

ATTACHMENT 1 - COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY/OUTPATIENT REHABILITATION FACILITY (CORF/ORF) (proposed to be effective October 1, 2015)

TOS*	Procedure Code	Long Description **	Age Range	CURRENT		PROPOSED	
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	92507	**	0-20	\$39.78	\$39.78	\$28.67	\$28.67
1	92507	**	21-999	\$39.78	\$39.78	\$28.67	\$28.67
1	92508	**	0-20	\$19.90	\$19.90	\$14.93	\$14.93
1	92508	**	21-999	\$19.90	\$19.90	\$14.93	\$14.93
1	92521	**	0-20	\$140.62	\$140.62	\$105.47	\$105.47
1	92521	**	21-999	\$140.62	\$140.62	\$105.47	\$105.47
1	92522	**	0-20	\$175.77	\$175.77	\$131.83	\$131.83
1	92522	**	21-999	\$175.77	\$175.77	\$131.83	\$131.83
1	92523	**	0-20	\$234.36	\$234.36	\$175.77	\$175.77
1	92523	**	21-999	\$234.36	\$234.36	\$175.77	\$175.77
1	92524	**	0-20	\$117.18	\$117.18	\$87.89	\$87.89
1	92524	**	21-999	\$117.18	\$117.18	\$87.89	\$87.89
1	92526	**	0-999	\$39.78	\$39.78	\$38.41	\$38.41
1	92610	**	0-999	\$234.36	\$234.36	\$226.27	\$226.27
1	97001	**	0-20	\$167.40	\$167.40	\$125.55	\$125.55
1	97001	**	21-999	\$167.40	\$167.40	\$125.55	\$125.55
1	97002	**	0-20	\$150.66	\$150.66	\$113.00	\$113.00
1	97002	**	21-999	\$150.66	\$150.66	\$113.00	\$113.00
1	97003	**	0-20	\$167.40	\$167.40	\$125.55	\$125.55
1	97003	**	21-999	\$167.40	\$167.40	\$125.55	\$125.55
1	97004	**	0-20	\$150.66	\$150.66	\$113.00	\$113.00
1	97004	**	21-999	\$150.66	\$150.66	\$113.00	\$113.00
1	97012	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97012	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97014	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97014	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97016	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97016	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97018	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97018	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97022	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97022	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97024	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97024	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97026	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97026	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97028	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97028	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97032	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97032	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97033	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97033	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97034	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97034	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97035	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41

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TOS*	Procedure Code	Long Description **	Age Range	CURRENT		PROPOSED	
				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	97035	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97036	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97036	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97039	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97039	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97110	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97110	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97112	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97112	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97113	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97113	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97116	**	0-20	\$39.78	\$39.78	\$30.08	\$30.08
1	97116	**	21-999	\$39.78	\$39.78	\$30.08	\$30.08
1	97124	**	0-20	\$39.78	\$39.78	\$29.84	\$29.84
1	97124	**	21-999	\$39.78	\$39.78	\$29.84	\$29.84
1	97139	**	0-20	\$39.78	\$39.78	\$39.00	\$39.00
1	97139	**	21-999	\$39.78	\$39.78	\$39.00	\$39.00
1	97140	**	0-20	\$39.78	\$39.78	\$30.84	\$30.84
1	97140	**	21-999	\$39.78	\$39.78	\$30.84	\$30.84
1	97150	**	0-20	\$19.90	\$19.90	\$19.21	\$19.21
1	97150	**	21-999	\$19.90	\$19.90	\$19.21	\$19.21
1	97530	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97530	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97535	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97537	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97542	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97750	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97750	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	97760	**	0-20	\$39.78	\$39.78	\$38.87	\$38.87
1	97761	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97762	**	0-20	\$40.36	\$40.36	\$35.09	\$35.09
1	97799	**	0-20	\$39.78	\$39.78	\$38.41	\$38.41
1	97799	**	21-999	\$39.78	\$39.78	\$38.41	\$38.41
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$52.33	\$52.33	\$39.00	\$39.00
1	S9152	Speech therapy, re-evaluation	0-999	\$210.92	\$210.92	\$203.64	\$203.64

*Type of Service (TOS)	
1	Medical Services

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

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				Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee

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