



Howard, Wershbae & Co.  
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**Medicare Part B Therapy Services Fee Schedule - Certain Outpatient Rehabilitation CPT and HCPCS codes**  
**Effective January 1, 2014 through March 31, 2014**

**CAUTION: REDUCTIONS MAY OCCUR ON APRIL 1, 2014 WITHOUT LEGISLATIVE ACTION**

CODE	DESCRIPTION	UB-04 UNIT	Ohio		
			FINAL FEE SCHEDULE AMOUNT (1)	Status Code	Payment under 50% MPPR for Always Therapy Codes (3)
<b>SURGERY - MUSCULOSKELETAL SYSTEM - APPLICATION OF CASTS AND STRAPPING</b>					
<b>BODY AND UPPER EXTREMITY - CASTS:</b>					
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	1 per procedure	\$ 93.71		
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	1 per procedure	84.37		
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	1 per procedure	92.25		
29086	APPLY FINGER CAST	1 per procedure	76.00		
<b>BODY AND UPPER EXTREMITY - SPLINTS:</b>					
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	1 per procedure	85.63		
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	1 per procedure	62.44		
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	1 per procedure	74.32		
29130	APPLICATION OF FINGER SPLINT; STATIC	1 per procedure	40.55		
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	1 per procedure	50.35		
<b>BODY AND UPPER EXTREMITY - STRAPPING-ANY AGE:</b>					
29200	STRAPPING; THORAX	1 per procedure	51.41		
29240	STRAPPING; SHOULDER (EG, VELPEAU)	1 per procedure	55.54		
29260	STRAPPING; ELBOW OR WRIST	1 per procedure	49.48		
29280	STRAPPING; HAND OR FINGER	1 per procedure	48.64		
<b>LOWER EXTREMITY - CASTS:</b>					
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	1 per procedure	133.96		
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	1 per procedure	120.51		
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	1 per procedure	79.68		
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	1 per procedure	134.47		
<b>LOWER EXTREMITY - SPLINTS:</b>					
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	1 per procedure	80.70		
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	1 per procedure	70.16		
<b>LOWER EXTREMITY - STRAPPING-ANY AGE:</b>					
29520	STRAPPING; HIP	1 per procedure	46.40		
29530	STRAPPING; KNEE	1 per procedure	49.20		
29540	STRAPPING; ANKLE	1 per procedure	36.00		
29550	STRAPPING; TOES	1 per procedure	29.86		
29580	STRAPPING; UNNA BOOT	1 per procedure	51.27		
<b>SURGERY - NERVOUS SYSTEM</b>					
<b>NEUROSTIMULATOR (PERIPHERAL NERVE)</b>					
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	1 per procedure	15.45		
<b>MEDICINE - BIOFEEDBACK</b>					
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	1 per procedure	38.23		
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY	1 per procedure	81.97		
<b>MEDICINE - SPECIAL OTORHINOLARYNGOLOGIC SERVICES</b>					
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); INDIVIDUAL	1 per procedure	78.47		63.92
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, TWO OR MORE INDIVIDUALS	1 per procedure	22.80		17.51
92520	LARYNGEAL FUNCTION STUDIES (I.E., AERODYNAMIC TESTING AND ACOUSTIC TESTING)	1 per procedure	71.78		
92521	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING, CLUTTERING)	1 per procedure	110.58		87.44
92522	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)	1 per procedure	89.98		72.46
92523	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND EXPRESSIVE LANGUAGE)	1 per procedure	186.65		148.46
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	1 per procedure	93.97		75.45
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	1 per procedure	85.19		68.00
<b>AUDIOLOGIC FUNCTION TESTS WITH MEDICAL DIAGNOSTIC EVALUATION</b>					
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	1 per procedure	28.50		
