

Physical Medicine Services Schedule A

Page 1

COVERED PHYSICAL MEDICINE SERVICES

CODE	DESCRIPTION
95851	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
95852	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
95860	Needle electromyography; one extremity
95861	Needle electromyography; two extremities
95863	Needle electromyography; three extremities
95864	Needle electromyography; four extremities
95867	Needle electromyography; cranial nerve supplied muscle(s); unilateral
95868	Needle electromyography; cranial nerve supplied muscle(s); bilateral
95869	Needle electromyography; thoracic paraspinal muscles
95870	Needle electromyography; limited study of muscles in one extremity or non-limb muscles
95872	Needle electromyography using single fiber electrode
95907	Nerve conduction studies; 1-2 studies
95908	Nerve conduction studies; 3-4 studies
95909	Nerve conduction studies; 5-6 studies
95910	Nerve conduction studies; 7-8 studies
95911	Nerve conduction studies; 9-10 studies
95912	Nerve conduction studies; 11-12 studies
95913	Nerve conduction studies; 13 or more studies
95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
95924	Testing of autonomic nervous system function, combined parasympathetic & sympathetic adrenergic testing with at least 5min.
95925	Short-latency somatosensory evoked potential study; upper limbs
95926	Short-latency somatosensory evoked potential study; lower limbs
95927	Short-latency somatosensory evoked potential study; the trunk or head
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs
95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs
95930	Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
95933	Orbicularis oculi (blink) reflex, by electrodiagnostic testing
95937	Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method

**Physical Medicine Services Schedule A
Page 2**

COVERED PHYSICAL MEDICINE SERVICES (Cont.)

CODE	DESCRIPTION
97010	Hot/cold packs
97012	Traction, mechanical
97014	Electrical stimulation (unattended)
97016	Vasopneumatic devices
97018	Paraffin bath
97022	Whirlpool
97024	Diathermy
97026	Infrared
97028	Ultraviolet
97032	Electrical stimulation (manual)
97033	Iontophoresis
97034	Contrast baths
97035	Ultrasound
97036	Hubbard tank
97037	Low-level laser therapy (i.e., nonthermal and non-ablative) for post-operative pain reduction
97039	Unlisted modality
97110	Therapeutic procedure, one or more areas; therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy with therapeutic exercises
97116	Gait training (includes stair climbing)
97124	Massage
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity
97139	Unlisted therapeutic procedure
97140	Manual therapy techniques (i.e. manual traction, myofascial release)
97150	Therapeutic procedure(s), group
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97164	Re-evaluation of physical therapy established plan of care
97165	Occupational therapy evaluation: low complexity
97166	Occupational therapy evaluation: moderate complexity
97167	Occupational therapy evaluation: high complexity
97168	Re-evaluation of occupational therapy established plan of care
97169	Athletic training evaluation: low complexity
97170	Athletic training evaluation: moderate complexity
97171	Athletic training evaluation: high complexity
97172	Re-evaluation of athletic training established plan of care
97530	Therapeutic activities, direct patient contact
97533	Sensory integrative techniques
97535	Self care/home management training
97537	Community/work reintegration training
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes

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Page 3**

COVERED PHYSICAL MEDICINE SERVICES (Cont.)

CODE	CODE
97545	Work hardening/conditioning; initial 2 hours
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
97597	Removal of devitalized tissue from wound(s); selective debridement; up to 20 sq. cm.
97598	Removal of devitalized tissue from wound(s); selective debridement; greater than 20 sq. cm.
97602	Removal of devitalized tissue from wound(s), non-selective debridement, per session
97605	Negative pressure wound therapy; up to 50 sq. cm.
97606	Negative pressure wound therapy; greater than 50 sq. cm.
97607	Negative pressure wound therapy; total wound(s) surface area less than or equal to 50 sq. cm.
97608	Negative pressure wound therapy; total wound(s) surface area greater than 50 sq. cm.
97610	Low frequency, non-contact, non-thermal ultrasound, per day
97750	Physical performance test or measurement
97755	Assistive technology assessment
97760	Orthotic(s) management and training, each 15 min
97761	Prosthetic training, each 15 min.
97763	Orthotic(s)/prosthetic(s) management and/or training, subsequent encounter, each 15 minutes
97799	Unlisted physical medicine/rehabilitation service or procedure

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