

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

Effective 01/01/2014

Updated 05/01/2015

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.
- Health Department billing for salaried/hourly Physical, Occupational, and Speech Therapists providing services on site with their Health Department NPI.

This fee schedule does not apply to services rendered by a Home Health Agency. See the Home Health Fee Schedule ([link](#)) for information.

Column Heading	Column Description
Procedure Code	CPT Code
Note	Special Information applies to the code. A: Prior approval is required for adults ages 21 and older receiving this service.
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. The amount reflects the 2.7% rate reduction.

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

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

Healthcare and Family Services

Therapy Fee Schedule

Effective 01/01/2014

Updated 05/01/2015

HCPCS	Definition	Note	Effective Date	Modifiers			Unit Price	Unit Price Reduced ¹	Max Qty	State Max	State Max Reduced ¹	Unit Price	Unit Price Reduced ¹	Max Qty	State Max	State Max Reduced ¹
				GN	GO	GP										
31579	Laryngoscopy flex or rigid fiberoptic w/ stroboscopy		07/14/02	Y			187.74	\$156.29	1	187.74	\$156.29	187.74	\$156.29	1	187.74	\$156.29
92507	Treatment of speech, language, voice, communication and/or auditory processing, individual	A	04/01/04	Y			12.99	\$10.81	4	51.96	\$43.26	9.00	\$7.49	4	36.00	\$29.97
92520	Laryngeal function studies		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92521	Evaluation of speech fluency		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92522	Evaluation of speech sound production		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92523	Evaluation of speech sound production with evaluation of language comprehension and expression		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92524	Behavioral and qualitative analysis of voice and resonance		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92605	Evaluation for prescription of non-speech-generating augmentative & alternative communication device, first hr		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	9.00	\$7.49	4	36.00	\$29.97
92618*	each additional 30 min of 92605		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	*		*	*	
92607	Eval for prescription for speech-generating augmentative & alternative communication device, first hr		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	9.00	\$7.49	4	36.00	\$29.97

*Service not covered for adults ages 21 and older.

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

***Services 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.

**** Service is covered when rendered for the purpose of establishing a plan of care. Service is not covered when rendered for the purpose of disability determination or work release.

¹16.75% rate reduction effective for dates of service May 1, 2015 – June 30, 2015. Excludes services rendered in a hospital setting or by a county health department.

HCPCS	Definition	Note	Effective Date	Modifiers			Unit Price	Unit Price Reduced ¹	Max Qty	State Max	State Max Reduced ¹	Unit Price	Unit Price Reduced ¹	Max Qty	State Max	State Max Reduced ¹
				GN	GO	GP										
92608*	each additional 30 min of 92607		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	*		*	*	
92610	Evaluation of oral & pharyngeal swallowing function		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92611	Motion fluoroscopic evaluation of swallowing function by cine or video recording		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
92626	Evaluation of auditory rehabilitation status, 1 st hour		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	9.00	\$7.49	4	36.00	\$29.97
92627*	Each additional 15 min of 92626		01/01/14	Y			12.99	\$10.81	4	51.96	\$43.26	*		*	*	
96105	Assessment of aphasia (including assessment of expressive & receptive speech & language function, speech production ability, reading,,) per hour		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
96110	Developmental screening, w/interpretation & report, per standardized instrument form		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
96111	Developmental testing, including assessment of motor, language, social, adaptive &/or cognitive functioning		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
96125	Standardized cognitive performance testing per hour of a qualified health care professional's time.....		01/01/14	Y			12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
97001**	PT Evaluation		04/01/04			Y	12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
97003	OT Evaluation		04/01/04		Y		12.99	\$10.81	8	103.92	\$86.51	9.00	\$7.49	4	36.00	\$29.97
97110**	Therapeutic procedure, 1 or more areas, each 15 min, to develop strength & endurance, flex & ROM	A	04/01/04		Y	Y	12.99	\$10.81	4	51.96	\$43.26	9.00	\$7.49	4	36.00	\$29.97

*Service not covered for adults ages 21 and older.

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

***Services 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.

**** Service is covered when rendered for the purpose of establishing a plan of care. Service is not covered when rendered for the purpose of disability determination or work release.

¹16.75% rate reduction effective for dates of service May 1, 2015 – June 30, 2015. Excludes services rendered in a hospital setting or by a county health department.

Therapy Services Crosswalk

This Table provides a list of covered therapy services that are allowable to crosswalk to the HFS therapy billable codes indicated below

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	97001		
92542	Positional nystagmus test, minimum of 4 positions, w/ recording	97001		
92545	Oscillating tracking test, w/ recording	97001		
92548	Computerized dynamic posturography	97001		
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	97001		
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
95831	Muscle testing, manual with report; extremity (excluding hand) or trunk	97001	97003	
95832	95831; hand, with or without comparison with normal side	97001	97003	
95833	95831; total evaluation of body; excluding hands	97001	97003	
95834	95831; total evaluation of body; including hands	97001	97003	
95851	Range of motion measurements & report; each extremity (excluding hand) or each trunk section (spine)	97001	97003	
95852	95851; hand, with or without comparison with normal side	97001	97003	
95992	Canalith Repositioning procedure	97110		
97002	PT Re-evaluation	97110		
97004	OT Re-evaluation		97110	
97010	Application of modality to 1 or more areas; hot or cold packs (97010-97028 are "supervised modalities")	97110	97110	
97012	97010; traction, mechanical	97110	97110	
97014	P T Electrical Stimulation	97110		

*Service not covered for adults ages 21 and older.

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

***Services 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.

**** Service is covered when rendered for the purpose of establishing a plan of care. Service is not covered when rendered for the purpose of disability determination or work release.

¹ 16.75% rate reduction effective for dates of service May 1, 2015 – June 30, 2015. Excludes services rendered in a hospital setting or by a county health department.

HCPCS	Definition	PT	OT	ST
97018	97010; paraffin bath	97110	97110	
97022	97010; whirlpool	97110	97110	
97032	Application of modality to 1 or more areas; electrical stim each 15 min (97032-97039 "constant attendance")	97110	97110	
97033	97032; iontophoresis, each 15 min	97110	97110	
97034	97032; contrast baths, each 15 min	97110	97110	
97035	97032; ultrasound, each 15 min	97110	97110	
97110	Therapeutic procedure, 1 or more areas, each 15 min, to develop strength & endurance, flex & ROM	97110	97110	
97112	97110; neuromuscular reeducation of movement, balance, coordination, posture, sitting/standing activities....	97110	97110	
97113	97110; aquatic therapy with therapeutic exercises	97110	97110	
97116	97110; gait training	97110	97110	
97124	97110; massage, including effleurage, petrissage and/or tapotement	97110	97110	
97140	Manual therapy techniques, 1 or more regions, each 15 min including mobilization, manipulation, traction....	97110	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 mgnt 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 hrs	97110	97110	
97597	Debridement, open wound, incl topical application(s), use of whirlpool, suction, sharp selective debridement, first 20 sq cm.	97110	97110	
97598	97597; each additional 20 sq cm	97110	97110	
97750****	Physical performance test or measurement, each 15 min	97001		
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, establish pt, each 15 min	97110	97110	

*Service not covered for adults ages 21 and older.

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

***Services 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.

**** Service is covered when rendered for the purpose of establishing a plan of care. Service is not covered when rendered for the purpose of disability determination or work release.

¹ 16.75% rate reduction effective for dates of service May 1, 2015 – June 30, 2015. Excludes services rendered in a hospital setting or by a county health department.