

**Medicare Part B Therapy Services Fee Schedule
 Certain Outpatient Rehabilitation CPT and HCPCS codes
 Effective January 1, 2023 through December 31, 2023**



				OHIO	
CODE	DESCRIPTION	UB-04 UNIT	Status Code (if other than "A")	FINAL FEE SCHEDULE AMOUNT (1)	Payment under 50% MPPR for Always Therapy Codes (3)
SURGERY - MUSCULOSKELETAL SYSTEM - APPLICATION OF CASTS AND STRAPPING					
BODY AND UPPER EXTREMITY - CASTS:					
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	1 per procedure		\$ 93.76	
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	1 per procedure		85.06	
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	1 per procedure		93.09	
29086	APPLY FINGER CAST	1 per procedure		73.29	
BODY AND UPPER EXTREMITY - SPLINTS:					
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	1 per procedure		80.52	
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	1 per procedure		63.81	
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	1 per procedure		74.55	
29130	APPLICATION OF FINGER SPLINT; STATIC	1 per procedure		40.94	
29131	APPLICATION OF FINGER SPLINT; DYNAMIC	1 per procedure		51.91	
BODY AND UPPER EXTREMITY - STRAPPING-ANY AGE:					
29200	STRAPPING; THORAX	1 per procedure		31.24	
29240	STRAPPING; SHOULDER (EG, VELPEAU)	1 per procedure		29.08	
29260	STRAPPING; ELBOW OR WRIST	1 per procedure		28.56	
29280	STRAPPING; HAND OR FINGER	1 per procedure		28.87	
LOWER EXTREMITY - CASTS:					
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	1 per procedure		131.65	
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	1 per procedure		119.97	
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	1 per procedure		77.17	
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	1 per procedure		124.34	
LOWER EXTREMITY - SPLINTS:					
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	1 per procedure		84.88	
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	1 per procedure		69.19	
LOWER EXTREMITY - STRAPPING-ANY AGE:					
29520	STRAPPING; HIP	1 per procedure		33.41	
29530	STRAPPING; KNEE	1 per procedure		28.77	
29540	STRAPPING; ANKLE	1 per procedure		27.33	
29550	STRAPPING; TOES	1 per procedure		18.46	
29580	STRAPPING; UNNA BOOT	1 per procedure		60.41	
MEDICINE - BIOFEEDBACK					
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	1 per procedure		38.98	
90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING ELECTROMYOGRAPHY (EMG) AND/OR MANOMETRY, WHEN PERFORMED; INITIAL 15 MINUTES OF ONE-ON-ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT	1 per procedure		77.06	
90913	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY, WHEN PERFORMED; EACH ADDITIONAL 15 MINUTES OF ONE-ON-ONE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL CONTACT WITH THE PATIENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1 per procedure		31.36	
MEDICINE - SPECIAL OTORHINOLARYNGOLOGIC SERVICES					
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); INDIVIDUAL	1 per procedure		74.55	60.02
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, TWO OR MORE INDIVIDUALS	1 per procedure		22.98	17.26
92520	LARYNGEAL FUNCTION STUDIES (I.E., AERODYNAMIC TESTING AND ACOUSTIC TESTING)	1 per procedure		80.94	
92521	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING, CLUTTERING)	1 per procedure		129.37	103.72
92522	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)	1 per procedure		108.38	87.98
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		221.81	177.77
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	1 per procedure		107.14	87.36
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	1 per procedure		82.39	64.62
AUDIOLOGIC FUNCTION TESTS WITH MEDICAL DIAGNOSTIC EVALUATION					
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	1 per procedure		32.81	
92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	1 per procedure		40.23	
92555	SPEECH AUDIOMETRY THRESHOLD	1 per procedure		25.39	
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	1 per procedure		39.30	

**Medicare Part B Therapy Services Fee Schedule
 Certain Outpatient Rehabilitation CPT and HCPCS codes
 Effective January 1, 2023 through December 31, 2023**



