

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	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	\$100.34	\$100.34	\$101.42	\$101.42	Per encounter and standardize rates for all providers
1	92507			**	21-999	\$100.34	\$100.34	\$101.42	\$101.42	Per encounter and standardize rates for all providers
1	92508			**	0-20	\$50.68	\$50.68	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92508			**	21-999	\$50.68	\$50.68	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92521			**	0-20	\$90.00	\$90.00	\$93.34	\$93.34	Standardize Rates for all providers
1	92521			**	21-999	\$67.90	\$67.90	\$93.34	\$93.34	Standardize Rates for all providers
1	92522			**	0-20	\$112.50	\$112.50	\$116.67	\$116.67	Standardize Rates for all providers
1	92522			**	21-999	\$84.89	\$84.89	\$116.67	\$116.67	Standardize Rates for all providers
1	92523			**	0-20	\$150.00	\$150.00	\$155.56	\$155.56	Standardize Rates for all providers
1	92523			**	21-999	\$113.18	\$113.18	\$155.56	\$155.56	Standardize Rates for all providers
1	92524			**	0-20	\$75.00	\$75.00	\$77.78	\$77.78	Standardize Rates for all providers
1	92524			**	21-999	\$56.59	\$56.59	\$77.78	\$77.78	Standardize Rates for all providers
1	92526			**	0-20	\$130.48	\$130.48	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92526			**	21-999	\$111.48	\$111.48	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92610			**	0-20	\$193.10	\$193.10	\$200.26	\$200.26	Standardize Rates for all providers
1	92610			**	21-999	\$113.18	\$113.18	\$200.26	\$200.26	Standardize Rates for all providers
1	97161			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97161			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	AT		**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	AT		**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
C	97161			**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
C	97161			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97162			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97162			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	AT		**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	AT		**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97162			**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
C	97162			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97163			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97163			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	AT		**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	AT		**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
C	97163			**	0-20	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
C	97163			**	21-999	\$85.52	\$85.52	\$107.25	\$107.25	Standardize Rates for all providers
1	97164			**	0-20	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97164			**	21-999	\$76.97	\$76.97	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	AT		**	0-20	\$76.97	\$76.97	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	AT		**	21-999	\$76.97	\$76.97	\$75.08	\$75.08	Standardize Rates for all providers
C	97164			**	0-20	\$76.97	\$76.97	\$75.08	\$75.08	Standardize Rates for all providers
C	97164			**	21-999	\$76.97	\$76.97	\$75.08	\$75.08	Standardize Rates for all providers
1	97165			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97165			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	AT		**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	AT		**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97165			**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97165			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97166			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97166			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	AT		**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	AT		**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97166			**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97166			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97167			**	0-20	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97167			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	AT		**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	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*	Proce- dure Code	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97167	AT		**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97167			**	0-20	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
C	97167			**	21-999	\$89.21	\$89.21	\$107.25	\$107.25	Standardize Rates for all providers
1	97168			**	0-20	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97168			**	21-999	\$78.47	\$78.47	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	AT		**	0-20	\$78.47	\$78.47	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	AT		**	21-999	\$78.47	\$78.47	\$75.08	\$75.08	Standardize Rates for all providers
C	97168			**	0-20	\$78.47	\$78.47	\$75.08	\$75.08	Standardize Rates for all providers
C	97168			**	21-999	\$78.47	\$78.47	\$75.08	\$75.08	Standardize Rates for all providers
1	97012			**	21-999	\$109.15	\$109.15	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT		**	0-20	\$109.15	\$109.15	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT		**	21-999	\$109.15	\$109.15	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT	GO	**	0-20	\$110.56	\$110.56	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT	GO	**	21-999	\$110.56	\$110.56	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT	GP	**	0-20	\$108.44	\$108.44	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	AT	GP	**	21-999	\$108.44	\$108.44	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	GO		**	0-20	\$130.48	\$130.48	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	GO		**	21-999	\$110.56	\$110.56	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	GP		**	0-20	\$130.48	\$130.48	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	GP		**	21-999	\$108.44	\$108.44	\$33.61	\$33.61	Per encounter and standardize rates for all providers
C	97012			**	0-20	\$109.15	\$109.15	\$33.61	\$33.61	Per encounter and standardize rates for all providers
C	97012			**	21-999	\$109.15	\$109.15	\$33.61	\$33.61	Per encounter and standardize rates for all providers

