

Code	Service	Description	Rate
90785	MH	Individual psychotherapy complex; to be used with psychotherapy codes 90832 and 90834 office; face-to-face; 30 minutes	\$4.61
90832	MH	Individual psychotherapy; insight oriented, behavior modifying and/or supportive; office; face-to-face; 30 minutes	\$36.69
90834	MH	Individual psychotherapy; insight oriented, behavior modifying and/or supportive; office; face-to-face; 45 minutes	\$57.10
90846	MH	Family psychotherapy (without the patient present); each	\$55.86
90847	MH	Family psychotherapy (with the patient present); each	\$63.39
90853	MH	Group psychotherapy (other than of a multiple-family group); each	\$27.88
92507	SLP, Aud	Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual; each	\$57.23
92508	SLP, Aud	Treatment of speech, language, voice, communication, and/or auditory processing disorder, Group Therapy of 2 or more; each	\$30.43
92521	SLP	Evaluation speech fluency (e.g., stuttering, cluttering); each	\$77.67
92522	SLP	Evaluation speech and sound production (e.g., articulation, phonological process, apraxia, dysarthria); each	\$63.20
92523	SLP	Evaluation speech and sound production (e.g., articulation, phonological process, apraxia, dysarthria) with eval of language comprehension and expression (e.g., receptive and expressive language); each	\$131.09
92524	SLP	Behavioral and qualitative analysis of voice and resonance; each	\$66.00
92526	SLP, OT, PT	Treatment of swallowing dysfunction and/or oral function for feeding; each	\$55.16
92551	SLP, Aud, Nurse	Screening test, pure tone; air only (hearing screen); each	\$10.26
92552	Aud	Pure tone audiometry (threshold); air only; each	\$19.56
92555	Aud	Speech audiometry threshold; each	\$13.23
92557	Aud	Comprehensive audiometry threshold evaluation and speech recognition; each	\$47.82
92567	Aud, Nurse	Tympanometry (impedance testing); each	\$28.26
92609	SLP	Therapeutic services for the use of speech-generating device, including programming and modification; each	\$60.76
92610	SLP, OT, PT	Evaluation of oral and pharyngeal swallowing function; each	\$43.54
92630	SLP, Aud	auditory rehabilitation, prelingual hearing loss; each	\$20.61
92633	SLP, Aud	auditory rehabilitation, postlingual hearing loss; each	\$20.61

MEDICAID SCHOOL PROGRAM CPT/HCPSCS CODE ASSIGNMENTS

Code	Service	Description	Rate
96101	MH	Psychological testing (includes psycho diagnostic assessment of emotionality, intellect trial abilities, personality and psychopathology, eg. MMPI, Rorschach, WAIS), interpreting and report writing; face-to-face with psych or physician; hour	\$64.21
96110	MH	Developmental testing, limited, with face-to-face, interpretation and report; hour	\$50.00
96111	MH	Developmental testing, extended, with face-to-face, interpretation and report; hour	\$50.00
96116	MH	Neurobehavioral status exam; with face-to-face, interpretation and report; hour	\$54.32
96118	MH	Neuropsychological testing; with face-to-face, interpretation and report; hour	\$78.31
96150	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; initial assessment; 15 minutes	\$23.08
96151	MH	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires); face-to-face with the patient; reassessment; 15 minutes	\$22.32
96152	MH	Health and behavior intervention; face-to-face; individual; 15 minutes	\$21.21
96153	MH	Health and behavior intervention; face-to-face; group (2 or more patients); each	\$5.19
97001	PT	Physical Therapy evaluation, each	\$45.65
97002	PT	Physical Therapy re-evaluation, each	\$28.26
97003	OT	Occupational Therapy evaluation, each	\$54.76
97004	OT	Occupational Therapy re-evaluation, each	\$35.20
97012	OT, PT	Traction, mechanical; each	\$17.14
97016	OT, PT	Vasopneumatic devices; each	\$15.89
97032	OT, PT	Electrical stimulation (manual) application of a modality to one or more areas; direct (one-on- one) contact; 15 minutes	\$18.63
97110	OT, PT	Therapeutic procedure, one or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility; direct (one-on-one) contact; 15 minutes	\$16.95
97112	OT, PT	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; direct (one-on-one) contact; 15 minutes	\$18.50
97113	OT, PT	Aquatic therapy with therapeutic exercises; direct (one-on-one) contact; 15 minutes	\$18.11
97116	OT, PT	Gait training, includes stair climbing; direct (one-on-one) contact; 15 minutes	\$16.43
97124	OT, PT	Massage therapy; direct (one-on-one) contact; 15 minutes	\$15.02