			OHIO		
CODE	DESCRIPTION	UB-04 UNIT	Status Code (if other than "A")	FINAL FEE SCHEDULE AMOUNT (1)	Payment under 50% MPPR for Always Therapy Codes (3)
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	1 per procedure		35.89	
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	1 per procedure		44.25	
92563	TONE DECAY TEST	1 per procedure		30.65	
92565	STENGER TEST, PURE TONE	1 per procedure		18.59	
92567	TYMPANOMETRY (IMPEDANCE TESTING)	1 per procedure		15.79	
92568	ACOUSTIC REFLEX TESTING	1 per procedure		15.18	
92571	FILTERED SPEECH TEST	1 per procedure		27.87	
92572	STAGGERED SPONDAIC WORD TEST	1 per procedure		43.63	
92575	SENSORINEURAL ACUITY LEVEL TEST	1 per procedure		69.02	
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	1 per procedure		36.83	
92577	STENGER TEST, SPEECH	1 per procedure		18.90	
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	1 per procedure		43.60	
92582	CONDITIONING PLAY AUDIOMETRY	1 per procedure		75.77	
92583	SELECT PICTURE AUDIOMETRY	1 per procedure		50.12	
92584	ELECTROCOCHLEOGRAPHY	1 per procedure		107.65	
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	1 per procedure		21.23	
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	1 per procedure		32.96	
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		67.73	
92597	ORAL SPEECH DEVICE EVALUATION	1 per procedure		70.10	57.12
92601	COCHLEAR IMPLT F/UP EXAM <7	1 per procedure		155.51	
92602	REPROGRAM COCHLEAR IMPLT <7	1 per procedure		98.03	
92603	COCHLEAR IMPLT F/UP EXAM 7/>	1 per procedure		146.09	
92604	REPROGRAM COCHLEAR IMPLT 7/>	1 per procedure		87.99	
92607	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	1 per procedure		119.76	91.95
92608	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES, EACH ADD'L 30 MIN	1 for each 30 MIN		47.00	
92609	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	1 per procedure		99.87	76.07
92610	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF DYNAMIC RADIOLOGICAL STUDIES OR ENDOSCOPIC STUDY OF SWALLOWING)	1 per procedure		82.27	
92611	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	1 per procedure		88.78	
92612	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING)	1 per procedure		185.82	
92613	ENDOSCOPY SWALLOW (FEES) I&R	1 per procedure		36.01	
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		139.82	
92615	LARYNGOSCOPIC SENSORY I&R	1 per procedure		32.06	
92616	FEES W/LARYNGEAL SENSE TEST	1 per procedure		213.18	
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)	-	
MEDICINE - NEUROLOGY AND NEUROMUSCULAR PROCEDURES					
RANGE OF MOTION:					
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	1 per procedure		20.00	
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	1 per procedure		16.45	
MEDICINE - CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (EG, NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)					
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		95.36	
96110	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT	1 per procedure	(N)	-	
96112	DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL, SOCIAL, MEMORY AND/OR EXECUTIVE FUNCTIONS BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS WHEN PERFORMED), BY PHYSICIAN OR OTHER	1 per procedure		123.94	

Medicare Part B Therapy Services Fee Schedule
Certain Outpatient Rehabilitation CPT and HCPCS codes
Effective January 1, 2023 through December 31, 2023



