Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Psychological Evaluation	90801	2000	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	Psychotherapy includes continuing psychiatric evaluation, CPT codes 90801 and 90802 are not separately reportable with individual psychotherapy codes.	1 per session	$118.25
Psychological Evaluation	90802	2001	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF COMMUNICATION	Psychotherapy includes continuing psychiatric evaluation, CPT codes 90801 and 90802 are not separately reportable with individual psychotherapy codes.	1 per session	$127.67
Psychological Evaluation	96101	2002	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT		60 minutes	$63.53
Psychological Evaluation	96105	2003	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	There is no published rule regarding time necessary to qualify for *subsequent* one-hour codes.	60 minutes	$60.13
Psychological Evaluation	96110	2004	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT		1 per session	$5.76
Psychological Evaluation	96111	2005	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT	There is no published rule regarding time necessary to qualify for *subsequent* one-hour codes.	1 per session	$99.66
Psychological Evaluation	96116	2006	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'SOR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT	CPT code 96116 should never be reported with psychiatric diagnostic examinations (CPT codes 90801 or 90802)	60 minutes	$70.38
Psychological Evaluation	96118	2007	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT		60 minutes	$77.81

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Psychological Counseling	90804	2008	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 20-30 minutes	$49.03
Psychological Counseling	90805	2009	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 20-30 minutes	$55.40
Psychological Counseling	90806	2010	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 45-50 minutes	$67.61
Psychological Counseling	90807	2011	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 45-50 minutes	$77.46
Psychological Counseling	90808	2012	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 75-80 minutes	$99.33
Psychological Counseling	90809	2013	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 75-80 minutes	$109.41
Psychological Counseling	90810	2014	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 20-30 minutes	$51.98
Psychological Counseling	90811	2015	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 20-30 minutes	$61.84
Psychological Counseling	90812	2016	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 45-50 minutes	$73.83

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Psychological Counseling	90813	2017	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 45-50 minutes	$83.91
Psychological Counseling	90814	2018	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT;	See Footnote 1	Approximately 75-80 minutes	$107.24
Psychological Counseling	90815	2019	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, LANGUAGE INTERPRETER, OR OTHER MECHANISMS OF NON-VERBAL COMMUNICATION, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 75 TO 80 MINUTES FACE-TO-FACE WITH THE PATIENT; WITH MEDICAL EVALUATION AND MANAGEMENT SERVICES	See Footnote 1	Approximately 75-80 minutes	$115.93
Psychological Counseling	90847	2020	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)		1 per session	$82.97
Psychological Counseling	90853	2021	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	CPT code 90801 or 90802 is separately reportable with a group psychotherapy code if the diagnostic interview and group psychotherapy service occur during separate time intervals on the same date of service. Diagnostic services performed during the group therapy session are not separately reportable. The unit of service for CPT code 90853 (Group psychotherapy (other than of a multiple family group)) is the patient encounter with completed therapy session even if it lasts longer than one hour. A practitioner may report only one unit of service on a single date of service.	1 per session	$24.50
Psychological Counseling	90857	2022	INTERACTIVE GROUP PSYCHOTHERAPY	Used when the patients do not have the ability to interact by ordinary verbal communication	1 per session	$27.35

1. Individual psychotherapy codes (CPT code 90804-90829) include separate codes for psychotherapy with medical evaluation and management (E&M) services as well as codes for psychotherapy without E&M services. For practioner services other E&M codes (e.g. 99201-99215) are not separately reportable with individual psychotherapy codes on the same date of service.

