

# Reimbursement Rate Changes and Updates for Texas Medicaid Therapy Services to Become Effective September 1, 2017

Information posted August 21, 2017

**Note:** Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.

Effective for dates of services on or after September 1, 2017, reimbursement rate changes and updates for Texas Medicaid Therapy Services will be implemented.

The following tables contain the rate changes that will be applied:

- [Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facility \(CORF/ORF\)](#)
- [Home Health Agency \(HHA\)](#)
- [Independent Therapist \(to include Early Childhood Intervention and Physicians\)](#)

For additional information related to the Medical Policy for therapy services, please reference the provider notification titled "[Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017](#)," which was published on this website on June 30, 2017.

For more information, providers may refer to the reimbursement rates on the HHSC rate analysis web page at [legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml](http://legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml).

For more information, call the TMHP Contact Center at 1-800-925-9126.

**Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities (CORF/ORF) Therapy Services**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee 9/1/2017</b>	<b>Adjusted Medicaid Fee 9/1/2017</b>
1	92507	0-20	\$28.67	\$28.67	\$107.78	\$107.78
1	92507	21-999	\$28.67	\$28.67	\$107.78	\$107.78
1	92508	0-20	\$14.93	\$14.93	\$45.53	\$45.53
1	92508	21-999	\$14.93	\$14.93	\$45.53	\$45.53
1	92521	0-20	\$105.47	\$105.47	\$101.12	\$101.12
1	92521	21-999	\$105.47	\$105.47	\$101.12	\$101.12
1	92522	0-20	\$131.83	\$131.83	\$127.36	\$127.36
1	92522	21-999	\$131.83	\$131.83	\$127.36	\$127.36
1	92523	0-20	\$175.77	\$175.77	\$169.81	\$169.81
1	92523	21-999	\$175.77	\$175.77	\$169.81	\$169.81
1	92524	0-20	\$87.89	\$87.89	\$86.82	\$86.82
1	92524	21-999	\$87.89	\$87.89	\$86.82	\$86.82
1	92526	0-999	\$38.41	\$38.41	\$129.34	\$129.34
1	92610	0-999	\$226.27	\$226.27	\$205.12	\$205.12
1	97012	0-20	\$38.41	\$38.41	\$16.51	\$16.51
1	97012	21-999	\$38.41	\$38.41	\$16.51	\$16.51
1	97014	0-20	\$29.84	\$29.84	\$16.15	\$16.15
1	97014	21-999	\$29.84	\$29.84	\$16.15	\$16.15
1	97016	0-20	\$29.84	\$29.84	\$19.74	\$19.74
1	97016	21-999	\$29.84	\$29.84	\$19.74	\$19.74
1	97018	0-20	\$29.84	\$29.84	\$11.13	\$11.13
1	97018	21-999	\$29.84	\$29.84	\$11.13	\$11.13
1	97022	0-20	\$38.41	\$38.41	\$24.05	\$24.05
1	97022	21-999	\$38.41	\$38.41	\$24.05	\$24.05
1	97024	0-20	\$29.84	\$29.84	\$6.82	\$6.82
1	97024	21-999	\$29.84	\$29.84	\$6.82	\$6.82
1	97026	0-20	\$29.84	\$29.84	\$6.10	\$6.10
1	97026	21-999	\$29.84	\$29.84	\$6.10	\$6.10
1	97028	0-20	\$38.41	\$38.41	\$7.54	\$7.54
1	97028	21-999	\$38.41	\$38.41	\$7.54	\$7.54
1	97032	0-20	\$38.41	\$38.41	\$37.07	\$37.07
1	97032	21-999	\$38.41	\$38.41	\$37.07	\$37.07
1	97033	0-20	\$38.41	\$38.41	\$35.29	\$35.29
1	97033	21-999	\$38.41	\$38.41	\$35.29	\$35.29

**Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities (CORF/ORF) Therapy Services**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee 9/1/2017</b>	<b>Adjusted Medicaid Fee 9/1/2017</b>
1	97034	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97034	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97035	0-20	\$38.41	\$38.41	\$34.78	\$34.78
1	97035	21-999	\$38.41	\$38.41	\$34.78	\$34.78
1	97036	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97036	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97039	0-20	\$29.84	\$29.84	Not a Benefit	Not a Benefit
1	97039	21-999	\$29.84	\$29.84	Not a Benefit	Not a Benefit
1	97110	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97110	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97112	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97112	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97113	0-20	\$38.41	\$38.41	\$38.75	\$38.75
1	97113	21-999	\$38.41	\$38.41	\$38.75	\$38.75
1	97116	0-20	\$30.08	\$30.08	\$31.22	\$31.22
1	97116	21-999	\$30.08	\$30.08	\$31.22	\$31.22
1	97124	0-20	\$29.84	\$29.84	\$28.16	\$28.16
1	97124	21-999	\$29.84	\$29.84	\$28.16	\$28.16
1	97139	0-20	\$39.00	\$39.00	Not a Benefit	Not a Benefit
1	97139	21-999	\$39.00	\$39.00	Not a Benefit	Not a Benefit
1	97140	0-20	\$30.84	\$30.84	\$31.80	\$31.80
1	97140	21-999	\$30.84	\$30.84	\$31.80	\$31.80
1	97150	0-20	\$19.21	\$19.21	\$34.31	\$34.31
1	97150	21-999	\$19.21	\$19.21	\$34.31	\$34.31
1	97161	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97161	21-999	\$125.55	\$125.55	\$116.19	\$116.19
1	97162	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97162	21-999	\$125.55	\$125.55	\$116.19	\$116.19
1	97163	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97163	21-999	\$125.55	\$125.55	\$116.19	\$116.19
1	97164	0-20	\$113.00	\$113.00	\$104.57	\$104.57
1	97164	21-999	\$113.00	\$113.00	\$104.57	\$104.57
1	97165	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97165	21-999	\$125.55	\$125.55	\$116.19	\$116.19

**Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities (CORF/ORF) Therapy Services**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee 9/1/2017</b>	<b>Adjusted Medicaid Fee 9/1/2017</b>
1	97166	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97166	21-999	\$125.55	\$125.55	\$116.19	\$116.19
1	97167	0-20	\$125.55	\$125.55	\$116.19	\$116.19
1	97167	21-999	\$125.55	\$125.55	\$116.19	\$116.19
1	97168	0-20	\$113.00	\$113.00	\$104.57	\$104.57
1	97168	21-999	\$113.00	\$113.00	\$104.57	\$104.57
1	97530	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97530	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97535	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97535	21-999	Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97537	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97537	21-999	Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97542	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97542	21-999	Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97750	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97750	21-999	\$38.41	\$38.41	\$33.75	\$33.75
1	97760	0-20	\$38.87	\$38.87	\$34.61	\$34.61
1	97761	0-20	\$38.41	\$38.41	\$33.75	\$33.75
1	97762	0-20	\$35.09	\$35.09	\$35.66	\$35.66
1	97799	0-20	\$38.41	\$38.41	\$35.80	\$35.80
1	97799	21-999	\$38.41	\$38.41	\$35.80	\$35.80
1	S8990	0-999	\$39.00	\$39.00	Not a Benefit	Not a Benefit
1	S9152	0-999	\$203.64	\$203.64	\$118.87	\$118.87

