

**ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF) THERAPY SERVICES (Proposed to be effective July 1, 2017)**

**NOTE: Therapy Assistant Reimbursement:** Effective July 1, 2017, propose to reimburse for services provided by a therapy assistant and billed with a UB modifier at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Long Description	Age Range	CURRENT		PROPOSED		Explanation
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507	**	0-20	\$28.67	\$28.67	\$101.42	\$101.42	Per encounter and standardize rates for all providers
1	92507	**	21-999	\$28.67	\$28.67	\$101.42	\$101.42	Per encounter and standardize rates for all providers
1	92508	**	0-20	\$14.93	\$14.93	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92508	**	21-999	\$14.93	\$14.93	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92521	**	0-20	\$105.47	\$105.47	\$93.34	\$93.34	Standardize Rates for all providers
1	92521	**	21-999	\$105.47	\$105.47	\$93.34	\$93.34	Standardize Rates for all providers
1	92522	**	0-20	\$131.83	\$131.83	\$116.67	\$116.67	Standardize Rates for all providers
1	92522	**	21-999	\$131.83	\$131.83	\$116.67	\$116.67	Standardize Rates for all providers
1	92523	**	0-20	\$175.77	\$175.77	\$155.56	\$155.56	Standardize Rates for all providers
1	92523	**	21-999	\$175.77	\$175.77	\$155.56	\$155.56	Standardize Rates for all providers
1	92524	**	0-20	\$87.89	\$87.89	\$77.78	\$77.78	Standardize Rates for all providers
1	92524	**	21-999	\$87.89	\$87.89	\$77.78	\$77.78	Standardize Rates for all providers
1	92526	**	0-999	\$38.41	\$38.41	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92610	**	0-999	\$226.27	\$226.27	\$200.26	\$200.26	Standardize Rates for all providers
1	97161	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97164	**	0-20	\$113.00	\$113.00	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	**	21-999	\$113.00	\$113.00	\$75.08	\$75.08	Standardize Rates for all providers
1	97165	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	**	0-20	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	**	21-999	\$125.55	\$125.55	\$107.25	\$107.25	Standardize Rates for all providers
1	97168	**	0-20	\$113.00	\$113.00	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	**	21-999	\$113.00	\$113.00	\$75.08	\$75.08	Standardize Rates for all providers
1	97012	**	0-20	\$38.41	\$38.41	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	**	21-999	\$38.41	\$38.41	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97014	**	0-20	\$29.84	\$29.84	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	**	21-999	\$29.84	\$29.84	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97016	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers

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**NOTE: Therapy Assistant Reimbursement:** Effective July 1, 2017, propose to reimburse for services provided by a therapy assistant and billed with a UB modifier at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Procedure Code	Long Description	Age Range	CURRENT		PROPOSED		Explanation
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97018	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97022	**	0-20	\$38.41	\$38.41	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	**	21-999	\$38.41	\$38.41	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97024	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97028	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97032	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97039	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97110	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

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				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97112	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97113	**	0-20	\$38.41	\$38.41	\$38.41	\$38.41	Standardize Rates for all providers
1	97113	**	21-999	\$38.41	\$38.41	\$38.41	\$38.41	Standardize Rates for all providers
1	97116	**	0-20	\$30.08	\$30.08	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	**	21-999	\$30.08	\$30.08	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20	\$29.84	\$29.84	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	**	21-999	\$29.84	\$29.84	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97139	**	0-20	\$39.00	\$39.00	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	**	21-999	\$39.00	\$39.00	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97140	**	0-20	\$30.84	\$30.84	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	**	21-999	\$30.84	\$30.84	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97150	**	0-20	\$19.21	\$19.21	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	**	21-999	\$19.21	\$19.21	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97530	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20	\$38.87	\$38.87	\$34.33	\$34.33	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20	\$38.41	\$38.41	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97762	**	0-20	\$35.09	\$35.09	\$34.47	\$34.47	Per 15 Minutes and standardize rates for all providers
1	97799	**	0-20	\$38.41	\$38.41	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	**	21-999	\$38.41	\$38.41	\$35.48	\$35.48	Per encounter and standardize rates for all providers

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				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$39.00	\$39.00	\$27.67	\$27.67	Per encounter and standardize rates for all providers
1	S9152	Speech therapy, re-evaluation	0-999	\$203.64	\$203.64	\$108.89	\$108.89	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers

*Type of Service (TOS)	
1	Medical Services

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