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Speech	92506	2023	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	Evaluation of aural rehabilitation is no longer part of 92506; speech-language pathologists and audiologists should use 92626 and 92627	1 per evaluation	$122.94
Speech	92507	2024	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	Includes training and modification of voice prosthetics. Medicare directs SLPs to use 92507 for auditory rehabilitation.	1 per session	$50.57
Speech	92508	2025	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSINGDISORDER; GROUP, 2 OR MORE INDIVIDUALS	Generally limited to 4 individuals.	1 per session	$24.85
Speech	92520	2026	LARANGEAL FUNCTION STUDIES (I.E. AERODYNAMIC TESTING AND ACOUSTIC TESTING)		1 per session	$48.07
Speech	92526	2027	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	There is no dysphagia group tx code. Payers may accept 97150 for dysphagia group tx.	1 per session	$77.73
Speech	92597	2028	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	DO NOT USE FOR TRAINING & MODIFICATION OF VOICE PROSTHESES. Use 92507 for training and modification of voice prostheses. Applies to tracheoesophageal prostheses, artificial larynges, as well as voice amplifiers.	1 per session	$82.17
Speech	92605	DO NOT USE	EVALUATION FOR PRESCRIPTION FOR NON-SPEECH GENERATING AAC DEVICES	CMS requires use of 92506 instead, for this type of evaluation.		
Speech	92606	DO NOT USE	THERAPEUTIC SERVICES FOR USE OF NON-SPEECH GENERATING DEVICES, INCLUDING PROGRAMMING AND MODIFICATION	CMS requires use of 92507 instead, for these therapy services.		
Speech	92626	2029	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR		60 minutes	$62.56
Speech	92627	2030	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)		15 minutes	$15.11

Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Audio Evaluation	92550	2031	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	DO NOT REORT 92550 IN CONJUNCTION WITH 92567, 92568. AUDIOLOGISTS BILLING 92567 AND 92568 ON THE SAME DAY SHOULD NOW USE 92550. IF NOT PERFORMING BOTH CODES ON THE SAME DAY, ONE MAY BILL THE INDIVIDUAL CPT CODE.	1 per session	$15.95
Audio Evaluation	92552	2032	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY		1 per session	$17.42
Audio Evaluation	92553	2033	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	CCI EDITS DISALLOW 92552 OR 92556 ON SAME DAY.	1 per session	$22.37
Audio Evaluation	92555	2034	SPEECH AUDIOMETRY THRESHOLD;		1 per session	$12.47
Audio Evaluation	92556	2035	SPEECH AUDIOMETRY WITH SPEECH RECOGNITION	CCI EDITS DISALLOW 92555 ON SAME DAY.	1 per session	$19.17
Audio Evaluation	92557	2036	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	CCI EDITS DISALLOW 92552, 92533, 92555, OR 92556 ON SAME DAY.	1 per evaluation	$31.49
Audio Evaluation	92565	2037	STENGER TEST, PURE TONE		1 per session	$9.55
Audio Evaluation	92567	2038	TYMPANOMETRY (IMPEDANCE TESTING)	SEE 92550	1 per session	$12.12
Audio Evaluation	92568	2039	ACOUSTIC REFLEX TESTING, THRESHOLD	SEE 92550	1 per session	$12.85
Audio Evaluation	92569	DO NOT USE	ACOUSTIC REFLEX TESTING; DECAY	DELETED IN 2010. AUDIOLOGISTS SHOULD NOW USE 92570, SINCE ACOUSTIC REFLEX DECAY TESTING IS ALWAYS DONE IN CONJUNCTION WITH TYMPANOMETRY AND ACOUSTIC REFLEX THRESHOLD TESTING.		
Audio Evaluation	92570	2040	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING	DO NOT REPORT 92570 IN CONJUCTION WITH 92567, 92568. AUDIOLOGISTS BILLING 92567, 92568, AND ACOUSTIC REFLEX DECAY TEST (FORMERLY 92569) ON THE SAME DAY SHOULD NOW USE 92550. IF NOT PEROFRMING ALL CODES ON THE SAME DAY, ONE MAY BILL THE INDIVIDUAL CPT CODE.	1 per session	$24.29
Audio Evaluation	92571	2041	FILTERED SPEECH TEST		1 per session	$13.05

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Audio Evaluation	92572	2042	STAGGERED SPONDAIC WORD TEST		1 per session	$18.29
Audio Evaluation	92576	2043	SYNTHETIC SENTENCE IDENTIFICATION TEST		1 per session	$17.42
Audio Evaluation	92577	2044	STENGER TEST, SPEECH		1 per session	$11.88
Audio Evaluation	92579	2045	VISUAL REINFORCEMENT AUDIOMETRY (VRA)		1 per session	$33.58
Audio Evaluation	92582	2046	CONDITIONING PLAY AUDIOMETRY		1 per session	$33.74
Audio Evaluation	92583	2047	SELECT PICTURE AUDIOMETRY		1 per session	$25.88
Audio Evaluation	92585	2048	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; COMPREHENSIVE		1 per session	$78.87
Audio Evaluation	92586	2049	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; LIMITED		1 per session	$48.32
Audio Evaluation	92587	2050	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)		1 per session	$27.62
Audio Evaluation	92588	2051	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)		1 per session	$47.63
Audio Evaluation	92620	2056	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES		60 minutes	$59.40
Audio Evaluation	92621	2057	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTE		15 minutes	$13.62

Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Physical Therapy	97001	2058	PHYSICAL THERAPY EVALUATION		1 per session	$54.81
Physical Therapy	97002	2059	PHYSICAL THERAPY RE-EVALUATION		1 per session	$29.74
Physical Therapy	97010	2060	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	See Footnotes 2 and 3	1 per session	$3.91
Physical Therapy	97012	2061	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	See Footnotes 2 and 3	1 per session	$11.45
Physical Therapy	97014	2062	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	See Footnotes 2 and 3	1 per session	$10.70
Physical Therapy	97016	2063	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	See Footnotes 2 and 3	1 per session	$12.45
Physical Therapy	97018	2064	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	See Footnotes 2 and 3	1 per session	$6.53
Physical Therapy	97022	2065	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL BATH	See Footnotes 2 and 3	1 per session	$14.51
Physical Therapy	97024	2066	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	See Footnotes 2 and 3	1 per session	$4.49
Physical Therapy	97026	2067	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	See Footnotes 2 and 3	1 per session	$3.91
Physical Therapy	97028	2068	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	See Footnotes 2 and 3	1 per session	$5.04
Physical Therapy	97032	2069	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL) EACH 15 MINUTES	See Footnote 3	15 minutes	$12.92
Physical Therapy	97033	2070	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	See Footnote 3	15 minutes	$20.18
Physical Therapy	97034	2071	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	See Footnote 3	15 minutes	$12.11
Physical Therapy	97035	2072	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND THERAPY, EACH 15 MINUTES	See Footnote 3	15 minutes	$9.20

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Physical Therapy	97036	2073	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	See Footnote 3	15 minutes	$21.25
Physical Therapy	97110	2074	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	See Footnote 3	15 minutes	$22.19
Physical Therapy	97112	2075	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	Intended to identify therapeutic exercise designed to re-train a body part to perform some task that the body part was previously able to do. This will usually be in the form of some commonly performed task for that body part. Some common examples include Proprioceptive Neuromuscular Facilitation (PNF), Feldenkreis, Bobath, BAP's Boards, and dessensitization techniques. See Footnote 3	15 minutes	$23.29
Physical Therapy	97113	2076	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	See Footnote 3	15 minutes	$28.04
Physical Therapy	97116	2077	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	See Footnote 3	15 minutes	$19.65
Physical Therapy	97124	2078	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	See Footnote 3	15 minutes	$17.99
Physical Therapy	97140	2080	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	Therapist performing massage as a manual therapy technique in order to increase active pain-free range of motion, increase extensibility of myofascial tissue and facilitate the return to functional activities. Each 15 minutes should be reported. See Footnote 3	15 minutes	$20.77
Physical Therapy	97150	2081	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	See Footnote 3	1 per session	$14.33

2. With one exception providers should not report more than one physical medicine and rehabilitation therapy service for the same fifteen minute time period. (The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same fifteen minute time period as other therapy services.)

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SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Occupational Therapy	97003	2082	OCCUPATIONAL THERAPY EVALUATION		1 per session	$59.11
Occupational Therapy	97004	2083	OCCUPATIONAL THERAPY RE-EVALUATION		1 per session	$34.98
Occupational Therapy	97530	2084	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	See Footnote 3	15 minutes	$23.96
Occupational Therapy	97532	2085	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	See Footnote 3	15 minutes	$19.00
Occupational Therapy	97533	2086	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	See Footnote 3	15 minutes	$20.75
Occupational Therapy	97535	2087	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (adl) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY THE PROVIDER, EACH 15 MINUTES	See Footnote 3	15 minutes	$23.94
Occupational Therapy	97537	2088	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	See Footnote 3	15 minutes	$21.32
Occupational Therapy	97542	2089	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	See Footnote 3	15 minutes	$21.61
Occupational Therapy	97760	2107	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	See Footnote 3	15 minutes	$25.61
Occupational Therapy	97761	2108	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	See Footnote 3	15 minutes	$22.70
Occupational Therapy	97762	2109	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE,ESTABLISHED PATIENT, EACH 15 MINUTES	See Footnote 3	15 minutes	$28.07

3. Please note that the 97000 series physical medicine and rehabilitation codes may apply to both physical therapy and occupational therapy.

