

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	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	**	0-20	P2	\$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	92507	**	21-999	P2	\$28.67	\$28.67	\$101.42	\$101.42	Per encounter and standardize rates for all providers
1	92508	**	0-20		\$11.72	\$11.72	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92508	**	0-20	P2	\$11.72	\$11.72	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92508	**	21-999		\$11.72	\$11.72	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92508	**	21-999	P2	\$11.72	\$11.72	\$42.02	\$42.02	Per encounter and standardize rates for all providers
1	92521	**	0-20		\$87.89	\$87.89	\$93.34	\$93.34	Standardize Rates for all providers
1	92521	**	0-20	P2	\$90.00	\$90.00	\$93.34	\$93.34	Standardize Rates for all providers
1	92521	**	21-999		\$87.89	\$87.89	\$93.34	\$93.34	Standardize Rates for all providers
1	92521	**	21-999	P2	\$90.00	\$90.00	\$93.34	\$93.34	Standardize Rates for all providers
1	92522	**	0-20		\$109.86	\$109.86	\$116.67	\$116.67	Standardize Rates for all providers
1	92522	**	0-20	P2	\$112.50	\$112.50	\$116.67	\$116.67	Standardize Rates for all providers
1	92522	**	21-999		\$109.86	\$109.86	\$116.67	\$116.67	Standardize Rates for all providers
1	92522	**	21-999	P2	\$112.50	\$112.50	\$116.67	\$116.67	Standardize Rates for all providers
1	92523	**	0-20		\$146.48	\$146.48	\$155.56	\$155.56	Standardize Rates for all providers
1	92523	**	0-20	P2	\$150.00	\$150.00	\$155.56	\$155.56	Standardize Rates for all providers
1	92523	**	21-999		\$146.48	\$146.48	\$155.56	\$155.56	Standardize Rates for all providers
1	92523	**	21-999	P2	\$150.00	\$150.00	\$155.56	\$155.56	Standardize Rates for all providers
1	92524	**	0-20		\$73.24	\$73.24	\$77.78	\$77.78	Standardize Rates for all providers
1	92524	**	0-20	P2	\$75.00	\$75.00	\$77.78	\$77.78	Standardize Rates for all providers
1	92524	**	21-999		\$73.24	\$73.24	\$77.78	\$77.78	Standardize Rates for all providers
1	92524	**	21-999	P2	\$75.00	\$75.00	\$77.78	\$77.78	Standardize Rates for all providers
1	92526	**	0-20		\$30.17	\$30.17	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92526	**	0-20	P2	\$32.62	\$32.62	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92526	**	21-999		\$30.17	\$30.17	\$96.38	\$96.38	Per encounter and standardize rates for all providers
1	92526	**	21-999	P2	\$32.62	\$32.62	\$96.38	\$96.38	Per encounter and standardize rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92610	**	0-999		\$188.56	\$188.56	\$200.26	\$200.26	Standardize Rates for all providers
1	92610	**	0-999	P2	\$193.10	\$193.10	\$200.26	\$200.26	Standardize Rates for all providers
1	97161	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97161	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97162	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97163	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97164	**	0-20		\$87.89	\$87.89	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	**	0-20	P2	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	**	21-999		\$87.89	\$87.89	\$75.08	\$75.08	Standardize Rates for all providers
1	97164	**	21-999	P2	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97165	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97165	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97166	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	**	0-20		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	**	0-20	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97167	**	21-999		\$97.65	\$97.65	\$107.25	\$107.25	Standardize Rates for all providers
1	97167	**	21-999	P2	\$102.90	\$102.90	\$107.25	\$107.25	Standardize Rates for all providers
1	97168	**	0-20		\$87.89	\$87.89	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	**	0-20	P2	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	**	21-999		\$87.89	\$87.89	\$75.08	\$75.08	Standardize Rates for all providers
1	97168	**	21-999	P2	\$92.61	\$92.61	\$75.08	\$75.08	Standardize Rates for all providers
1	97012	**	0-20		\$30.17	\$30.17	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	**	0-20	P2	\$32.62	\$32.62	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	**	21-999		\$30.17	\$30.17	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97012	**	21-999	P2	\$32.62	\$32.62	\$33.61	\$33.61	Per encounter and standardize rates for all providers
1	97014	**	0-20		\$23.44	\$23.44	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	**	0-20	P2	\$25.34	\$25.34	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	**	21-999		\$23.44	\$23.44	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97014	**	21-999	P2	\$25.34	\$25.34	\$26.11	\$26.11	Per encounter and standardize rates for all providers
