

## SCHEDULE OF FEES

Effective 01/13/2014, Last updated 5/18/2007

### Evaluations/Tests:

97001	Initial Evaluation	\$95.00
97002	Re-Evaluation/Discharge Evaluation	\$55.00
97750	Functional Capacity Evaluation, each 15 minutes	\$40.00
95831	Manual Muscle Strength Testing, excluding hand	\$35.00
95832	Manual Muscle Strength Testing, hand	\$35.00
95851	Range of Motion Measurements, exclude hand	\$25.00
85852	Range of Motion Measurements, hand	\$25.00

### Procedures/Modalities:

97014	Electrical Stimulation (unattended)	\$20.00
GO283	Electrical Stimulation (unattended) – Medicare	\$20.00
97032	Electrical Stimulation (manual), each 15 minutes	\$25.00
97116	Gait Training, each 15 minutes	\$35.00
97033	Iontophoresis, each 15 minutes	\$40.00
97140	Manual Therapy, each 15 minutes	\$37.00
97124	Massage, each 15 minutes	\$32.00
97022	Fluidotherapy	\$30.00
97112	Re-Education (Balance, Posture), each 15 minutes	\$40.00
97535	Self Care/Home Management/ADL Training, Each 15 minutes	\$42.00
97530	Therapeutic Activities (Direct 1 on 1), each 15 minutes	\$42.00
97110	Therapeutic Exercise, each minutes	\$40.00
97012	Traction, Mechanical	\$25.00
97035	Ultrasound, each 15 minutes	\$20.00
97537	Work Environment Analysis/Training	\$40.00