



**2009 MEDICARE PART B FEE SCHEDULE**  
 (per Final Rule published 11/19/08)  
**OUTPATIENT REHABILITATION - GEORGIA**

Moore Stephens Lovelace, PA, CPAs and Consultants

Status	CPT/HCPCS Code	Short Description	Atlanta,	Rest of
			GA	State (GA)
			511 1	511 99
C	0019T	Extracorp shock wv tx,ms nos	0.00	0.00
C	0029T	Magnetic tx for incontinence	0.00	0.00
C	0183T	Wound ultrasound	0.00	0.00
A	64550	Apply neurostimulator	14.53	13.48
A	90901	Biofeedback train, any method	33.81	31.31
A	92506	Speech and hearing evaluation	148.86	133.51
A	92507	Speech and hearing therapy	61.95	56.29
A	92508	Speech and hearing therapy	29.51	26.87
A	92526	Oral function therapy	79.13	71.39
A	92597	Oral speech device eval	101.32	92.10
B	92605	Eval for nonspeech device rx	0.00	0.00
B	92606	Non-speech device service	0.00	0.00
A	92607	Ex for speech device rx, 1hr	152.18	132.70
A	92608	Ex for speech device rx addl	29.30	25.70
A	92609	Use of speech device service	80.93	70.62
A	92610	Evaluate swallowing function	78.48	68.63
A	92611	Motion fluoroscopy/swallow	85.43	74.68
A	92612	Endoscopy swallow tst (fees)	153.11	139.04
A	92614	Laryngoscopic sensory test	136.29	124.39
A	92616	Fees w/laryngeal sense test	187.25	171.51
A	95831	Limb muscle testing, manual	25.49	23.45
A	95832	Hand muscle testing, manual	23.96	22.20
A	95833	Body muscle testing, manual	35.26	32.84
A	95834	Body muscle testing, manual	41.76	39.10
A	95851	Range of motion measurements	16.36	14.99
A	95852	Range of motion measurements	12.72	11.59
B	95992	Canalith repositioning proc	0.00	0.00
A	96105	Assessment of aphasia	73.45	64.62
A	96110	Developmental test, lim	12.01	11.11
A	96111	Developmental test, extend	130.40	125.59
A	96125	Cognitive test by hc pro	94.85	90.62
A	97001	PT evaluation	70.41	66.75
A	97002	PT re-evaluation	37.80	35.61
A	97003	OT evaluation	74.74	70.55
A	97004	OT re-evaluation	43.28	40.39
B	97010	Hot or cold packs therapy	0.00	0.00
A	97012	Mechanical traction therapy	14.52	13.77
A	97016	Vasopneumatic device therapy	15.26	14.12
A	97018	Paraffin bath therapy	7.97	7.24
A	97022	Whirlpool therapy	17.46	15.98
A	97024	Diathermy eg, microwave	5.41	5.01
A	97026	Infared therapy	5.04	4.69
A	97028	Ultraviolet therapy	6.14	5.73
A	97032	Electrical stimulation	16.35	15.37
A	97033	Electric current therapy	24.39	22.42
A	97034	Contrast bath therapy	14.89	13.92
A	97035	Ultrasound therapy	11.60	11.06
A	97036	Hydrotherapy	25.49	23.45



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			511 1	511 99
C	97039	Physical therapy treatment	0.00	0.00
A	97110	Therapeutic excercises	28.32	26.70
A	97112	Neuromuscular reeducation	29.11	27.36
A	97113	Aquatic therapy excercises	34.60	32.09
A	97116	Gait training therapy	24.73	23.32
A	97124	Massage therapy	22.55	21.20
C	97139	Physical medicine procedure	0.00	0.00
A	97140	Manual therapy	26.19	24.72
A	97150	Group therapeutic procedures	17.81	16.72
A	97530	Therapeutic activities	29.85	27.95
A	97532	Cognitive skills development	24.36	23.17
A	97533	Sensory integration	26.19	24.77
A	97535	Self care management training	29.84	27.99
A	97537	Community/work reintegration	26.92	25.45
A	97542	Wheelchair management training	27.28	25.76
A	97597	Active wound care/20 cm or <	58.82	53.94
A	97598	Active wound care > 20 cm	72.68	66.97
B	97602	Wound(s) care non-selective	0.00	0.00
A	97605	Neg press wound tx, < 50 cm	34.88	32.85
A	97606	Neg press wound tx, > 50 cm	37.37	35.28
A	97750	Physical performance test	29.05	27.34
A	97755	Assistive technology assess	33.41	31.88
A	97760	Othotic management and training	32.27	30.18
A	97761	Prosthetic training	28.68	27.02
A	97762	C/o for orthotic/prosth use	33.47	30.32
C	97799	Physical medicine procedure	0.00	0.00
A	G0281	Elec stim unattend for press	11.61	10.93
A	G0283	Elec stim other than wound	11.61	10.93
A	G0329	Electromagntic tx for ulcers	7.97	7.24

**Conversion Factor** **\$36.0666**

**((A1 x B1)+(A2 x B2)+(A3 x B3)) x Conversion Factor**

		<u>Atlanta Area Includes Counties</u>	
<b>Status</b>	A	Active code - separately payable under the fee schedule if covered	BUTTS, CHEROKEE, CLAYTON,
	B	Bundled code - payment is always bundled into payment for other services. No separate payment is made for this service	COBB, DEKALB, DOUGLAS,
	C	Carrier-priced code - carrier will establish RVUs and payment for these services	FAYETTE, FORSYTH, FULTON,
	R	Restricted service - special coverage instructions apply and if covered will be carrier-priced	GWINNETT, HENRY, NEWTON, PAULDING, ROCKDALE & WALTO