

# PHYSICAL MEDICINE AND REHABILITATION

These listings cannot be correctly interpreted without reference to the Preamble.

		<b>Total Fee \$</b>
<b>Referred Cases</b>		
01710	<b>Formal consultation:</b> To consist of examination, review of history, laboratory, X-ray findings, functional, social, and vocational appraisal, and additional visits necessary to render a written report .....	197.67
01712	<b>Repeat or limited consultation:</b> Where a formal consultation for the same illness is repeated at an interval within six months of the last visit by the consultant .....	106.30
01714	Prolonged visit for counselling (up to four annually. See Preamble, D. 3. 3.) .....	77.54
<b><u>Group counselling for groups of two or more patients:</u></b>		
01713	First full hour .....	139.70
01715	Second hour, per 1/2 hour (or major portion thereof) .....	69.81
<b><u>Continuing care by consultant:</u></b>		
01706	Directive care .....	68.55
01707	Office visit .....	102.17
01708	Hospital visit.....	43.92
01709	Home visit .....	66.51
01705	Emergency visit when specially called .....	103.40
<i>(not paid in addition to out of office hours premiums)</i>		
<i><b>Note:</b> Claim must state time service rendered.</i>		
<b><u>Telehealth Service with Direct Interactive Video Link with the Patient:</u></b>		
01770	Telehealth Formal consultation: To consist of examination, review of history, laboratory, X-ray findings, functional, social, and vocational appraisal, and additional visits necessary to render a written report .....	197.67
01772	Telehealth repeat or limited consultation: Where a formal consultation for the same illness is repeated at an interval within six months of the last visit by the consultant .....	106.30
01776	Telehealth directive care .....	68.55
01777	Telehealth office visit .....	102.17
01778	Telehealth hospital visit .....	43.92
<b><u>Miscellaneous:</u></b>		
01728	Biofeedback for neurological and/or muscular retraining .....	20.67
<b>Notes:</b>		
i) <i>Payment for this listing is restricted to specialists certified in Physical Medicine.</i>		
ii) <i>This service must be performed by the physiatrist and is not payable if simply supervised or delegated.</i>		
iii) <i>Treatment sessions must be performed on a one-to-one basis and not in group sessions.</i>		
iv) <i>An office visit may not be billed in addition to 01728, or in lieu of 01728.</i>		

		<b>Total Fee \$</b>
01730	Graded exercise test - technical fee .....	33.02
01731	- professional fee .....	48.17
01732	- total fee .....	81.18
	<i><b>Note:</b> The notes following fee items 33034, 33035 and 33036 in the Internal Medicine section of this schedule also apply to fee items 01730, 01731 and 01732.</i>	
01721	Family rehabilitation conference where a certified specialist in Physical Medicine and Rehabilitation is involved with two or more members of the family - per 1/2 hour or greater portion thereof, to a maximum of two hours for any one rehabilitative case .....	87.84