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	1 per procedure	34.13		
92555	SPEECH AUDIOMETRY THRESHOLD	1 per procedure	21.23		
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	1 per procedure	33.80		
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	1 per procedure	36.91		
92561	BEKESY AUDIOMETRY; DIAGNOSTIC	1 per procedure	34.79		
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	1 per procedure	42.72		



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92563	TONE DECAY TEST	1 per procedure	28.17		
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	1 per procedure	26.19		
92565	STENGER TEST, PURE TONE	1 per procedure	15.28		
92567	TYMPANOMETRY (IMPEDANCE TESTING)	1 per procedure	14.18		
92568	ACOUSTIC REFLEX TESTING	1 per procedure	15.42		
92571	FILTERED SPEECH TEST	1 per procedure	24.87		
92572	STAGGERED SPONDAIC WORD TEST	1 per procedure	47.35		
92575	SENSORINEURAL ACUITY LEVEL TEST	1 per procedure	69.17		
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	1 per procedure	32.14		
92577	STENGER TEST, SPEECH	1 per procedure	17.92		
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	1 per procedure	41.49		
92582	CONDITIONING PLAY AUDIOMETRY	1 per procedure	63.22		
92583	SELECT PICTURE AUDIOMETRY	1 per procedure	48.01		
92584	ELECTROCOCHLEOGRAPHY	1 per procedure	65.21		
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	1 per procedure	21.74		
92588	TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES	1 per procedure	32.81		
92590	HEARING AID EXAM, ONE EAR	1 per procedure	-	(N)	
92591	HEARING AID EXAM, BOTH EARS	1 per procedure	-	(N)	
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	1 per procedure	39.42		
92597	ORAL SPEECH DEVICE EVALUATION	1 per procedure	71.74		59.84
92601	COCHLEAR IMPLT F/UP EXAM <7	1 per procedure	137.05		
92602	REPROGRAM COCHLEAR IMPLT 7/>	1 per procedure	80.78		
92603	COCHLEAR IMPLT F/UP EXAM 7/>	1 per procedure	144.19		
92604	REPROGRAM COCHLEAR IMPLT 7/>	1 per procedure	86.46		
92607	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	1 per procedure	125.82		98.05
92608	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES, EACH ADDL 30 MIN	1 for each 30 MIN	51.81		
92609	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	1 per procedure	108.45		82.49
92610	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF DYNAMIC RADIOLOGICAL STUDIES OR ENDOSCOPIC STUDY OF SWALLOWING)	1 per procedure	83.43		
92611	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	1 per procedure	89.23		
92612	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING)	1 per procedure	169.31		
92613	ENDOSCOPY SWALLOW TST (FEES)	1 per procedure	37.62		
92614	SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED TO AS FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING WITH SENSORY TESTING	1 per procedure	143.85		
92615	EVAL LARYNGOSCOPY SENSE TST	1 per procedure	33.69		
92616	FEES W/LARYNGEAL SENSE TEST	1 per procedure	202.94		
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE; FACE-TO-FACE WITH THE PATIENT	1 for each 30 MIN	-	(B)	
<b>MEDICINE - NEUROLOGY AND NEUROMUSCULAR PROCEDURES</b>					
<b>SLEEP TESTING:</b>					
95831	REPORT	1 per procedure	26.44		
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	1 per procedure	24.48		
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING HANDS	1 per procedure	36.08		
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING HANDS	1 per procedure	49.48		
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	1 per procedure	17.04		
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	1 per procedure	15.91		
<b>MEDICINE - CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (EG, NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)</b>					
