

**Healthcare and Family Services
Therapy Provider Fee Schedule Key**

Effective 01/01/2017
Updated 03/15/2017

The therapy fee schedule and instructions apply to the following providers:

- Physical, Occupational, and Speech therapists billing under their individual NPIs.
- Hospitals billing for salaried/hourly Physical, Occupational, and Speech therapists providing services with the Hospital fee for service NPI.
- Rehabilitation hospitals billing for salaried/hourly Physical, Occupational, and Speech Therapists providing services with the Hospital fee for service NPI.
- Certified Health Departments and Community Health Agencies billing for salaried/hourly Physical, Occupational, and Speech Therapists providing services on site with their agency NPI.

This fee schedule does not apply to services rendered by a Home Health Agency ; see the Home Health Fee Schedule for information.

Column Heading	Column Description
Procedure Code	CPT Code
Note	Special Information applies to the code: A: Prior approval is required for adults age 21 and older B: Prior approval is required for all participants, effective with dates of service on/after 11/16/2015
Modifiers	GN: Required when billing Speech Therapy services GO: Required when billing Occupational Therapy services GP: Required when billing Physical Therapy services
Unit Price	The reimbursement rate per unit.
Max Qty	The maximum number of units billable for the procedure code. A Max Qty greater than '1' indicates the code is billable in 15-min increments. In these instances 1 unit = one 15-min increments.
State Max	The maximum allowable amount payable by the Department for the procedure. The amount reflects a 2.7% rate reduction mandated by the SMART Act.

Pages 2 and 3 contain the procedure codes billable to HFS.

Pages 4 and 5 contain a list of allowable services that can be cross walked to an HFS billable procedure code.

Healthcare and Family Services

Therapy Fee Schedule

Effective 01/01/2017

Updated 03/15/2017

Procedure Code	Definition	Note	Effective Date	Modifiers			Unit Price (Child 0-20 years)	Max Qty (Child 0-20 years)	State Max (Child 0-20 years)	Unit Price (Adult)	Max Qty (Adult)	State Max (Adult)
				GN	GO	GP						
31579	Laryngoscopy flex or rigid fiberoptic w/ stroboscopy		07/14/02	Y			187.74	1	187.74	187.74	1	187.74
92507	Treatment of speech, language, voice, communication and/or auditory processing, individual	A	04/01/04	Y			12.99	4	51.96	9.00	4	36.00
92520	Laryngeal function studies		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92521	Evaluation of speech fluency		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92522	Evaluation of speech sound production		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92523	Evaluation of speech sound production with evaluation of language comprehension and expression		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92524	Behavioral and qualitative analysis of voice and resonance		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92605	Evaluation for prescription of non-speech-generating augmentative & alternative communication device, first hour		01/01/14	Y			12.99	4	51.96	9.00	4	36.00
92618*	each additional 30 min of 92605		01/01/14	Y			12.99	4	51.96	*	*	*

*Service not covered for adults ages 21 and older.

**Outpatient hospital physical therapy payments will remain at the 6/30/2014 APL rate.

***Service is covered when rendered for the purpose of completing the HFS 3701H Seating/Mobility Evaluation by a therapist who does not have any affiliation with the DME provider, the manufacturer of the recommended equipment, or the patient's long term care facility.

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Procedure Code	Definition	Note	Effective Date	Modifiers			Unit Price (Child 0-20 years)	Max Qty (Child 0-20 years)	State Max (Child 0-20 years)	Unit Price (Adult)	Max Qty (Adult)	State Max (Adult)
				GN	GO	GP						
92607	Eval for prescription for speech-generating augmentative & alternative communication device, first hour		01/01/14	Y			12.99	4	51.96	9.00	4	36.00
92608*	each additional 30 min of 92607		01/01/14	Y			12.99	4	51.96	*	*	*
92610	Evaluation of oral & pharyngeal swallowing function		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
92626	Evaluation of auditory rehabilitation status, first hour		01/01/14	Y			12.99	4	51.96	9.00	4	36.00
92627*	Each additional 15 min of 92626		01/01/14	Y			12.99	4	51.96	*	*	*
96105	Assessment of aphasia (including assessment of expressive & receptive speech & language function, speech production ability, reading,,) per hour		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
96110	Developmental screening, w/interpretation & report, per standardized instrument form		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
96111	Developmental testing, including assessment of motor, language, social, adaptive &/or cognitive functioning		01/01/14	Y			12.99	8	103.92	9.00	4	36.00
96125	Standardized cognitive performance testing per hour of a qualified health care professional's time.....		01/01/14	Y			12.99	8	103.92	9.00	4	36.00

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Procedure Code	Definition	Note	Effective Date	Modifiers			Unit Price (Child 0-20 years)	Max Qty (Child 0-20 years)	State Max (Child 0-20 years)	Unit Price (Adult)	Max Qty (Adult)	State Max (Adult)
				GN	GO	GP						
97161**	PT Evaluation Low Complexity		01/01/17			Y	12.99	8	103.92	9.00	4	36.00
97162**	PT Evaluation Moderate Complexity		01/01/17			Y	12.99	8	103.92	9.00	4	36.00
97163**	PT Evaluation High Complexity		01/01/17			Y	12.99	8	103.92	9.00	4	36.00
97165	OT Evaluation Low Complexity		01/01/17		Y		12.99	8	103.92	9.00	4	36.00
97166	OT Evaluation Moderate Complexity		01/01/17		Y		12.99	8	103.92	9.00	4	36.00
97167	OT Evaluation High Complexity		01/01/17		Y		12.99	8	103.92	9.00	4	36.00
97110**	Therapeutic procedure, 1 or more areas, each 15 min, therapeutic exercises to develop strength & endurance, flex & ROM	B	04/01/04		Y	Y	12.99	4	51.96	9.00	4	36.00