MEDICAID SCHOOL PROGRAM CPT/HCPCS CODE ASSIGNMENTS

Code	Service	Description	Rate
97140	OT, PT	Manual therapy techniques, one or more regions; direct (one-on-one) contact; 15 minutes	\$14.13
97150	OT, PT	Therapeutic procedures; group of 2 or more, with constant attendance; to be reported for each member of group; each	\$19.21
97530	OT, PT	Therapeutic activities, direct (one-on-one) contact (use of dynamic activities to improve functional performance); 15 minutes	\$17.75
97532	OT, PT	Cognitive skills development to improve attention, memory, problem solving; direct (one-on- one) contact; 15 minutes	\$20.20
97533	OT, PT	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; direct (one-on-one) contact; 15 minutes.	\$22.04
97535	OT, PT	Self care/home management training, direct one-on-one contact; 15 minutes	\$23.50
97537	OT, PT	Community/work reintegration training, direct one-on-one contact; 15 minutes	\$20.83
97760	OT, PT	Orthotic management and training, upper and/or lower extremity(s), and or trunk; 15 minutes	\$38.36
97761	OT, PT	Prosthetic training, upper and/or lower extremity(s); 15 minutes	\$38.36
H0004	MH	Behavioral health counseling and therapy; 15 minutes	\$11.25
H0031	MH	Mental health assessment, by Non-physician; each	\$48.50
T1001	Nursing	Nursing assessment/evaluation, each	\$11.25
T1002	Nursing	RN services; 15 minutes	\$11.25
T1003	Nursing	LPN/LVN services; 15 minutes	\$9.56
T1017	TCM	Targeted Case Management; 15 minutes	\$10.56
T2003	Transport	Non-emergency transportation: encounter/trip	\$5.20
<u>97161</u>	<u>PT</u>	<u>Pt eval low complex</u>	<u>\$63.15</u>
<u>97162</u>	<u>PT</u>	<u>Pt eval mod complex</u>	<u>\$63.15</u>
<u>97163</u>	<u>PT</u>	<u>Pt eval high complex</u>	<u>\$63.15</u>
<u>97164</u>	<u>PT</u>	<u>Pt re-eval est plan care</u>	<u>\$42.78</u>
<u>97165</u>	<u>OT</u>	<u>Ot eval low complex</u>	<u>\$61.31</u>
<u>97166</u>	<u>OT</u>	<u>Ot eval mod complex</u>	<u>\$61.31</u>

MEDICAID SCHOOL PROGRAM CPT/HCPCS CODE ASSIGNMENTS

Code	Service	Description	Rate
<u>97167</u>	<u>OT</u>	<u>Ot eval high complex</u>	<u>\$61.31</u>
<u>97168</u>	<u>OT</u>	<u>Ot re-eval est plan care</u>	<u>\$40.39</u>
<u>96150</u>	<u>IBS</u>	<u>ASSESS HLTH/BEHAVE INIT</u>	<u>\$21.29</u>
<u>96151</u>	<u>IBS</u>	<u>ASSESS HLTH/BEHAVE SUBSEQ</u>	<u>\$20.57</u>
<u>96152</u>	<u>IBS</u>	<u>INTERVENE HLTH/BEHAVE INDIV</u>	<u>\$19.52</u>
<u>96153</u>	<u>IBS</u>	<u>INTERVENE HLTH/BEHAVE GROUP</u>	<u>\$4.64</u>
<u>96154</u>	<u>IBS</u>	<u>INTERV HLTH/BEHAV FAM W/PT</u>	<u>\$19.17</u>
<u>96155</u>	<u>IBS</u>	<u>INTERV HLTH/BEHAV FAM NO PT</u>	<u>\$22.58</u>