		OHIO			
CODE	DESCRIPTION	UB-04 UNIT	Status Code (if other than "A")	FINAL FEE SCHEDULE AMOUNT (1)	Payment under 50% MPPR for Always Therapy Codes (3)
96113	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE.)			58.47	
96125	STANDARD COGNITIVE PERFORMANCE TESTING BY A QUALIFIED HEALTH CARE PROFESSIONAL	1 for each hour		99.64	79.70
MEDICINE - PHYSICAL MEDICINE AND REHABILITATION					
96000	MOTION ANALYSIS, VIDEO/3D	1 per procedure		81.70	
96001	MOTION TEST W/FT PRESS MEAS	1 per procedure		108.03	
96002	DYNAMIC SURFACE EMG	1 per procedure		21.21	
96003	DYNAMIC FINE WIRE EMG	1 per procedure		16.30	
SUPERVISED - DOES NOT REQUIRE DIRECT ONE ON ONE PATIENT CONTACT					
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		14.09	11.46
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		11.40	8.93
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	1 per procedure		5.48	3.94
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	1 per procedure		16.32	11.22
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	1 per procedure		7.03	4.71
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	1 per procedure	(R)	6.41	4.40
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	1 per procedure		8.02	5.54
CONSTANT ATTENDANCE - REQUIRES DIRECT ONE ON ONE PATIENT CONTACT					
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	1 for each 15 MIN		14.09	11.46
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	1 for each 15 MIN		19.06	14.12
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	1 for each 15 MIN		13.97	10.72
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	1 for each 15 MIN		13.97	10.72
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	1 for each 15 MIN		33.03	21.44
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	1 for each 15 MIN	(C)	-	
THERAPEUTIC PROCEDURES - REQUIRES DIRECT ONE ON ONE PATIENT CONTACT					
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		28.59	22.10
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		32.76	25.03
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	1 for each 15 MIN		35.48	26.05
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1 for each 15 MIN		28.59	22.10
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		28.91	20.57
97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (E.G., ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (E.G., MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING AND SEQUENCING TASKS)				
		Initial 15 MIN		22.25	
97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY (E.G., MANAGING TIME OR SCHEDULES, INITIATING, ORGANIZING AND SEQUENCING TASKS)				
		Each additional 15 MIN		21.26	
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		26.37	20.65
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per procedure		17.30	13.74
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEXITY 20 MINUTES	1 per procedure		97.51	75.57
97162	PHYSICAL THERAPY EVALUATION MODERATE COMPLEXITY 30 MINUTES	1 per procedure		97.51	75.57
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEXITY 45 MINUTES	1 per procedure		97.51	75.57
97164	PHYSICAL THERAPY REEVALULATION FOR ESTABLISHED PLAN OF CARE	1 per procedure		67.35	50.66
97165	OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY 20 MINUTES	1 per procedure		97.51	75.57
97166	OCCUPATIONAL THERAPY EVALUATION MODERATE COMPLEXITY 30 MINUTES	1 per procedure		97.51	75.57
97167	OCCUPATIONAL THERAPY EVALUATION HIGH COMPLEXITY 45 MINUTES	1 per procedure		97.51	75.57
97168	OCCUPATIONAL THERAPY REEVALULATION FOR ESTABLISHED PLAN OF CARE	1 per procedure		67.04	50.51

Medicare Part B Therapy Services Fee Schedule
Certain Outpatient Rehabilitation CPT and HCPCS codes
Effective January 1, 2023 through December 31, 2023



