$19.59	

**Effective date will only be populated when the rate begins after the published fee schedule date.

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.