

10-144 CH. 101
MAINECARE BENEFITS MANUAL
CHAPTER III

SECTION 85

PHYSICAL THERAPY SERVICES

LAST UPDATED 07/01/11

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

Effective
7-1-11

CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
97001	Physical Therapy Evaluation	per evaluation	\$39.93
97002	Physical Therapy Re-evaluation (Ongoing therapy)	per session	\$21.55
97150 GP	Therapeutic procedure(s), group (2 or more individuals)	per member per session	\$13.31
THERAPEUTIC MODALITIES SUPERVISED			
97012	Application of a modality to one or more areas; traction, mechanical	per service	\$ 6.93
97014	Application of a modality to one or more areas;	per service	\$ 6.23
97016	Application of a modality to one or more areas; vasopneumatic devices	per service	\$ 6.98
97018	Application of a modality to one or more areas; paraffin bath	per service	\$ 3.39
97022	Application of a modality to one or more areas; whirlpool	per service	\$ 7.84
97024	Application of a modality to one or more areas; diathermy	per service	\$ 2.33
97026	Application of a modality to one or more areas; infrared	per service	\$ 2.16
97028	Application of a modality to one or more areas; ultraviolet	per service	\$ 2.91

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
THERAPEUTIC MODALITIES CONSTANT ATTENDANCE			
97032	Application of a modality to one or more areas; electrical stimulation (manual)	15 minutes	\$ 7.64
97033	Application of a modality to one or more areas; iontophoresis	15 minutes	\$ 11.00
97034	Application of a modality to one or more areas; contrast baths	15 minutes	\$ 6.67
97035	Application of a modality to one or more areas; ultrasound	15 minutes	\$ 5.43
97036	Application of a modality to one or more areas; Hubbard tank	15 minutes	\$ 11.75
THERAPEUTIC PROCEDURES			
97110	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	\$ 13.25
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception for sitting and/or standing activities	15 minutes	\$ 13.84
97113	Aquatic therapy with therapeutic exercises	15 minutes	\$ 15.93
97116	Gait training (includes stair climbing)	15 minutes	\$ 11.62
97124	Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	15 minutes	\$ 10.65
97140	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions	15 minutes	\$ 12.39

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
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	\$ 14.94
97761	Prosthetic training, upper and/or lower extremity(s)	15 minutes	\$ 13.43
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance)	15 minutes	\$ 14.00
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	\$ 11.53
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	\$ 12.24
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	\$ 14.20
97542	Wheelchair management(eg, assessment, fitting, training)	15 minutes	\$ 12.96
ACTIVE WOUND CARE MANAGEMENT			
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	\$ 26.15

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Effective 7-1-11	CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
	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	\$26.15
	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	\$ 18.73
	TESTS AND MEASUREMENTS			
	97762	Check out for orthotic/prosthetic use, established patient	15 minutes	\$ 14.79
	97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report	15 minutes	\$ 13.77
	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	\$ 16.04
Effective 7-1-11	92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	per service	\$ 38.07
	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; first hour	60 minutes	\$ 68.52
	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with patient; each additional 30 minutes	30 minutes	\$ 13.23

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CODE	SERVICE	UNIT	MAXIMUM ALLOWANCE
MUSCLE AND RANGE OF MOTION TESTING			
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	per service	\$ 12.63
95832	Muscle testing, manual (separate procedure) with report; extremity - hand, with or without comparison with normal side	per service	\$ 11.53
95833	Muscle testing, manual (separate procedure) with report; – total evaluation of body, excluding hands	per service	\$ 17.85
95834	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk – total evaluation of body, including hands	per service	\$ 21.04
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)	per service	\$ 8.34
95852	Range of motion measurements and report (separate procedure); each extremity – hand, with or without comparison with normal side	per service	\$ 6.49
CENTRAL NERVOUS SYSTEM ASSESSMENTS/TESTS (e.g. NEURO-COGNITIVE, MENTAL STATUS, SPEECH TESTING)			
96110	Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report	per service	\$ 5.16
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	\$ 62.66