96105	ASSESSMENT OF APHASIA ( INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT PER HOUR	1 per procedure	99.01		
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT	1 per procedure	-	(N)	
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND REPORT, PER HOUR	1 per procedure	128.24		
96125	STANDARD COGNITIVE PERFORMANCE TESTING BY A QUALIFIED HEALTH CARE PROFESSIONAL	1 for each hour	110.98		87.34



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<b>MEDICINE - PHYSICAL MEDICINE AND REHABILITATION</b>					
96000	MOTION ANALYSIS, VIDEO/3D	1 per procedure	94.34		
96001	MOTION TEST W/FT PRESS MEAS	1 per procedure	98.94		
96002	DYNAMIC SURFACE EMG	1 per procedure	21.18		
96003	DYNAMIC FINE WIRE EMG	1 per procedure	19.75		
97001	PHYSICAL THERAPY EVALUATION	1 per procedure	73.75		59.37
97002	PHYSICAL THERAPY RE-EVALUATION	1 per procedure	41.21		31.95
97003	OCCUPATIONAL THERAPY EVALUATION	1 per procedure	82.35		63.67
97004	OCCUPATIONAL THERAPY RE-EVALUATION	1 per procedure	51.13		36.91
<b>SUPERVISED - DOES NOT REQUIRE DIRECT ONE ON ONE PATIENT CONTACT</b>					
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	1 per procedure	-	(B)	
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION MECHANICAL	1 per procedure	15.64		12.50
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	1 per procedure	-	(I)	
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	1 per procedure	18.42		12.63
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	1 per procedure	10.48		6.52
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	1 per procedure	22.36		14.43
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	1 per procedure	6.19		4.37
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	1 per procedure	5.86	(R)	4.20
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	1 per procedure	7.23		5.25
<b>CONSTANT ATTENDANCE - REQUIRES DIRECT ONE ON ONE PATIENT CONTACT</b>					
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	1 for each 15 MIN	18.61		13.98
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	1 for each 15 MIN	30.88		20.29
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	1 for each 15 MIN	17.51		12.72
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	1 for each 15 MIN	12.55		10.24
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	1 for each 15 MIN	31.26		20.85
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	1 for each 15 MIN	-	(C)	
<b>THERAPEUTIC PROCEDURES - REQUIRES DIRECT ONE ON ONE PATIENT CONTACT</b>					
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	1 for each 15 MIN	31.07		23.79
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND PROPRIOCEPTION-NEUROMUSCULAR	1 for each 15 MIN	32.39		24.46
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	1 for each 15 MIN	41.29		28.73
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1 for each 15 MIN	27.62		21.18
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	1 for each 15 MIN	25.50		19.22
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	1 for each 15 MIN	-	(C)	
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE OR MORE REGIONS, EACH 15 MINUTES	1 for each 15 MIN	29.03		22.42
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per procedure	17.07		13.93
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	1 for each 15 MIN	33.69		24.92
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	1 for each 15 MIN	26.08		
97533	SENSORY INTERGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	1 for each 15 MIN	28.40		22.28
97535	SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ADAPTIVE EQUIPMENT) DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	1 for each 15 MIN	33.71		25.12
