

ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY/OUTPATIENT REHABILITATION FACILITY (CORE/ORF) (effective July 15, 2016)

TOS*	Procedure Code	Long Description **	Age Range	CURRENT		EFFECTIVE JULY 15, 2016		Percent Change from Current Medicaid Fee
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Effective July 15, 2016, Medicaid Fee	Effective July 15, 2016, Adjusted Medicaid Fee	
1	92507	**	0-20	\$39.78	\$39.78	\$28.67	\$28.67	-27.93%
1	92507	**	21-999	\$39.78	\$39.78	\$28.67	\$28.67	-27.93%
1	92508	**	0-20	\$19.90	\$19.90	\$14.93	\$14.93	-24.97%
1	92508	**	21-999	\$19.90	\$19.90	\$14.93	\$14.93	-24.97%
1	92521	**	0-20	\$140.62	\$140.62	\$105.47	\$105.47	-25.00%
1	92521	**	21-999	\$140.62	\$140.62	\$105.47	\$105.47	-25.00%
1	92522	**	0-20	\$175.77	\$175.77	\$131.83	\$131.83	-25.00%
1	92522	**	21-999	\$175.77	\$175.77	\$131.83	\$131.83	-25.00%
1	92523	**	0-20	\$234.36	\$234.36	\$175.77	\$175.77	-25.00%
1	92523	**	21-999	\$234.36	\$234.36	\$175.77	\$175.77	-25.00%
1	92524	**	0-20	\$117.18	\$117.18	\$87.89	\$87.89	-25.00%
1	92524	**	21-999	\$117.18	\$117.18	\$87.89	\$87.89	-25.00%
1	92526	**	0-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	92610	**	0-999	\$234.36	\$234.36	\$226.27	\$226.27	-3.45%
1	97001	**	0-20	\$167.40	\$167.40	\$125.55	\$125.55	-25.00%
1	97001	**	21-999	\$167.40	\$167.40	\$125.55	\$125.55	-25.00%
1	97002	**	0-20	\$150.66	\$150.66	\$113.00	\$113.00	-25.00%
1	97002	**	21-999	\$150.66	\$150.66	\$113.00	\$113.00	-25.00%
1	97003	**	0-20	\$167.40	\$167.40	\$125.55	\$125.55	-25.00%
1	97003	**	21-999	\$167.40	\$167.40	\$125.55	\$125.55	-25.00%
1	97004	**	0-20	\$150.66	\$150.66	\$113.00	\$113.00	-25.00%
1	97004	**	21-999	\$150.66	\$150.66	\$113.00	\$113.00	-25.00%
1	97012	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97012	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97014	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97014	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97016	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97016	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97018	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97018	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97022	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97022	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97024	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97024	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97026	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97026	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97028	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97028	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97032	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97032	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97033	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97033	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97034	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97034	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97035	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97035	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97036	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97036	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%

ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY/OUTPATIENT REHABILITATION FACILITY (CORE/ORF) (effective July 15, 2016)

TOS*	Procedure Code	Long Description **	Age Range	CURRENT		EFFECTIVE JULY 15, 2016		Percent Change from Current Medicaid Fee
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Effective July 15, 2016, Medicaid Fee	Effective July 15, 2016, Adjusted Medicaid Fee	
1	97039	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97039	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97110	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97110	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97112	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97112	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97113	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97113	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97116	**	0-20	\$39.78	\$39.78	\$30.08	\$30.08	-24.38%
1	97116	**	21-999	\$39.78	\$39.78	\$30.08	\$30.08	-24.38%
1	97124	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97124	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84	-24.99%
1	97139	**	0-20	\$39.78	\$39.78	\$39.00	\$39.00	-1.96%
1	97139	**	21-999	\$39.78	\$39.78	\$39.00	\$39.00	-1.96%
1	97140	**	0-20	\$39.78	\$39.78	\$30.84	\$30.84	-22.47%
1	97140	**	21-999	\$39.78	\$39.78	\$30.84	\$30.84	-22.47%
1	97150	**	0-20	\$19.90	\$19.90	\$19.21	\$19.21	-3.47%
1	97150	**	21-999	\$19.90	\$19.90	\$19.21	\$19.21	-3.47%
1	97530	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97530	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97535	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97537	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97542	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97750	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97750	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97760	**	0-20	\$39.78	\$39.78	\$38.87	\$38.87	-2.29%
1	97761	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97762	**	0-20	\$40.36	\$40.36	\$35.09	\$35.09	-13.06%
1	97799	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	97799	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41	-3.44%
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$52.33	\$52.33	\$39.00	\$39.00	-25.47%
1	S9152	Speech therapy, re-evaluation	0-999	\$210.92	\$210.92	\$203.64	\$203.64	-3.45%

*Type of Service (TOS)	
1	Medical Services

**Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2015 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not

ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY/OUTPATIENT REHABILITATION FACILITY (CORE/ORF) (effective July 15, 2016)

TOS*	Procedure Code	Long Description **	Age Range	CURRENT		EFFECTIVE JULY 15, 2016		Percent Change from Current Medicaid Fee
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Effective July 15, 2016, Medicaid Fee	Effective July 15, 2016, Adjusted Medicaid Fee	

recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.