

Appendix  
Exhibit 6

**CPT Codes Subject to Daily Maximum**

CPT\* Description

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97012	APPLIC MODAL 1/> AREAS; TRACTION-MECH	SUPERVISED MODALITY	includes treatment with VAX-D, DRX and similar machines
G0283	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS		
97016	APPLIC MODAL 1/> AREAS; VASOPNEUMATIC DEVICES	SUPERVISED MODALITY	
97018	APPLIC MODAL 1/> AREAS; PARAFFIN BATH	SUPERVISED MODALITY	
97020	APPLIC MODAL 1/> AREAS; MICROWAVE	SUPERVISED MODALITY	
97022	APPLIC MODAL 1/> AREAS; WHIRLPOOL	SUPERVISED MODALITY	
97024	APPLIC MODAL 1/> AREAS; DIATHERMY	SUPERVISED MODALITY	
97026	APPLIC MODAL 1/> AREAS; INFRARED	SUPERVISED MODALITY	includes cold laser or low-power laser treatment
97028	APPLIC MODAL 1/> AREAS; ULTRAVIOLET	SUPERVISED MODALITY	
97032	APPLIC MODAL 1/> AREAS; ELEC STIM EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97033	APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97034	APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97035	APPLIC MODAL 1/> AREAS; ULTRASOUND EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97036	APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97110	THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97112	NEUROMUSCULAR REEDUCATION	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97140	MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97150	THERAP PROC GROUP	CONSTANT ATTENDANCE OF PROVIDER REQUIRED	
97530	THERAPEUTIC ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
98925	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED		
98926	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED		
98927	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED		
98928	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED		
98929	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED		
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS		
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS		
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS		
98943	CHIROPRACTIC MANIP TX; EXTRA SPINAL 1 OR MORE REGIONS		

**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