

KY Medicaid Physical Therapy Fee Schedule 2024 (Provider Type 87) revised 1.9.2024

Notes:

- **Red indicates new codes or changes for the most current revision date.**
- **See Updates tab at bottom of excel spreadsheet for updates made to the fee schedule.**
- **It is the responsibility of the provider to check member eligibility.**
- **Beginning June 1, 2022 modifier CQ will be used instead of U1.**
- **The appearance on this website of a code and rate is not an indication of coverage, nor a guarantee of payment.**
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Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
29065			APPLICATION OF SHOULDER TO HAND CAST	\$56.92	\$33.48	\$40.88	\$24.05
29075			APPLICATION OF ELBOW TO FINGER CAST	\$51.34	\$30.20	\$36.80	\$21.65
29085			APPLICATION OF HAND AND LOWER FOREARM CAST	\$56.36	\$33.15	\$40.32	\$23.72
29086			APPLICATION OF FINGER CAST	\$44.85	\$26.38	\$29.33	\$17.25
29105			APPLICATION OF LOWER AND UPPER ARM SPLINT	\$48.67	\$28.63	\$25.57	\$15.04
29125			APPLICATION OF NONMOVEABLE FOREARM TO HAND SPLINT	\$38.88	\$22.87	\$23.79	\$14.00
29126			APPLICATION OF MOVEABLE OR HINGED FOREARM TO HAND SPLINT	\$45.76	\$26.92	\$29.48	\$17.34
29130			APPLICATION OF NONMOVEABLE FINGER SPLINT	\$24.79	\$14.58	\$17.85	\$10.50
29131			APPLICATION OF HINGED FINGER SPLINT	\$31.68	\$18.64	\$20.87	\$12.28
29200			PLACEMENT OF STRAPPING TO CHEST	\$19.90	\$11.70	\$11.65	\$6.86
29240			PLACEMENT OF STRAPPING TO SHOULDER	\$18.17	\$10.69	\$11.46	\$6.74
29260			PLACEMENT OF STRAPPING TO ELBOW OR WRIST	\$17.96	\$10.56	\$12.02	\$7.07



Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
29280			PLACEMENT OF STRAPPING TO HAND OR FINGER	\$17.77	\$10.45	\$12.21	\$7.18
29505			APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE	\$52.20	\$30.71	\$30.78	\$18.11
29515			APPLICATION OF LONG LEG SPLINT FROM THIGH TO ANKLE OR TOE	\$42.41	\$24.95	\$29.61	\$17.42
95851			MEASUREMENT OF RANGE OF MOTION IN ARM, LEG OR EACH SPINE SECTION	\$12.32	\$7.25	\$4.86	\$2.86
95852			MEASUREMENT OF RANGE OF MOTION OF HAND	\$10.17	\$5.99	\$3.38	\$1.99
95860	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$31.30	\$18.41	\$31.30	\$18.41
95860		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 1 EXTREMITY	\$67.72	\$39.84	\$67.72	\$39.84
95861	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	\$50.20	\$29.53	\$50.20	\$29.53
95861		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 2 EXTREMITIES	\$98.31	\$57.83	\$98.31	\$57.83
95863	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$60.93	\$35.84	\$60.93	\$35.84
95863		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 3 EXTREMITIES	\$128.02	\$75.30	\$128.02	\$75.30
95864	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$65.09	\$38.29	\$65.09	\$38.29
95864		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, 4 EXTREMITIES	\$142.72	\$83.96	\$142.72	\$83.96

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
95867	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	\$25.63	\$15.08	\$25.63	\$15.08
95867		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MUSCLES ON SIDE OF BODY	\$64.16	\$37.74	\$64.16	\$37.74
95869	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	\$12.17	\$7.16	\$12.17	\$7.16
95869		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN MIDDLE SPINE MUSCLES	\$57.98	\$34.11	\$57.98	\$34.11
95870	26	Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LIMITED STUDY	\$11.98	\$7.05	\$11.98	\$7.05
95870		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM, LEG, TRUNK OR HEAD MUSCLES, LIMITED STUDY	\$50.31	\$29.60	\$50.31	\$29.60
95886		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN ARM OR LEG MUSCLES, COMPLETE STUDY	\$59.58	\$35.05	\$59.58	\$35.05
95887		Episode	NEEDLE MEASUREMENT OF ELECTRICAL ACTIVITY IN TRUNK OR HEAD MUSCLES	\$51.29	\$30.17	\$51.29	\$30.17
95905	26	Episode	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REPORT	\$1.67	\$0.98	\$1.67	\$0.98
95905		Episode	NERVE CONDUCTION STUDY OF ARM OR LEG MOVEMENT AND/OR FEELING WITH REVIEW AND REPORT	\$21.98	\$12.93	\$21.98	\$12.93
95907	26	Episode	NERVE CONDUCTION, 1-2 STUDIES	\$32.57	\$19.16	\$32.57	\$19.16