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/ MODIFICATION ANALYSIS, WORK TASK ANALYSIS), DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	1 for each 15 MIN	29.42		22.97
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	1 for each 15 MIN	29.75		23.13
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	1 for each 15 MIN	32.53		24.93
97760	ORTHOTIC MANAGEMENT AND TRAINING	1 for each 15 MIN	37.16		27.24
97761	PROSTHETIC TRAINING	1 for each 15 MIN	32.53		24.93
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE	1 for each 15 MIN	45.07		27.21



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<b>OTHER PROCEDURES</b>					
97755	ASSISTIVE TECHNOLOGY ASSESS	1 for each 15 MIN	35.64		29.53
97597	ACTIVE WOUND CARE/20 CM OR <	1 per procedure	72.84		
97598	ACTIVE WOUND CARE >20 CM	1 per procedure	24.35		
97602	WOUND(S) CARE NON-SELECTIVE	1 per procedure	-	(B)	
97605	NEG PRESS WOUND TX, < 50 CM	1 per procedure	41.75		
97606	NEG PRESS WOUND TX, > 50 CM	1 per procedure	44.67		
<b>PROCEDURES/PROFESSIONAL SERVICES (TEMPORARY)</b>					
G0237	THERAPEUTIC PROCEEDURE STRENGTH ENDURANCE	1 per procedure	9.33		
G0238	OTH RESP PROCEEDURE INDIVIDUAL	1 per procedure	9.99		
G0239	OTH RESP PROCEEDURE GROUP	1 per procedure	11.97		
G0281	ELECTRICAL STIMULATION FOR PRESSURE ULCERS, UNATTENDED	1 per procedure	13.46		10.15
G0283	ELECTRICAL STIMULATION FOR OTHER THAN PRESSURE ULCERS, UNATTENDED	1 per procedure	13.46		10.15
G0329	ELECTROMAGNETIC THERAPY FOR ULCERS	1 per procedure	9.49		6.02
<b>"ALWAYS" THERAPY CODES USED FOR REQUIRED REPORTING PURPOSES</b>					
G8978	MOBILITY CURRENT STATUS		-	(Q)	
G8979	MOBILITY GOAL STATUS		-	(Q)	
G8980	MOBILITY D/C STATUS		-	(Q)	
G8981	BODY POS CURRENT STATUS		-	(Q)	
G8982	BODY POS GOAL STATUS		-	(Q)	
G8983	BODY POS D/C STATUS		-	(Q)	
G8984	CARRY CURRENT STATUS		-	(Q)	
G8985	CARRY GOAL STATUS		-	(Q)	
G8986	CARRY D/C STATUS		-	(Q)	
G8987	SELF CARE CURRENT STATUS		-	(Q)	
G8988	SELF CARE GOAL STATUS		-	(Q)	
G8989	SELF CARE D/C STATUS		-	(Q)	
G8990	OTHER PT/OT CURRENT STATUS		-	(Q)	
G8991	OTHER PT/OT GOAL STATUS		-	(Q)	
G8992	OTHER PT/OT D/C STATUS		-	(Q)	
G8993	SUB PT/OT CURRENT STATUS		-	(Q)	
G8994	SUB PT/OT GOAL STATUS		-	(Q)	
G8995	SUB PT/OT D/C STATUS		-	(Q)	
G8996	SWALLOW CURRENT STATUS		-	(Q)	
G8997	SWALLOW GOAL STATUS		-	(Q)	
G8998	SWALLOW D/C STATUS		-	(Q)	
G8999	MOTOR SPEECH CURRENT STATUS		-	(Q)	
G9158	MOTOR SPEECH D/C STATUS		-	(Q)	
G9159	LANG COMP CURRENT STATUS		-	(Q)	
G9160	LANG COMP GOAL STATUS		-	(Q)	
G9161	LANG COMP D/C STATUS		-	(Q)	
G9162	LANG EXPRESS CURRENT STATUS		-	(Q)	
G9163	LANG EXPRESS GOAL STATUS		-	(Q)	
G9164	LANG EXPRESS D/C STATUS		-	(Q)	
G9165	ATTEN CURRENT STATUS		-	(Q)	
G9166	ATTEN GOAL STATUS		-	(Q)	
G9167	ATTEN D/C STATUS		-	(Q)	
G9168	MEMORY CURRENT STATUS		-	(Q)	
G9169	MEMORY GOAL STATUS		-	(Q)	
G9170	MEMORY D/C STATUS		-	(Q)	
G9171	VOICE CURRENT STATUS		-	(Q)	
G9172	VOICE GOAL STATUS		-	(Q)	
G9173	VOICE D/C STATUS		-	(Q)	
G9174	SPEECH LANG CURRENT STATUS		-	(Q)	
G9175	SPEECH LANG GOAL STATUS		-	(Q)	
G9176	SPEECH LANG D/C STATUS		-	(Q)	
G9186	MOTOR SPEECH GOAL STATUS		-	(Q)	
<b>"SOMETIMES" THERAPY CODES</b>					
G0456	NEG PRE WOUND <=50 SQ CM		-	(C)	
G0457	NEG PRES WOUND >50 SQ CM		-	(C)	



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Ohio					
CODE	DESCRIPTION	UB-04 UNIT	FINAL FEE SCHEDULE AMOUNT (1)	Status Code	Payment under 50% MPPR for Always Therapy Codes (3)
	(B) - BUNDLED CODE. PAYMENT FOR COVERED SERVICES IS ALWAYS BUNDLED INTO PAYMENT FOR OTHER SERVICES NOT SPECIFIED. IF RVUs ARE SHOWN, THEY ARE NOT USED FOR MEDICARE PAYMENT. IF THESE SERVICES ARE COVERED, PAYMENT FOR THEM IS SUBSUMED BY THE PAYMENT FOR THE SERVICES TO WHICH THEY ARE INCIDENT. (AN EXAMPLE IS A TELEPHONE CALL FROM A HOSPITAL NURSE REGARDING CARE OF A PATIENT.)				
