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This fee schedule applies to Medicare payments only and may not reflect the true cost of the services provided. **Private sector fees will vary.** For more information about the Medicare payment system, see [RBRVS: Resource-Based Relative Value Scale](#).

PHYSICIANS & QUALIFIED HEALTHCARE PROVIDERS

Code	Description	Medicare Payment***	
		Non Facility*	Facility*
95831	Muscle testing, manual (separate procedure) with report ; extremity (excluding hand) or trunk	\$25.70	\$13.80
95832	Muscle testing, manual (separate procedure) with report ; hand, with or without comparison with normal side	\$23.29	\$14.37
95833	Muscle testing, manual (separate procedure) with report ; total evaluation of body, excluding hands	\$36.70	\$22.69
95834	Muscle testing, manual (separate procedure) with report ; total evaluation of body, including hands	\$42.31	\$29.30

ALL of the above may be completed WITH A REPORT using QMA

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Note: Payments presented here reflect the geographically adjusted Medicare payment for the physician service(s) provided, and excludes any additional costs not covered by Medicare. Please contact your provider, payer, or Medicare carrier for clarification on any issues about a statement or payment.