				OHIO	
CODE	DESCRIPTION	UB-04 UNIT	Status Code (if other than "A")	FINAL FEE SCHEDULE AMOUNT (1)	Payment under 50% MPPR for Always Therapy Codes (3)
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		35.67	25.47
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		60.20	38.41
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		31.68	23.64
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		30.84	23.73
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	1 for each 15 MIN		30.84	23.73
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	1 for each 15 MIN		32.61	24.11
97760	ORTHOTIC MANAGEMENT AND TRAINING, INITIAL ENCOUNTER	1 for each 15 MIN		46.35	31.83
97761	PROSTHETIC TRAINING, INITIAL ENCOUNTER	1 for each 15 MIN		40.17	28.74
97763	ORTHOTIC/PROSTHETIC MANAGEMENT AND TRAINING, SUBSEQUENT ENCOUNTERS	1 for each 15 MIN		50.62	33.62
OTHER PROCEDURES					
97755	ASSISTIVE TECHNOLOGY ASSESS	1 for each 15 MIN		37.49	29.61
97597	ACTIVE WOUND CARE/20 CM OR <	1 per procedure		95.63	
97598	ACTIVE WOUND CARE >20 CM	1 per procedure		43.21	
97602	WOUND(S) CARE NON-SELECTIVE	1 per procedure	(B)	-	
97605	NEG PRESS WOUND TX, < 50 CM	1 per procedure		40.94	
97606	NEG PRESS WOUND TX, > 50 CM	1 per procedure		48.82	
ONLINE DIGITAL EVALUATION AND MANAGEMENT					
98970	ONLINE DIGITAL E/M FOR ESTABLISHED PATIENT, UP TO 7 DAYS; 5-10 CUMULATIVE MINUTES	1 per procedure		11.30	
98971	ONLINE DIGITAL E/M FOR ESTABLISHED PATIENT, UP TO 7 DAYS; 11-20 CUMULATIVE MINUTES	1 per procedure		19.91	
98972	ONLINE DIGITAL E/M FOR ESTABLISHED PATIENT, UP TO 7 DAYS; 21 OR MORE CUM. MINUTES	1 per procedure		30.59	
G2250	REMOTE ASSESSMENT OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY ESTABLISHED PATIENT INCLUDING INTERPRETATION AND FOLLOW-UP WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED SERVICE PROVIDED WITH THE PREVIOUS 7 DAYS NOR LEADING TO A SERVICE OR PROCEDURE WITHIN THE NEXT 24 HOURS	1 per procedure		11.71	
G2251	BRIEF COMMUNICATOIN TECHNOLOGY BASED SERVICE, ESTABLISHED PATIENT, NOT ORIGINATING FROM A RELATED E/M SERVICE PROVIDED WITHIN PREVIOUS 7 DAYS	1 per procedure		13.83	
PROCEDURES/PROFESSIONAL SERVICES (TEMPORARY)					
G0237	THERAPEUTIC PROCEEDURE STRENGTH ENDURANCE	1 per procedure		9.94	
G0238	OTH RESP PROCEEDURE INDIVIDUAL	1 per procedure		9.63	
G0239	OTH RESP PROCEEDURE GROUP	1 per procedure		11.80	
G0281	ELECTRICAL STIMULATION FOR PRESSURE ULCERS, UNATTENDED	1 per procedure		11.71	9.09
G0283	ELECTRICAL STIMULATION FOR OTHER THAN PRESSURE ULCERS, UNATTENDED	1 per procedure		11.71	9.09
G0329	ELECTROMAGNETIC THERAPY FOR ULCERS	1 per procedure		10.43	6.41
"SOMETIMES" THERAPY CODES					
97607	NEG PRES WOUND <=50 SQ CM			340.30	
97608	NEG PRES WOUND >50 SQ CM			341.84	
98966	TELEPHONE ASSESSMENT AND MANAGEMENT PROVIDED BY QUALIFIED NONPHYSICIAN PROFESSIONAL TO ESTABLISHED PATIENT, PARENT OR GUARDIAN FROM A RELATED ASSESSMENT PROVIDED WITHIN PREVIOUS 7 DAYS NO LEADIN TO AN ASSESSMENT WITH THE NEXT 24 HOURS; 5-10 MINUTES OF MEDICAL DISCUSSION			12.85	
98967	TELEPHONE ASSESSMENT AND MANAGEMENT PROVIDED BY QUALIFIED NONPHYSICIAN PROFESSIONAL TO ESTABLISHED PATIENT, PARENT OR GUARDIAN FROM A RELATED ASSESSMENT PROVIDED WITHIN PREVIOUS 7 DAYS NO LEADIN TO AN ASSESSMENT WITH THE NEXT 24 HOURS; 11-20 MINUTES OF MEDICAL DISCUSSION			23.54	
98968	TELEPHONE ASSESSMENT AND MANAGEMENT PROVIDED BY QUALIFIED NONPHYSICIAN PROFESSIONAL TO ESTABLISHED PATIENT, PARENT OR GUARDIAN FROM A RELATED ASSESSMENT PROVIDED WITHIN PREVIOUS 7 DAYS NO LEADIN TO AN ASSESSMENT WITH THE NEXT 24 HOURS; 21-30 MINUTES OF MEDICAL DISCUSSION			32.93	

**Medicare Part B Therapy Services Fee Schedule
 Certain Outpatient Rehabilitation CPT and HCPCS codes
 Effective January 1, 2023 through December 31, 2023**



			OHIO		
CODE	DESCRIPTION	UB-04 UNIT	Status Code (if other than "A")	FINAL FEE SCHEDULE AMOUNT (1)	Payment under 50% MPPR for Always Therapy Codes (3)
98975	REMOTE THERAPEUTIC MONITORING (E.G., RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT			17.72	
98976	REMOTE THERAPEUTIC MONITORING (E.G., RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (E.G., DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO MONITOR RESPIRATORY SYSTEM, EACH 30 DAYS			45.79	
98977	REMOTE THERAPEUTIC MONITORING (E.G., RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (E.G., DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO MONITOR MUSCULOSKELETAL SYSTEM, EACH 30 DAYS			45.79	
98980	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE CALENDAR MONTH; FIRST 20 MINUTES			47.18	
98981	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE CALENDAR MONTH; EACH ADDITIONAL 20 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)			38.18	

(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 18, 2022 FEDERAL REGISTER AND UPDATED BASED ON CONSOLIDATED APPROPRIATIONS ACT, 2023.

(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.

NOTE: 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 and subsequent CMS transmittals.