

July 11, 1973

TO: Mr. E. W. Hasson
FROM: Ernest A. Burch, Jr., Gilbert N. Fine, William Neill, III, and
Florence P. Kendall
RE: Physical Therapy Fees

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In answer to your memorandum of June 29, 1973, it is our opinion that a complete survey of physical therapists' fees would be necessary in order for this committee to give the assurance in writing that you have requested.

It is our feeling, however, that one may obviate the need for such a survey by requiring that participating physical therapists sign a statement such as the following:

I hereby certify that the charges made by me for physical therapy services rendered are based on 1972 charge patterns as limited by Phase II Wage Price Regulations.

Date

Signature of physical therapist

Official Maryland license number

Current control number

P.S. By requiring that the physical therapist record his or her Maryland license number and current control number, it will be ascertained that the person is currently licensed to practice physical therapy in Maryland.

(7/10/73 to 7/11/73)

July 10, 1973

To: Mr. E. W. Hasson

From: Ernesta. Burk, Jr., Gilbert ^N Fine, Florence P. Kendall

Re: Phy. therapy Fees.

case w^m Neill ^{III} Hi 8-2500

In answer to your memorandum of June 29, 1973 it is our opinion that a complete survey of P.T. fees would be necessary in order for this Com. to give ^{the} assurance in writing ^{that} you have requested.

It is our ~~recommendation~~ ^{feeling} ^{however,} that ~~one~~ may obviate the ~~can be obviated~~ ^{need} ~~necessity~~ of making such a survey by ~~request~~ requiring that participating physical therapists sign a statement such as the following:

I hereby certify that the charges made ^{by me} for ^{phy. ther} services rendered are based on 1972 charge patterns as limited by Phase II Wage Price Regulations.

Date: _____
Office _____

Signature of Phy. Ther. _____
Official ^{md} license number _____
Current control number _____

P.S. [By requiring the ^{md} lic # & current control number it will be ^{currently} ascertained that the P.T. is duly licensed to practice in Md.]

PHYSICAL THERAPY

PREFACE

There shall be reimbursement for physical therapy services only when such services are rendered by licensed, qualified physical therapists, and when authorized by the written or verbal orders of a physician licensed to practice medicine and surgery.

The physical therapy modalities listed below may be expected to consume approximately 20 minutes of treatment time. Combinations of two or more modalities and/or procedures may be expected to consume from 30 to 60 minutes.

EVALUATION (as an independent procedure), with copy of chart(s) and/or report.

Electrodiagnostic testing	
Chronaximetry.....	10.00
Reaction of degeneration.....	10.00
Strength-duration curve.....	15.00
Twitch-tetanus ratio.....	10.00
Electromyography	
One extremity and related paraspinal area.....	I.C.
Two extremities and related paraspinal areas.....	I.C.
Four extremities and related paraspinal areas.....	I.C.
Nerve conduction velocity study	
Motor <u>or</u> sensory, each nerve.....	10.00
contralateral nerve.....	10.00
Motor <u>and</u> sensory, each nerve.....	12.00
contralateral nerve.....	12.00
each additional ipsilateral or contralateral nerve.....	8.00
Functional tests, and tests for activities-of-daily-living.....	10.00
Girth and volumetric measurements.....	8.00
Muscle testing, manual, per extremity or trunk.....	10.00
four extremities and trunk.....	35.00
Postural evaluation (inc. alignment, strength, and flexibility)	15.00
Range of motion measurements, one joint.....	8.00
two or three joints.....	10.00
fingers and wrist.....	12.00
Sensory and/or proprioceptive testing.....	8.00

MODALITIES

Diathermy or microwave.....	6.00
Electrical stimulation, unattended.....	6.00
Hot or cold packs.....	6.00
Infrared.....	6.00
Paraffin bath.....	6.00
Traction, mechanical.....	6.00
Vasopneumatic device, per hour or portion thereof.....	6.00
Whirlpool.....	6.00
Office visit with two or modalities applied simultaneously.....	7.00
applied consecutively.....	9.00

PROCEDURES

Contrast baths.....	8.00
Electrical stimulation, manual.....	8.00
Functional training and activities-of-daily-living training.....	8.00
Gait training.....	8.00
Hubbard tank.....	10.00
with additional procedure.....	12.00
Iontophoresis.....	8.00
Joint manipulation.....	8.00
Massage, extremity, back, or neck.....	8.00
two or more parts.....	10.00
Orthotic training or prosthetic training.....	8.00
Postural drainage and breathing exercises.....	10.00
Splinting (time and materials included).....	10.00 to 25.00
Therapeutic exercises.....	8.00
Ultrasound.....	6.00
Ultraviolet.....	6.00
Whirlpool, sterile technique.....	10.00
Not otherwise classified.....	I.C.

Visit to patient's home to administer physical therapy, including a combination of any modalitie(s) and/or procedure(s).....20.00 plus transportation charges @ 50 cents per mile, one way beyond five miles.

Group activities: \$20.00 per therapist-hour divided by the number of patients in the group to determine cost per patient.