	(C) - CARRIER-PRICED CODE. CARRIERS WILL ESTABLISH RVUS AND PAYMENT AMOUNTS FOR THESE SERVICES, GENERALLY ON A CASE-BY-CASE BASIS FOLLOWING REVIEW OF DOCUMENTATION, SUCH AS AN OPERATIVE REPORT.				
	(N) - THESE SERVICES ARE NOT COVERED BY MEDICARE.				
	(I) - NOT VALID FOR MEDICARE PURPOSES. MEDICARE USES ANOTHER CODE FOR THE REPORTING OF, AND THE PAYMENT FOR THESE SERVICES. (CODE NOT SUBJECT TO A 90-DAY GRACE PERIOD).				
	(Q) - THERAPY FUNCTIONAL INFORMATION CODE - USED FOR REQUIRED REPORTING PURPOSES ONLY				
	(R) - RESTRICTED COVERAGE. SPECIAL COVERAGE INSTRUCTIONS APPLY. IF THE SERVICE IS COVERED AND NO RVUS ARE SHOWN, IT IS CARRIER-PRICED.				
	(X) - EXCLUSION BY LAW. THESE CODES REPRESENT AN ITEM OR SERVICE THAT IS NOT WITHIN THE DEFINITION OF "PHYSICIANS' SERVICES" FOR PHYSICIAN FEE SCHEDULE PAYMENT PURPOSES.				
	(1) THE FEE SCHEDULE WAS CALCULATED USING THE RELATIVE VALUE UNITS (RVUS) AND GEOGRAPHIC PRACTICE UNITS FROM THE NOVEMBER 27, 2013 FEDERAL REGISTER AND UPDATED FOR THE PATHWAY FOR SGR REFORM ACT OF 2013.				
	(2) CMS ASSIGNS TEMPORARY G CODES TO PROCEDURES AND SERVICES WHICH ARE BEING REVIEWED PRIOR TO INCLUSION IN THE AMERICAN MEDICAL ASSOCIATION'S CURRENT PROCEDURAL TERMINOLOGY (CPT). ONCE THE CPT CODES FOR THESE SERVICES AND PROCEDURES ARE ASSIGNED, THE G CODES ARE REMOVED FROM THIS SECTION.				
	(3) HCPCS CODES NOTED AS "ALWAYS THERAPY" CODES WILL BE SUBJECT TO THE MULTIPLE PROCEDURE PAYMENT REDUCTION POLICY EFFECTIVE JANUARY 1, 2011. IF TWO OR MORE OF THESE CODES, INCLUDING MULTIPLE UNITS OF A SINGLE CODE, ARE FURNISHED TO A SINGLE PATIENT BY A SINGLE PROVIDER ON ONE DATE, THE PRACTICE COMPONENT OF ALL PROCEDURES SUBSEQUENT TO THE FIRST PROCEDURE WILL BE REDUCED BY 20% FOR SERVICES PROVIDED IN AN OFFICE SETTING AND 25% FOR SERVICES PROVIDED IN AN INSTITUTIONAL SETTING. CMS CONSIDERS THE PROCEDURE WITH THE HIGHEST PRACTICE COMPONENT TO BE THE FIRST PROCEDURE PERFORMED AND WILL PAY THAT PROCEDURE IN FULL. PAYMENT SHOWN ABOVE ASSUMES SERVICES PROVIDED IN AN INSTITUTIONAL SETTING. EFFECTIVE APRIL 1, 2013, THE REDUCTION WAS INCREASED TO 50% FOR ALL "ALWAYS THERAPY" CODES, REGARDLESS OF THE SETTING.				
<b>NOTE:</b>	The CPT codes listed above represent therapies billed with revenue codes 42x (physical therapy), 43x (occupational therapy), 44x (speech-language pathology) as outlined in PM A-02-118 dated 11/8/02. Future updates may be required as CMS plans to issue quarterly PM's to communicate the creation of new temporary codes representing services subject to SNF Consolidated Billing.				