

Appendix
Exhibit 6

CPT/HCPCS Codes Subject to Daily Maximum

CPT*/HCPCS

Description

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29200	STRAP CHEST		
29240	STRAP SHOULDER		
29260	STRAP ELBOW OR WRIST		
29280	STRAP HAND OR FINGER		
29520	STRAP HIP		
29530	STRAP KNEE		
29540	STRAP ANKLE AND/OR FT		
29550	STRAP TOES		
29580	APPLY PASTE BOOT		
29581	APPLY MULTILAY COMPRESS LWR LEG		
29590	APPLY FOOT SPLINT		
29799	CAST/STRAP PROCEDURE		
97012	MECHANICAL TRACTION THERAPY	SUPERVISED MODALITY	includes treatment with VAX-D, DRX and similar machines
G0283	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS		
97016	VASOPNEUMATIC DEVICE THERAPY	SUPERVISED MODALITY	
97018	PARAFFIN BATH THERAPY	SUPERVISED MODALITY	
97022	WHIRLPOOL THERAPY	SUPERVISED MODALITY	
97024	DIATHERMY EG, MICROWAVE	SUPERVISED MODALITY	
97026	INFRARED THERAPY	SUPERVISED MODALITY	includes cold laser or low-power laser treatment
97028	ULTRAVIOLET THERAPY	SUPERVISED MODALITY	
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97033	IONTOPHORESIS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97034	CONTRAST BATHS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97035	ULTRASOUND, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97036	HUBBARD TANK, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97039	UNLISTED PHYSICAL MEDICINE & REHAB MODALITY		

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97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97112	NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING OR STANDING ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97113	AQUATIC THERAPY WITH THERAPEUTIC EXERCISES		
97124	MASSAGE THERAPY	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97139	UNLISTED PHYSICAL MEDICINE PROCEDURE		
97140	MANUAL THERAPY TECHNIQUES (eg MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION, 1 OR MORE REGIONS, EACH 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97150	GROUP THERAPEUTIC PROCEDURES, (2 OR MORE INDIVIDUALS)	CONSTANT ATTENDANCE OF PROVIDER REQUIRED	
97530	THERAPEUTIC ACTIVITIES, (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE)	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97535	SELF CARE MANAGEMENT TRAINING		
97810	ACUPUNCTURE, 1 OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97811	ACUPUNCTURE, 1 OR MORE NEEDLES, WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES, WITH REINSERTION OF NEEDLES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97813	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97814	ACUPUNCTURE, 1 OR MORE NEEDLES, WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES, WITH REINSERTION OF NEEDLES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
98925	OSTEOPATHIC MANIPULATION 1-2 REGIONS		
98926	OSTEOPATHIC MANIPULATION 3-4 REGIONS		
98927	OSTEOPATHIC MANIPULATION 5-6 REGIONS		
98928	OSTEOPATHIC MANIPULATION 7-8 REGIONS		
98929	OSTEOPATHIC MANIPULATION 9-10 REGIONS		
98940	CHIROPRACTIC MANIPULATION 1-2 REGIONS		
98941	CHIROPRACTIC MANIPULATION 3-4 REGIONS		
98942	CHIROPRACTIC MANIPULATION 5 REGIONS		
98943	CHIROPRACTIC MANIPULATION EXTRASPINAL, 1 OR MORE REGIONS		

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NOTE: FOR CHIROPRACTIC MANIPULATIVE TREATMENT, THE 5 SPINAL REGIONS REFERRED TO ARE: CERVICAL REGION (INCLUDES ATLANTO-OCCIPITAL JOINT); THORACIC REGION (INCLUDES COSTOVERTEBRAL AND COSTOTRANSVERSE JOINTS); LUMBAR REGION; SACRAL REGION; AND PELVIC (SACRO-ILIAC JOINT) REGION. THE FIVE EXTRA-SPINAL REGIONS REFERRED TO ARE: HEAD (INCLUDING TEMPOROMANDIBULAR JOINT, EXCLUDING ATLANTO-OCCIPITAL) (EXCLUDING COSTOTRANSVERSE AND COSTOVERTEBRAL JOINTS AND ABDOMEN)

NOTE: FOR OSTEOMANIPULATIVE TREATMENT, THE BODY REGIONS REFERRED TO ARE: HEAD REGION; CERVICAL REGION; THORACIC REGION; LUMBAR REGION; SACRAL REGION; PELVIC REGION; LOWER EXTREMITIES; UPPER EXTREMITIES; RIB CAGE REGION; ABDOMEN AND VISCERA REGION

NOTE: FOR STRAPPING, THIS IS A REPLACEMENT PROCEDURE USED DURING OR AFTER THE PERIOD OF FOLLOW-UP CARE OR WHEN THE APPLICATION IS AN INITIAL SERVICE PERFORMED WITHOUT A RESTORATIVE TREATMENT TO STABILIZE OR PROTECT A FRACTURE, INJURY OR DISLOCATION AND/OR TO AFFORD COMFORT TO A PATIENT.