

Healthcare and Family Services

Therapy Provider Fee Schedule Key

Effective 7/1/2012

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 on site with their fee for service NPI.
- Rehabilitation hospitals billing for salaried/hourly Physical, Occupational, and Speech Therapists providing services on site with their hospital NPI.
- Health Departments billing for salaried/hourly Physical, Occupational, and Speech Therapists providing services on site with their Health Department NPI.

Column Heading	Column Description
HCPCS	CPT – 4 or HCPCS Procedure Code
Note	Special Information applies to the code. A: Prior approval is required for adults receiving this service. B: Procedure is only billable for QMB Only (Qualified Medicare Beneficiaries) clients – client eligible for Medicare but not Medicaid (see Chapter 100 , Section 120.12 .
Prog Cov	Program Coverage 04 – Medicaid covered services 09 – Qualified Medicare Beneficiary (QMB)
HP	Hand Price Indicator – “Y” indicates the procedure code is hand priced and only payable under QMB.
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 for 15 minute units billable for the procedure code.
Max Qty	The maximum number of 15 minute units billable for the procedure code.
State Max	The maximum allowable amount payable by the department for the procedure. Amount reflects the 2.7% rate reduction for dates of service on or after 07-01-12.

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HCPCS	NOTE	Prog Cov	HP	Eff Date	Modifiers			Unit Price	Max Qty	State Max		Unit Price	Max Qty	State Max
					GN	GO	GP							
31579	A	04		7/14/02	Y			187.74	1	187.74		187.74	1	187.74
92506		04		4/1/04	Y			12.99	8	103.92		9.00	4	36.00
92507	A	04		4/1/04	Y			12.99	4	51.96		9.00	4	36.00
97001		04		4/1/04			Y	12.99	8	103.92		9.00	4	36.00
97003		04		4/1/04		Y		12.99	8	103.92		9.00	4	36.00
97110	A	04		4/1/04		Y	Y	12.99	4	51.96		9.00	4	36.00
G0151	B	09	Y	1/1/00			Y	-						
G0152	B	09	Y	1/1/00		Y		-						
G0153	B	09	Y	1/1/00	Y			-						