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TOS*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97012	GO		**	0-20	\$110.56	\$110.56	\$33.61	\$33.61	Per encounter and standardize rates for all providers
C	97012	GO		**	21-999	\$110.56	\$110.56	\$33.61	\$33.61	Per encounter and standardize rates for all providers
C	97012	GP		**	0-20	\$108.44	\$108.44	\$33.61	\$33.61	Per encounter and standardize rates for all providers
C	97012	GP		**	21-999	\$108.44	\$108.44	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97014			**	21-999	\$84.79	\$84.79	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT		**	0-20	\$84.79	\$84.79	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT		**	21-999	\$84.79	\$84.79	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT	GO	**	0-20	\$85.88	\$85.88	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT	GO	**	21-999	\$85.88	\$85.88	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT	GP	**	0-20	\$84.24	\$84.24	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	AT	GP	**	21-999	\$84.24	\$84.24	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	GO		**	0-20	\$101.36	\$101.36	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	GO		**	21-999	\$85.88	\$85.88	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	GP		**	0-20	\$101.36	\$101.36	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	GP		**	21-999	\$84.24	\$84.24	\$26.11	\$26.11	Per encounter and standardize rates for all providers
C	97014			**	0-20	\$84.79	\$84.79	\$26.11	\$26.11	Per encounter and standardize rates for all providers
C	97014			**	21-999	\$84.79	\$84.79	\$26.11	\$26.11	Per encounter and standardize rates for all providers
C	97014	GO		**	0-20	\$85.88	\$85.88	\$26.11	\$26.11	Per encounter and standardize rates for all providers
C	97014	GO		**	21-999	\$85.88	\$85.88	\$26.11	\$26.11	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	
C	97014	GP		**	0-20	\$84.24	\$84.24	\$26.11	\$26.11	Per encounter and standardize rates for all providers
C	97014	GP		**	21-999	\$84.24	\$84.24	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97016			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT		**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT		**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT	GO	**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT	GO	**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT	GP	**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	AT	GP	**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016			**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016	GO		**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016	GP		**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97016	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	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	97018			**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT		**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT		**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT	GO	**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT	GO	**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT	GP	**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	AT	GP	**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	GO		**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	GP		**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018			**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018			**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018	GO		**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018	GO		**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018	GP		**	0-20	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97018	GP		**	21-999	\$91.08	\$91.08	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97022			**	21-999	\$109.15	\$109.15	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	AT		**	0-20	\$109.15	\$109.15	\$33.93	\$33.93	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	97022	AT		**	21-999	\$109.15	\$109.15	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	AT	GO	**	0-20	\$110.56	\$110.56	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	AT	GO	**	21-999	\$110.56	\$110.56	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	AT	GP	**	0-20	\$108.44	\$108.44	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	AT	GP	**	21-999	\$108.44	\$108.44	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	GO		**	0-20	\$130.48	\$130.48	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	GO		**	21-999	\$110.56	\$110.56	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	GP		**	0-20	\$130.48	\$130.48	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	GP		**	21-999	\$108.44	\$108.44	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022			**	0-20	\$109.15	\$109.15	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022			**	21-999	\$109.15	\$109.15	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022	GO		**	0-20	\$110.56	\$110.56	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022	GO		**	21-999	\$110.56	\$110.56	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022	GP		**	0-20	\$108.44	\$108.44	\$33.93	\$33.93	Per encounter and standardize rates for all providers
C	97022	GP		**	21-999	\$108.44	\$108.44	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97024			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	AT		**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	AT		**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	AT	GO	**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers

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1	97024	AT	GO	**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	AT	GP	**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	AT	GP	**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024			**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024	GO		**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024	GP		**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97024	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	AT		**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	AT		**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	AT	GO	**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	AT	GO	**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	AT	GP	**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers