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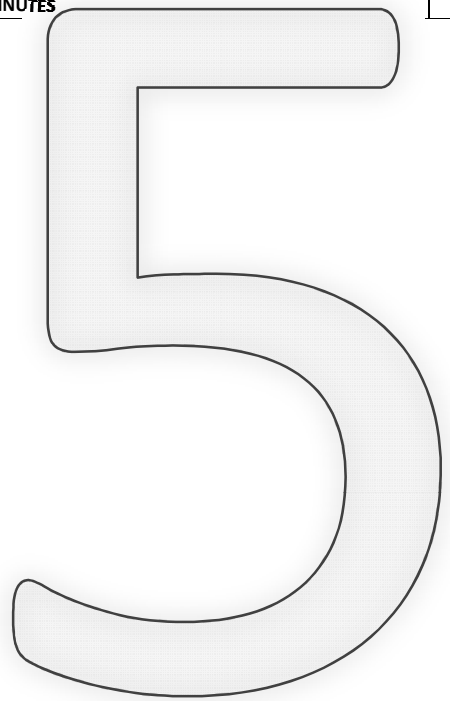
SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Medical Evaluation	99201	2090	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 10 minutes	$30.45
Medical Evaluation	99202	2091	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 20 minutes	$52.51
Medical Evaluation	99203	2092	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 30 minutes	$75.88
Medical Evaluation	99204	2093	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 45 minutes	$117.17
Medical Evaluation	99205	2094	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 60 minutes	$147.11

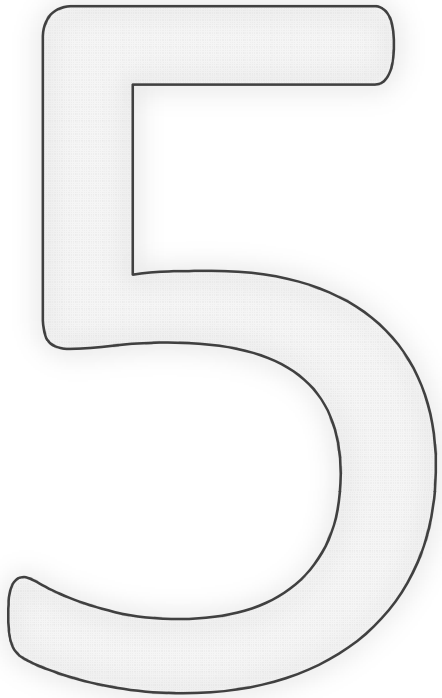
Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Medical Evaluation	99211	2095	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN,. USUALLY THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 5 minutes	$15.08
Medical Evaluation	99212	2096	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 10 minutes	$30.45
Medical Evaluation	99213	2097	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 15 minutes	$51.05
Medical Evaluation	99214	2098	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 25 minutes	$76.46
Medical Evaluation	99215	2099	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	For practitioner services other E&M codes (e.g., 99201-99215) are not separately reportable with individual psychotherapy codes (90804-90829) on the same date of service.	Approximately 40 minutes	$102.91

Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Skilled Nursing	T1002	2102	RN SERVICES, UP TO 15 MINUTES		15 minutes	$9.25
Skilled Nursing	T1003	2103	LPN/LVN SERVICES, UP TO 15 MINUTES		15 minutes	$8.00



Preschool/School Supportive Health Services Program (SSHSP)

SERVICE TYPE	CPT CODE	Rate Code	DESCRIPTION	Special Rules	Session Time /Units	2010 Payment Rate
Transportation	T2003	2104	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP		1 per one-way trip	See Attachment