

Unattended E-Stim	Yes	Yes	Yes	Union Street	Yes	Except Lymphedema	No
Vasopneumatic Devices	No	No	Yes	No	No	Except Lymphedema	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Paraffin	Yes	No	Yes	No	Yes	Except Lymphedema	Yes
Whirlpool/ Fluidotherapy	Yes	No	Yes	Inpatient & Lymphedema	No	Except Lymphedema	No
CPM	No	No	No	No	Inland Hospital only	No	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Biofeedback	Yes	No	No	No	Yes	Except Lymphedema	No
Biofeedback Peri/Urethral/ Rectal -Initial 15 minutes	Yes	No	No	No	Hospital only	No	No
MMT, Extremity/ Trunk Exclude Hands	No	No	No	No	No	Except Lymphedema	Yes
Group Therapy	No	Yes	Yes	Except Cutler	Yes	Yes	No
Timed Codes							
Attended E-Stim	Yes	Yes	Yes	Yes	Yes	Except Lymphedema	Yes
Iontophoresis	Yes	Yes	Yes	No	Yes	Except Lymphedema	Yes

Contrast Bath	No	Yes	Yes	No	Except Champions & Unity	Except Lymphedema	Yes
Ultrasound	Yes	No	No	Except Cutler	Yes	Except Lymphedema	Yes
Therapeutic Exercise	Yes	Yes	Yes	Yes	Yes	Except Lymphedema	Yes
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Physical Performance Test	Yes	Yes	No	No	Yes	Except Inpatient	Yes
Aquatic Exercise	No	Yes	No	No	No	Except Lymphedema	Yes
Gait Training	Yes	Yes	Yes	Except Cutler	Yes	Except Lymphedema	Yes
Massage	Yes	Yes	Yes	No	Yes	Yes	No
Manual Therapy	Yes	Yes	Yes	Yes	Yes	Except Lymphedema	Yes
Therapeutic Activity	Yes	Yes	Yes	Except Cutler	Yes	Yes	Yes
Neuromuscular Reeducation	Yes	Yes	Yes	Except Cutler	Yes	Yes	Yes
Sensory Integrative Techniques	No	Yes	Yes	No	No	No	No
Self Care/ Home Management	Yes	Yes	Yes	Except Cutler	Unity & Champions	Yes	Yes
Community/ Work Reintegration	No	Yes	Yes	Union Street	Except Unity & Champions	Except Lymphedema	Yes

Wheelchair Management	Yes	Yes	Yes	Except Cutler	Except Unity & Champions	Except Lymphedema	No
Work Hardening/ Conditioning Initial 2 hours	No	No	No	No	No	Except Lymphedema	No
Work Hardening/ Conditioning Each Addl Hour	No	No	No	No	No	Except Lymphedema	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Orthotic Management/ Training, Initial	Yes	Yes	Yes	Union Street	Yes	Yes	Yes
Prosthetic Management/ Training, Initial	Yes	Yes	Yes	Union Street	Yes	Yes	Yes
Orthotic/ Prosthetic Management/ Training, Subsequent	Yes	Yes	No	No	Yes	Except Lymphedema	Yes
Additional PT Untimed Codes Charges Specific to Outpatient							
Biofeedback Peri/Urethral/ Rectal -Additional 15 minutes	Yes	No	No	No	Hospital Only	No	No
Canalith Repositioning	Yes	No	Yes	No	No	Outpatient	Yes
Developmental Testing 1 st Hr.	No	Yes	No	No	No	No	No

Developmental Testing Physical	No	Yes	No	No	No	No	No
Dry Needling	No	No	No	No	No	Outpatient	No
Wound Care 20 cm or less	Yes	Yes	Yes	Inpatient & Lymphedema	No	Except Lymphedema	No
Wound Care Greater than 20 cm	Yes	Yes	Yes	No	No	Except Lymphedema	No
Wound(s) Care, Non-select	Yes	Yes	Yes	No	No	Lymphedema	No
Negative Pressure Wound	No	Yes	No	No	No	No	No
Negative Pressure Wound >50cm	No	Yes	No	No	No	No	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Additional Timed Codes Specific to Outpatient PT							
Phonophoresis	Yes	Yes	Yes	Yes	Yes	No	No
Ultraviolet	Yes	No	No	No	No	No	No

Hybrid Time Based Charges

UI PT Charges							
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
UI Attended E-Stim	No	No	No	No	Hospital Only	No	No
UI Evaluation, High Complexity	No	No	No	No	Hospital Only	No	No

UI Evaluation, Moderate Complexity	No	No	No	No	Hospital Only	No	No
UI Evaluation, Low Complexity	No	No	No	No	Hospital Only	No	No
UI Re-Evaluation	No	No	No	No	Hospital Only	No	No
UI Manual Therapy	No	No	No	No	Hospital Only	No	No
UI Neuromuscular Reeducation	No	No	No	No	Hospital Only	No	No
UI Physical Performance Test	No	No	No	No	Hospital Only	No	No
UI Therapeutic Exercise	No	No	No	No	Hospital Only	No	No
Supplies & Other Charges							
Unna Boot Appl Bilateral	No	No	Yes	No	No	No	No
Strapping and Casting							
Strapping Shoulder	No	No	Yes	No	No	Yes	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Long Leg Cast Application	No	No	No	No	No	No	No
Strapping Elbow/Wrist	No	No	Yes	No	No	Yes	No
Cylindrical Cast (Thigh to Ankle) Application	No	No	No	No	No	No	No
Strapping Hand/Finger	No	No	Yes	No	No	Yes	No

Short Leg Cast (Below Knees to Toes) Application	No	No	No	No	No	No	No
Strapping Hip	No	No	Yes	No	No	Yes	No
Strapping Knee	No	No	Yes	No	No	Yes	No
Club Foot with Molding/ Manipulation, Long or Short Cast Application	No	No	No	No	No	No	No
Strapping Ankle/Foot	No	No	Yes	No	No	Yes	No
Strapping Toes	No	No	No	No	No	Yes	No
Multilayer Leg Compression	No	Yes	No	No	No	No	No
Outpatient Specific PT Strapping and Casting Charges							
Finger Static Splint	No	No	Yes	No	No	No	No
Back Brace	No	No	No	No	No	Except Lymphedema	No
Long Arm Splint	No	No	Yes	No	No	No	No
Finger Dynamic Splint	No	No	Yes	No	No	No	No
Long Arm Splint	No	No	Yes	No	No	No	No
Long Leg Splint App	No	No	Yes	No	No	No	No
Charge Name	AR Gould	Blue Hill Hospital	CA Dean	EMMC	Inland	Mercy	SVH
Short Arm Cast	No	No	Yes	No	No	No	No
Short Arm Splint	No	No	Yes	No	No	No	No
Short Leg Splint App	No	No	Yes	No	No	No	No
Strapping Low Back	No	No	Yes	No	No	Yes	No

Strapping Thorax	No	No	Yes	No	No	Yes	No
Una Boot	Yes	No	Yes	No	No	Except Lymphedema	No