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
95907		Episode	NERVE CONDUCTION, 1-2 STUDIES	\$54.99	\$32.35	\$54.99	\$32.35
95908	26	Episode	NERVE CONDUCTION, 3-4 STUDIES	\$40.76	\$23.98	\$40.76	\$23.98
95908		Episode	NERVE CONDUCTION, 3-4 STUDIES	\$68.55	\$40.32	\$68.55	\$40.32
95909	26	Episode	NERVE CONDUCTION, 5-6 STUDIES	\$48.94	\$28.79	\$48.94	\$28.79
95909		Episode	NERVE CONDUCTION, 5-6 STUDIES	\$82.29	\$48.41	\$82.29	\$48.41
95910	26	Episode	NERVE CONDUCTION, 7-8 STUDIES	\$65.32	\$38.42	\$65.32	\$38.42
95910		Episode	NERVE CONDUCTION, 7-8 STUDIES	\$107.68	\$63.34	\$107.68	\$63.34
95911	26	Episode	NERVE CONDUCTION, 9-10 STUDIES	\$81.13	\$47.73	\$81.13	\$47.73
95911		Episode	NERVE CONDUCTION, 9-10 STUDIES	\$129.82	\$76.37	\$129.82	\$76.37
95912	26	Episode	NERVE CONDUCTION, 11-12 STUDIES	\$96.76	\$56.92	\$96.76	\$56.92
95912		Episode	NERVE CONDUCTION, 11-12 STUDIES	\$151.37	\$89.04	\$151.37	\$89.04
95913	26	Episode	NERVE CONDUCTION, 13 OR MORE STUDIES	\$114.83	\$67.55	\$114.83	\$67.55
95913		Episode	NERVE CONDUCTION, 13 OR MORE STUDIES	\$175.40	\$103.17	\$175.40	\$103.17
95992		Episode	REPOSITIONING EXERCISES OF HEAD FOR TREATMENT OF DIZZINESS, EACH DAY	\$26.67	\$15.69	\$22.64	\$13.32
96110		Episode	DEVELOPMENTAL SCREENING	\$7.29	\$4.29	\$7.29	\$4.29
96112		First 1 hour	DEVEL TST PHYS/QHP 1ST HR	\$78.80	\$46.35	\$78.03	\$45.90
96113		Add'l 30 min	DEVEL TST PHYS/QHP EA ADDL	\$37.03	\$21.78	\$34.92	\$20.54
96125		Per Hour	TEST TO ASSESS THE ABILITY TO COMPLETE SPECIFIC FUNCTIONAL TASKS APPLICABLE TO ENVIRONMENT	\$63.50	\$37.35	\$63.50	\$37.35
97010			APPLICATION OF HOT OR COLD PACKS	\$8.77	\$5.16	\$8.77	\$5.16
97012		Episode	LICATION OF MECHANICAL TRACTION	\$8.77	\$5.16	\$8.77	\$5.16
97014		Episode	APPLICATION OF ELECTRICAL STIMULATION	\$8.85	\$5.31	\$8.85	\$5.21
97016		Episode	APPLICATION OF BLOOD VESSEL COMPRESSION DEVICE	\$7.22	\$4.25	\$7.22	\$4.25
97018		Episode	APPLICATION OF HOT WAX BATH	\$3.42	\$2.01	\$3.42	\$2.01
97022		Episode	APPLICATION OF WHIRLPOOL THERAPY	\$10.26	\$6.03	\$10.26	\$6.03
97024		Episode	HEAT WAVE THERAPY	\$4.19	\$2.46	\$4.19	\$2.46

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97026		Episode	APPLICATION OF LOW ENERGY HEAT	\$3.83	\$2.25	\$3.83	\$2.25
97028		Episode	APPLICATION OF ULTRAVIOLET LIGHT	\$4.83	\$2.84	\$4.83	\$2.84
97032		15 min	APPLICATION OF ELECTRICAL STIMULATION WITH THERAPIST PRESENT, EACH 15 MINUTES	\$8.96	\$5.27	\$8.96	\$5.27
97033		15 min	APPLICATION OF MEDICATION USING ELECTRICAL CURRENT, EACH 15 MINUTES	\$11.86	\$6.98	\$11.86	\$6.98
97034		15 min	APPLICATION OF HOT AND COLD BATHS, EACH 15 MINUTES	\$8.84	\$5.20	\$8.84	\$5.20
97035		15 min	APPLICATION OF ULTRASOUND, EACH 15 MINUTES	\$8.65	\$5.09	\$8.65	\$5.09
97036		15 min	APPLICATION OF WATER THERAPY USING A SPECIAL TANK, EACH 15 MINUTES	\$20.16	\$11.86	\$20.16	\$11.86
97110		15 min	THERAPY PROCEDURE USING EXERCISE TO DEVELOP STRENGTH, ENDURANCE, RANGE OF MOTION, AND FLEXIBILITY, EACH 15 MINUTES	\$17.96	\$10.56	\$17.96	\$10.56
97112		15 min	THERAPY PROCEDURE TO RE-EDUCATE BRAIN-TO-NERVE-TO-MUSCLE FUNCTION, EACH 15 MINUTES	\$20.79	\$12.23	\$20.79	\$12.23
97113		15 min	THERAPY PROCEDURE USING WATER POOL TO EXERCISES, EACH 15 MINUTES	\$22.27	\$13.10	\$22.27	\$13.10
97116		15 min	THERAPY PROCEDURE FOR WALKING TRAINING, EACH 15 MINUTES	\$17.96	\$10.56	\$17.96	\$10.56
97124		15 min	THERAPY PROCEDURE USING MASSAGE, EACH 15 MINUTES	\$17.88	\$10.52	\$17.88	\$10.52
97129		1st 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, INITIAL 15 MINUTES	\$14.27	\$8.40	\$14.27	\$8.40