1	97016	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97016	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97018	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97022	**	0-20		\$30.17	\$30.17	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	**	0-20	P2	\$32.62	\$32.62	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	**	21-999		\$30.17	\$30.17	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97022	**	21-999	P2	\$32.62	\$32.62	\$33.93	\$33.93	Per encounter and standardize rates for all providers
1	97024	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97024	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97024	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97026	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97028	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97028	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per encounter and standardize rates for all providers
1	97032	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97036	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97036	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97039	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97039	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per encounter and standardize rates for all providers
1	97110	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97112	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97113	**	0-20		\$35.43	\$35.43	\$38.41	\$38.41	Standardize Rates for all providers
1	97113	**	0-20	P2	\$38.32	\$38.32	\$38.41	\$38.41	Standardize Rates for all providers
1	97113	**	21-999		\$35.43	\$35.43	\$38.41	\$38.41	Standardize Rates for all providers
1	97113	**	21-999	P2	\$38.32	\$38.32	\$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	**	0-20	P2	\$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	97116	**	21-999	P2	\$30.08	\$30.08	\$30.08	\$30.08	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20		\$23.44	\$23.44	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	**	21-999		\$23.44	\$23.44	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97124	**	21-999	P2	\$25.34	\$25.34	\$25.99	\$25.99	Per 15 Minutes and standardize rates for all providers
1	97139	**	0-20		\$30.17	\$30.17	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	**	0-20	P2	\$32.62	\$32.62	\$39.41	\$39.41	Per encounter and standardize rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97139	**	21-999		\$30.17	\$30.17	\$39.41	\$39.41	Per encounter and standardize rates for all providers
1	97139	**	21-999	P2	\$32.62	\$32.62	\$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	**	0-20	P2	\$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	97140	**	21-999	P2	\$30.84	\$30.84	\$30.84	\$30.84	Per 15 Minutes and standardize rates for all providers
1	97150	**	0-20		\$30.17	\$30.17	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	**	0-20	P2	\$32.62	\$32.62	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	**	21-999		\$30.17	\$30.17	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97150	**	21-999	P2	\$32.62	\$32.62	\$34.01	\$34.01	Per encounter and standardize rates for all providers
1	97530	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97530	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20		\$31.63	\$31.63	\$34.33	\$34.33	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20	P2	\$34.20	\$34.20	\$34.33	\$34.33	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20		\$30.17	\$30.17	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20	P2	\$32.62	\$32.62	\$33.46	\$33.46	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (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	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97762	**	0-20		\$35.09	\$35.09	\$34.47	\$34.47	Per 15 Minutes and standardize rates for all providers
1	97762	**	0-20	P2	\$35.09	\$35.09	\$34.47	\$34.47	Per 15 Minutes and standardize rates for all providers
1	97799	**	0-20		\$30.17	\$30.17	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	**	0-20	P2	\$32.62	\$32.62	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	**	21-999		\$30.17	\$30.17	\$35.48	\$35.48	Per encounter and standardize rates for all providers
1	97799	**	21-999	P2	\$32.62	\$32.62	\$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		\$30.17	\$30.17	\$27.67	\$27.67	Per encounter and standardize rates for all providers
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999	P2	\$32.62	\$32.62	\$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	0-20	P2	\$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		\$169.71	\$169.71	\$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
*Place of Service	
P2	Home

**** Required Notice:** The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2017 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 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.