
Physical Therapy: Billing Codes and Reimbursement Rates

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This section lists the HCPCS codes and maximum allowances for physical therapy services. Refer to the *Physical Therapy* section in this manual for policy information. Reimbursement will be made at the provider's usual charge to the general public, not to exceed the following maximum allowances (*California Code of Regulations [CCR], Title 22, Section 51507*).

Definitions

The following definitions will provide a better understanding of some "Descriptions" in the codes and rates list on the following pages.

"Modality" Defined

"Modality" is any physical therapy treatment, unless listed separately that does not require the continuous attention of the therapist, such as:

- Hot or cold packs
- Traction, mechanical
- Electrical stimulation (unattended)
- Vasopneumatic devices
- Paraffin bath
- Microwave
- Whirlpool
- Diathermy
- Infrared
- Ultraviolet
- Ultrasound

“Procedure” Defined

“Procedure” is any physical therapy treatment, unless listed separately that requires the continuous attention of the therapist, such as:

- Therapeutic exercise
- Neuromuscular reeducation
- Rehabilitation services
- Functional activities
- Gait training
- Orthotics training
- Prosthetics training
- Electrical stimulation (motor point)
- Iontophoresis
- Traction, manual
- Massage
- Contrast baths

“Case Conference” Defined

“Case conference” is participation in an organized conference with other health team members who are immediately involved in the care or recovery of a recipient, concerning the status or progress of a recipient under treatment, and includes required charting entries. Case conferences are limited to one per recipient per month.

Home or Long-Term Facility Visit

The maximum allowance for a home or long-term care facility visit is reimbursable only for the first recipient receiving service at any given location on the same day.

Codes and Rates

Physical therapy services are reimbursed as listed below:

Physical Therapy Codes and Rates Table

HCPCS Code	Description	Maximum Allowance
X3900	Single modality to one area; initial 30 minutes	\$17.04
X3902	Single modality to one area; each additional 15 minutes	\$3.63
X3904	Single procedure to one area; initial 30 minutes	\$21.19
X3906	Single procedure to one area; each additional 15 minutes	\$6.86
X3908	Treatment including a combination of any modalities and procedures (one or more areas); initial 30 minutes	\$21.19
X3910	Treatment including a combination of any modalities and procedures (one or more areas); each additional 15 minutes	\$6.86
X3912	Hubbard Tank; initial 30 minutes	\$34.84
X3914	Hubbard Tank; each additional 15 minutes	\$6.86

«Physical Therapy Codes and Rates Table (continued)»

HCPCS Code	Description	Maximum Allowance
X3916	Hubbard Tank or pool therapy with therapeutic exercise; initial 30 minutes	\$41.69
X3918	Hubbard Tank or pool therapy with therapeutic exercise; each additional 15 minutes	\$6.86
X3920	Any of the tests and measurements; initial 30 minutes, plus report	\$34.84
X3922	Any of the tests and measurements; each additional 15 minutes, plus report	\$17.04
X3924	Physical Therapy Preliminary Evaluation rehabilitation center, SNH, ICF	\$34.84
X3926	Case conference and report; initial 30 minutes	\$21.19
X3928	Case consultation and report	\$21.19
X3930	Case conference and report; each additional 15 minutes	\$6.86
X3932	Home or long-term care facility visit; add	\$6.57
X3934	Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home)	\$1.77
X3936	Unlisted services	By Report

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.