**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97026	AT	GP	**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026			**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026	GO		**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026	GP		**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97026	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97028			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per encounter and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97028	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per encounter and standardize rates for all providers
C	97028	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97032			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97032	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97032	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97033			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97033			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97033	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97033	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97033	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97033	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97035	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97035	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97039			**	21-999	\$90.00	\$90.00	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	AT		**	0-20	\$90.00	\$90.00	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	AT		**	21-999	\$90.00	\$90.00	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97039			**	0-20	\$90.00	\$90.00	\$25.99	\$25.99	Per encounter and standardize rates for all providers
C	97039			**	21-999	\$90.00	\$90.00	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97110			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97110	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97110	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97112	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97112	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97116			**	21-999	\$109.15	\$109.15	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	AT		**	0-20	\$109.15	\$109.15	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	AT		**	21-999	\$109.15	\$109.15	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GO	**	0-20	\$110.56	\$110.56	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GO	**	21-999	\$110.56	\$110.56	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97116	AT	GP	**	0-20	\$108.44	\$108.44	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GP	**	21-999	\$108.44	\$108.44	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	GO		**	0-20	\$120.30	\$120.30	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	GO		**	21-999	\$110.56	\$110.56	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	GP		**	0-20	\$120.30	\$120.30	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97116	GP		**	21-999	\$108.44	\$108.44	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116			**	0-20	\$109.15	\$109.15	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116			**	21-999	\$109.15	\$109.15	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116	GO		**	0-20	\$110.56	\$110.56	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116	GO		**	21-999	\$110.56	\$110.56	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116	GP		**	0-20	\$108.44	\$108.44	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
C	97116	GP		**	21-999	\$108.44	\$108.44	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97124			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT		**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT		**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GO	**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GO	**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GP	**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GP	**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers