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Therapy Services Crosswalk

The table below provides a list of covered therapy services that are allowable to crosswalk to the HFS therapy billable codes indicated above

HCPCS	Definition	PT	OT	ST
92508*	Treatment of speech, language, voice, communication and/or auditory processing, group			92507
92526	Treatment of swallowing dysfunction and/or oral function for feeding			92507
92541	Spontaneous nystagmus test, including gaze and fixation nystagmus, w/ recording	97161, 97162, or 97163		
92542	Positional nystagmus test, minimum of 4 positions, w/ recording	97161, 97162, or 97163		
92545	Oscillating tracking test, w/ recording	97161, 97162, or 97163		
92548	Computerized dynamic posturography	97161, 97162, or 97163		
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	97161, 97162, or 97163		
92606	Therapeutic service(s) for the use of a non-speech-generating device, including programming & modification			92507
92609	Therapeutic services for the use of speech-generating device, including programming & modification			92507
92630	Auditory rehabilitation; pre-lingual hearing loss			92507
92633	Auditory rehabilitation; post-lingual hearing loss			92507

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HCP	Definition	PT	OT	ST
95831	Muscle testing, manual with report; extremity (excluding hand) or trunk	97161, 97162, or 97163	97165, 97166, or 97167	
95832	95831; hand, with or without comparison with normal side	97161, 97162, or 97163	97165, 97166, or 97167	
95833	95831; total evaluation of body; excluding hands	97161, 97162, or 97163	97165, 97166, or 97167	
95834	95831; total evaluation of body; including hands	97161, 97162, or 97163	97165, 97166, or 97167	
95851	Range of motion measurements & report; each extremity (excluding hand) or each trunk section (spine)	97161, 97162, or 97163	97165, 97166, or 97167	
95852	95851; hand, with or without comparison with normal side	97161, 97162, or 97163	97165, 97166, or 97167	
95992	Canalith Repositioning procedure	97110		
97010	Application of modality to 1 or more areas ; hot or cold packs	97110	97110	
97012	Application of modality to 1 or more areas ; traction, mechanical	97110	97110	
97014	Application of modality to 1 or more areas ; electrical stimulation	97110	97110	
97016	Application of modality to 1 or more areas ; vasopneumatic devices	97110	97110	
97018	Application of modality to 1 or more areas ; paraffin bath	97110	97110	
97022	Application of modality to 1 or more areas ; whirlpool	97110	97110	

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HCPCS	Definition	PT	OT	ST
97032	Application of modality to 1 or more areas; electrical stim each 15 min	97110	97110	
97033	Application of modality to 1 or more areas ; iontophoresis, each 15 min	97110	97110	
97034	Application of modality to 1 or more areas ; contrast baths, each 15 min	97110	97110	
97035	Application of modality to 1 or more areas ; ultrasound, each 15 min	97110	97110	
97036	Application of modality to 1 or more areas ; Hubbard tank, each 15 min	97110	97110	
97112	Therapeutic procedure, 1 or more areas, each 15 min ; neuromuscular reeducation of movement, balance, coordination, posture, sitting/standing activities....	97110	97110	
97113	Therapeutic procedure, 1 or more areas, each 15 min ; aquatic therapy with therapeutic exercises	97110	97110	
97116	Therapeutic procedure, 1 or more areas, each 15 min ; gait training	97110	97110	
97124	Therapeutic procedure, 1 or more areas, each 15 min ; massage, including effleruage, petrissage and/or tapotement	97110	97110	
97140	Manual therapy techniques, 1 or more regions, each 15 min including mobilization, manipulation, traction....	97110	97110	
97164	PT Re-evaluation ; establish plan of care	97110		
97168	OT Re-evaluation ; establish plan of care		97110	
97530	Therapeutic activities, direct 1 on 1 patient contact, each 15 min to improve functional performance	97110	97110	
97532	Development of cognitive skills to improve attention, memory, problem solving, direct 1 on 1, each 15 min	97110	97110	92507
97533	Sensory integrative techniques to enhance sensory processing & promote adaptive responses, each 15 min....	97110	97110	
97535	Self-care/home management training, 1 on 1, each 15 min including meal prep, safety procedures, instruction adaptive equip	97110	97110	
97537	Community/work reintegration training, 1 on 1 each 15 min including shopping, \$ management, instruction adaptive equip	97110	97110	
97542***	Wheelchair management, each 15 min	97110	97110	
97545	Work hardening/conditioning, first 2 hours	97110	97110	
97597	Debridement, open wound, incl topical application(s), use of whirlpool, suction, sharp selective debridement, first 20sq cm.	97110	97110	
97598	(add-on code for 97597); each additional 20sq cm	97110	97110	
97750****	Physical performance test or measurement, each 15 min	97110	97110	
97760	Orthotic management & training including assessment & fitting, upper/lower extremity, trunk, each 15 min	97110	97110	
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	97110	97110	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min	97110	97110	

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