

Provide patient evaluation with objective data – **Be a uniquely superior provider**

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Sourced on May 20, 2011 from AMA On Line

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](#).

PHYSICAL THERAPIST CPT CODES

Code may be used with QMA	Description	Non Facility*	Facility**
97750.	Physical performance test or measurement (eg, musculoskeletal functional capacity) with <u>written report</u> each 15 minutes	\$ 31.33	N/A
Other commonly Used Codes			
97001.	Physical therapy evaluation	\$ 72.61	N/A
97002.	Physical therapy re-evaluation	\$ 40.21	N/A
97110.	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 29.70	N/A
97112.	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$ 31.06	N/A
97530.	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$ 32.43	N/A

QMA equipment may be utilized to assist you in evaluating your patient; including extremities, individual muscles or muscle groups, hand grip, pinch strength, and finger strength. Documentation takes minutes following your patient evaluation or therapy.

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.