**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97124	GO		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	GP		**	0-20	\$101.36	\$101.36	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124			**	0-20	\$84.79	\$84.79	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124			**	21-999	\$84.79	\$84.79	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124	GO		**	0-20	\$85.88	\$85.88	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124	GO		**	21-999	\$85.88	\$85.88	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124	GP		**	0-20	\$84.24	\$84.24	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
C	97124	GP		**	21-999	\$84.24	\$84.24	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97139			**	21-999	\$109.15	\$109.15	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT		**	0-20	\$109.15	\$109.15	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT		**	21-999	\$109.15	\$109.15	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT	GO	**	0-20	\$110.56	\$110.56	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT	GO	**	21-999	\$110.56	\$110.56	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT	GP	**	0-20	\$108.44	\$108.44	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	AT	GP	**	21-999	\$108.44	\$108.44	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	GO		**	0-20	\$130.48	\$130.48	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	GO		**	21-999	\$110.56	\$110.56	\$39.41	\$39.41	Per encounter and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97139	GP		**	0-20	\$130.48	\$130.48	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	GP		**	21-999	\$108.44	\$108.44	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139			**	0-20	\$109.15	\$109.15	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139			**	21-999	\$109.15	\$109.15	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139	GO		**	0-20	\$110.56	\$110.56	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139	GO		**	21-999	\$110.56	\$110.56	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139	GP		**	0-20	\$108.44	\$108.44	\$39.41	\$39.41	Per encounter and standardize rates for all providers
C	97139	GP		**	21-999	\$108.44	\$108.44	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97140			**	21-999	\$109.15	\$109.15	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT		**	0-20	\$109.15	\$109.15	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT		**	21-999	\$109.15	\$109.15	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GO	**	0-20	\$110.56	\$110.56	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GO	**	21-999	\$110.56	\$110.56	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GP	**	0-20	\$108.44	\$108.44	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GP	**	21-999	\$108.44	\$108.44	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	GO		**	0-20	\$123.36	\$123.36	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	GO		**	21-999	\$110.56	\$110.56	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	GP		**	0-20	\$123.36	\$123.36	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97140	GP		**	21-999	\$108.44	\$108.44	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97140			**	0-20	\$109.15	\$109.15	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
C	97140			**	21-999	\$109.15	\$109.15	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
C	97140	GO		**	0-20	\$110.56	\$110.56	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
C	97140	GO		**	21-999	\$110.56	\$110.56	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
C	97140	GP		**	0-20	\$108.44	\$108.44	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
C	97140	GP		**	21-999	\$108.44	\$108.44	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97150			**	21-999	\$109.15	\$109.15	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT		**	0-20	\$109.15	\$109.15	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT		**	21-999	\$109.15	\$109.15	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT	GO	**	0-20	\$110.56	\$110.56	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT	GO	**	21-999	\$110.56	\$110.56	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT	GP	**	0-20	\$108.44	\$108.44	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	AT	GP	**	21-999	\$108.44	\$108.44	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	GO		**	0-20	\$65.24	\$65.24	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	GO		**	21-999	\$110.56	\$110.56	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	GP		**	0-20	\$65.24	\$65.24	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	GP		**	21-999	\$108.44	\$108.44	\$34.01	\$34.01	Per encounter and standardize rates for all providers
C	97150			**	0-20	\$109.15	\$109.15	\$34.01	\$34.01	Per encounter and standardize rates for all providers
C	97150			**	21-999	\$109.15	\$109.15	\$34.01	\$34.01	Per encounter and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97150	GO		**	0-20	\$110.56	\$110.56	\$34.01	\$34.01	Per encounter and standardize rates for all providers
C	97150	GO		**	21-999	\$110.56	\$110.56	\$34.01	\$34.01	Per encounter and standardize rates for all providers
C	97150	GP		**	0-20	\$108.44	\$108.44	\$34.01	\$34.01	Per encounter and standardize rates for all providers
C	97150	GP		**	21-999	\$108.44	\$108.44	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97530			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97530			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97530			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97530	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97530	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97530	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97530	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97535	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97537			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97537	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	AT		**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97542	AT		**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GO	**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GO	**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GP	**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GP	**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542			**	0-20	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542			**	21-999	\$109.15	\$109.15	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542	GO		**	0-20	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542	GP		**	0-20	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
C	97542	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	GO		**	21-999	\$110.56	\$110.56	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	GP		**	21-999	\$108.44	\$108.44	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97760	GO		**	0-20	\$130.48	\$130.48	\$34.33	\$34.33	Per 15 Minutes and standardize rates for all providers
1	97760	GP		**	0-20	\$130.48	\$130.48	\$34.33	\$34.33	Per 15 Minutes and standardize rates for all providers
1	97761	GO		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97761	GP		**	0-20	\$130.48	\$130.48	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97762	GO		**	0-20	\$130.48	\$130.48	\$34.47	\$34.47	Per 15 Minutes and standardize rates for all providers
1	97762	GP		**	0-20	\$130.48	\$130.48	\$34.47	\$34.47	Per 15 Minutes and standardize rates for all providers
1	97799			**	21-999	\$109.15	\$109.15	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT		**	0-20	\$109.15	\$109.15	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT		**	21-999	\$109.15	\$109.15	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT	GO	**	0-20	\$110.56	\$110.56	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT	GO	**	21-999	\$110.56	\$110.56	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT	GP	**	0-20	\$108.44	\$108.44	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	AT	GP	**	21-999	\$108.44	\$108.44	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	GO		**	0-20	\$130.48	\$130.48	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	GO		**	21-999	\$110.56	\$110.56	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	GP		**	0-20	\$130.48	\$130.48	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	GP		**	21-999	\$108.44	\$108.44	\$35.48	\$35.48	Per encounter and standardize rates for all providers
C	97799			**	0-20	\$109.15	\$109.15	\$35.48	\$35.48	Per encounter and standardize rates for all providers
C	97799			**	21-999	\$109.15	\$109.15	\$35.48	\$35.48	Per encounter and standardize rates for all providers



**ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) 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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97799	GO		**	0-20	\$110.56	\$110.56	\$35.48	\$35.48	Per encounter and standardize rates for all providers
C	97799	GO		**	21-999	\$110.56	\$110.56	\$35.48	\$35.48	Per encounter and standardize rates for all providers
C	97799	GP		**	0-20	\$108.44	\$108.44	\$35.48	\$35.48	Per encounter and standardize rates for all providers
C	97799	GP		**	21-999	\$108.44	\$108.44	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	S8990			Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$55.17	\$55.17	\$27.67	\$27.67	Per encounter and standardize rates for all providers
1	S9152			Speech therapy, re-evaluation	0-20	\$173.79	\$173.79	\$108.89	\$108.89	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers
1	S9152			Speech therapy, re-evaluation	21-999	\$101.86	\$101.86	\$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
C	Home Health Services
Modifiers	
AT	Acute Therapy
GO	Occupational Therapy
GP	Physical Therapy

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