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97130		Add'l 15 min	THERAPY PROCEDURE FOR A RANGE OF MENTAL PROCESSES, EACH ADDITIONAL 15 MINUTES	\$13.83	\$8.13	\$13.64	\$8.02
97140		15 min	THERAPY PROCEDURE USING MANUAL TECHNIQUE, EACH 15 MINUTES	\$16.56	\$9.74	\$16.56	\$9.74
97150		Episode	THERAPY PROCEDURE IN A GROUP SETTING	\$10.80	\$6.35	\$10.80	\$6.35
97161		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTE	\$61.14	\$35.96	\$61.14	\$35.96
97162		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$61.14	\$35.96	\$61.14	\$35.96
97163		Episode	EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 45 MINUTES	\$61.14	\$35.96	\$61.14	\$35.96
97164		Episode	RE-EVALUATION FOR PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$41.85	\$24.62	\$41.85	\$24.62
97530		15 min	THERAPY PROCEDURE USING FUNCTIONAL ACTIVITIES	\$22.34	\$13.14	\$22.34	\$13.14
97533		15 min	THERAPY PROCEDURE USING SENSORY EXPERIENCES	\$37.99	\$22.35	\$37.99	\$22.35
97535		15 min	TRAINING FOR SELF-CARE OR HOME MANAGEMENT, EACH 15 MINUTES	\$19.88	\$11.69	\$19.88	\$11.69
97542		15 min	EVALUATION FOR WHEELCHAIR, EACH 15 MINUTES	\$19.39	\$11.41	\$19.39	\$11.41
97597		Episode	REMOVAL OF TISSUE FROM WOUND, 20.0 SQ CM OR LESS	\$60.25	\$35.44	\$22.48	\$13.23
97598		Episode	REMOVAL OF TISSUE FROM WOUND, EACH ADDITIONAL 20.0 SQ CM	\$27.26	\$16.04	\$15.57	\$9.16
97605		Episode	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA 50.0 SQ CM OR LESS	\$25.54	\$15.02	\$15.57	\$9.16

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
97606		Episode	THERAPY PROCEDURE USING A SPECIAL BANDAGE AND VACUUM PUMP, SURFACE AREA MORE THAN 50.0 SQ CM	\$30.09	\$17.70	\$17.05	\$10.03
97610			THERAPY PROCEDURE USING ULTRASOUND	\$260.92	\$153.48	\$11.31	\$6.65
97750		15 min	TEST OR MEASUREMENT FOR FUNCTIONAL CAPACITY, EACH 15 MINUTES	\$20.26	\$11.92	\$20.26	\$11.92
97755		15 min	EVALUATION FOR ASSISTIVE TECHNOLOGY, EACH 15 MINUTES	\$23.24	\$13.67	\$23.24	\$13.67
97760		15 min	TRAINING IN THE USE OF ORTHOPEDIC DEVICE FOR ARM, LEG AND/OR TRUNK, EACH 15 MINUTES	\$29.03	\$17.08	\$29.03	\$17.08
97761		15 min	TRAINING IN THE USE OF ARTIFICIAL ARM AND/OR LEG, EACH 15 MINUTES	\$25.01	\$14.71	\$25.01	\$14.71
97763		15 min	FOLLOW-UP TRAINING IN THE USE OF ORTHOPEDIC DEVICE OR ARTIFICIAL ARM, LEG AND/OR TRUNK, EACH 15 MINUTES	\$32.04	\$18.85	\$32.04	\$18.85
99446		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$11.33	\$6.66	\$11.33	\$6.66
99447		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 5-10 MINUTES	\$22.28	\$13.11	\$22.28	\$13.11

Code	Modifier	Duration	Description	Non-Facility		Facility	
				Therapist Rate	Assistant Rate	Therapist Rate	Assistant Rate
99448		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, 21-30 MINUTES	\$33.44	\$19.67	\$33.44	\$19.67
99449		Episode	TELEPHONE OR INTERNET ASSESSMENT WITH VERBAL AND WRITTEN REPORT BY CONSULTING PHYSICIAN, MORE THAN 30 MINUTES	\$44.78	\$26.34	\$44.78	\$26.34
99451		Episode	TELEPHONE, INTERNET, OR ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT WITH WRITTEN REPORT BY CONSULTING PHYSICIAN, AT LEAST 5 MINUTES	\$22.11	\$13.01	\$22.11	\$13.01
99452		Episode	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	\$22.47	\$13.22	\$22.47	\$13.22
99453		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	\$11.00	\$6.47	\$11.00	\$6.47
99454		Episode	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS	\$30.86	\$18.15	\$30.86	\$18.15