

MaineCare coverage of Physical Therapy Services is limited. Refer to Chapter II, Section 85.06 for specific limitations.

**Use the following modifiers when appropriate:**

**TF – Intermediate Level of care – used for PT Assistants and priced 10% below the Allowance rate**

**GP – Services delivered under an outpatient physical therapy plan of care**

**TL - Services delivered under an Individualized Family Service Plan (IFSP)**

**TM - Services delivered under an Individualized Education Plan (IEP) with MaineCare Addendum denoting medical necessity of the service**

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97001	Physical Therapy Evaluation	per evaluation	\$35.94
97002	Physical Therapy Re-evaluation (Ongoing therapy)	per session	\$19.40
97150 GP	Therapeutic procedure(s), group (2 or more individuals)	per member per session	\$11.98
<b>THERAPEUTIC MODALITIES SUPERVISED</b>			
97012	Application of a modality to one or more areas; traction, mechanical	per service	\$6.24
97014	Application of a modality to one or more areas;	per service	\$5.61
97016	Application of a modality to one or more areas; vasopneumatic devices	per service	\$6.28
97018	Application of a modality to one or more areas; paraffin bath	per service	\$3.05
97022	Application of a modality to one or more areas; whirlpool	per service	\$7.06
97024	Application of a modality to one or more areas; diathermy	per service	\$2.10
97026	Application of a modality to one or more areas; infrared	per service	\$1.94
97028	Application of a modality to one or more areas; ultraviolet	per service	\$2.62

<b>CODE</b>	<b>SERVICE</b>	<b>UNIT</b>	<b>MAXIMUM ALLOWANCE</b>
	<b>THERAPEUTIC MODALITIES CONSTANT ATTENDANCE</b>		
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	\$6.88
97033	Application of a modality to one or more areas; iontophoresis	15 minutes	\$9.90
97034	Application of a modality to one or more areas; contrast baths	15 minutes	\$6.00
97035	Application of a modality to one or more areas; ultrasound	15 minutes	\$4.89
97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	\$10.58
	<b>THERAPEUTIC PROCEDURES</b>		
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	\$11.93
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	\$12.46
97113	Aquatic therapy with therapeutic exercises	15 minutes	\$14.34
97116	Gait training (includes stair climbing)	15 minutes	\$10.46
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	\$9.59
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	\$11.15

<b>CODE</b>	<b>SERVICE</b>	<b>UNIT</b>	<b>MAXIMUM ALLOWANCE</b>
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk	15 minutes	\$13.45
97761	Prosthetic training, upper and/or lower extremity(s)	15 minutes	\$12.09
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	\$12.60
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training,) direct (one-on-one) patient contact by the provider	15 minutes	\$10.38
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by provider	15 minutes	\$11.02
97535	Self/care/home management training (e.g. 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 provider	15 minutes	\$12.78
97542	Wheelchair management(eg, assessment, fitting, training)	15 minutes	\$11.67
<b>ACTIVE WOUND CARE MANAGEMENT</b>			
97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	per service	\$23.54

<b>CODE</b>	<b>SERVICE</b>	<b>UNIT</b>	<b>MAXIMUM ALLOWANCE</b>
97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (e.g. high pressure water jet with/without suction, sharp selective debridement with scissors, scalpel, and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	per service	\$23.54
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (e.g., wet-to-moist dressings, enzymatic, abrasion), including topical applications(s), wound assessment and instructions(s) for ongoing care	per service	\$16.86
<b>TESTS AND MEASUREMENTS</b>			
97762	Check out for orthotic/prosthetic use, established patient	15 minutes	\$13.31
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	\$12.39
97755	Assistive technology assessment (e.g. to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report	15 minutes	\$14.44
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per service	\$34.26
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	\$61.67
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	\$11.91

<b>CODE</b>	<b>SERVICE</b>	<b>UNIT</b>	<b>MAXIMUM ALLOWANCE</b>
	<b>MUSCLE AND RANGE OF MOTION TESTING</b>		
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	per service	\$11.37
95832	Muscle testing, manual (separate procedure) with report; extremity - hand, with or without comparison with normal side	per service	\$10.38
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service	\$16.07
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service	\$18.94
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service	\$7.51
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service	\$5.84
	<b>CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)</b>		
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	per service	\$4.64
96111	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report – extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments (e.g., Bayley Scales of Infant Development) with interpretation and report	per service	\$56.39