**\*Type of Service (TOS): 1 = Medical Services**

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	92507			0-20	\$100.34	\$100.34	\$107.78	\$107.78
1	92507			21-999	\$100.34	\$100.34	\$107.78	\$107.78
1	92508			0-20	\$50.68	\$50.68	\$45.53	\$45.53
1	92508			21-999	\$50.68	\$50.68	\$45.53	\$45.53
1	92521			0-20	\$90.00	\$90.00	\$101.12	\$101.12
1	92521			21-999	\$67.90	\$67.90	\$101.12	\$101.12
1	92522			0-20	\$112.50	\$112.50	\$127.36	\$127.36
1	92522			21-999	\$84.89	\$84.89	\$127.36	\$127.36
1	92523			0-20	\$150.00	\$150.00	\$169.81	\$169.81
1	92523			21-999	\$113.18	\$113.18	\$169.81	\$169.81
1	92524			0-20	\$75.00	\$75.00	\$86.82	\$86.82
1	92524			21-999	\$56.59	\$56.59	\$86.82	\$86.82
1	92526			0-20	\$130.48	\$130.48	\$129.34	\$129.34
1	92526			21-999	\$111.48	\$111.48	\$129.34	\$129.34
1	92610			0-20	\$193.10	\$193.10	\$205.12	\$205.12
1	92610			21-999	\$113.18	\$113.18	\$205.12	\$205.12
1	97012	AT	GO	0-20	\$110.56	\$110.56	\$16.51	\$16.51
1	97012	AT	GO	21-999	\$110.56	\$110.56	\$16.51	\$16.51
1	97012	AT	GP	0-20	\$108.44	\$108.44	\$16.51	\$16.51
1	97012	AT	GP	21-999	\$108.44	\$108.44	\$16.51	\$16.51
1	97012	AT		0-20	\$109.15	\$109.15	\$16.51	\$16.51
1	97012	AT		21-999	\$109.15	\$109.15	\$16.51	\$16.51
1	97012	GO		0-20	\$130.48	\$130.48	\$16.51	\$16.51
1	97012	GO		21-999	\$110.56	\$110.56	\$16.51	\$16.51
1	97012	GP		0-20	\$130.48	\$130.48	\$16.51	\$16.51
1	97012	GP		21-999	\$108.44	\$108.44	\$16.51	\$16.51
1	97012			21-999	\$109.15	\$109.15	\$16.51	\$16.51
C	97012	GO		0-20	\$110.56	\$110.56	\$16.51	\$16.51
C	97012	GO		21-999	\$110.56	\$110.56	\$16.51	\$16.51
C	97012	GP		0-20	\$108.44	\$108.44	\$16.51	\$16.51
C	97012	GP		21-999	\$108.44	\$108.44	\$16.51	\$16.51
C	97012			0-20	\$109.15	\$109.15	\$16.51	\$16.51
C	97012			21-999	\$109.15	\$109.15	\$16.51	\$16.51
1	97014	AT	GO	0-20	\$85.88	\$85.88	\$16.15	\$16.15
1	97014	AT	GO	21-999	\$85.88	\$85.88	\$16.15	\$16.15
1	97014	AT	GP	0-20	\$84.24	\$84.24	\$16.15	\$16.15

**Home Health Agency (HHA) Therapy Services**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Mod-ifier 1</b>	<b>Mod-ifier 2</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee Effective 9/1/2017</b>	<b>Adjusted Medicaid Fee Effective 9/1/2017</b>
1	97014	AT	GP	21-999	\$84.24	\$84.24	\$16.15	\$16.15
1	97014	AT		0-20	\$84.79	\$84.79	\$16.15	\$16.15
1	97014	AT		21-999	\$84.79	\$84.79	\$16.15	\$16.15
1	97014	GO		0-20	\$101.36	\$101.36	\$16.15	\$16.15
1	97014	GO		21-999	\$85.88	\$85.88	\$16.15	\$16.15
1	97014	GP		0-20	\$101.36	\$101.36	\$16.15	\$16.15
1	97014	GP		21-999	\$84.24	\$84.24	\$16.15	\$16.15
1	97014			21-999	\$84.79	\$84.79	\$16.15	\$16.15
C	97014	GO		0-20	\$85.88	\$85.88	\$16.15	\$16.15
C	97014	GO		21-999	\$85.88	\$85.88	\$16.15	\$16.15
C	97014	GP		0-20	\$84.24	\$84.24	\$16.15	\$16.15
C	97014	GP		21-999	\$84.24	\$84.24	\$16.15	\$16.15
C	97014			0-20	\$84.79	\$84.79	\$16.15	\$16.15
C	97014			21-999	\$84.79	\$84.79	\$16.15	\$16.15
1	97016	AT	GO	0-20	\$85.88	\$85.88	\$19.74	\$19.74
1	97016	AT	GO	21-999	\$85.88	\$85.88	\$19.74	\$19.74
1	97016	AT	GP	0-20	\$84.24	\$84.24	\$19.74	\$19.74
1	97016	AT	GP	21-999	\$84.24	\$84.24	\$19.74	\$19.74
1	97016	AT		0-20	\$84.79	\$84.79	\$19.74	\$19.74
1	97016	AT		21-999	\$84.79	\$84.79	\$19.74	\$19.74
1	97016	GO		0-20	\$101.36	\$101.36	\$19.74	\$19.74
1	97016	GO		21-999	\$85.88	\$85.88	\$19.74	\$19.74
1	97016	GP		0-20	\$101.36	\$101.36	\$19.74	\$19.74
1	97016	GP		21-999	\$84.24	\$84.24	\$19.74	\$19.74
1	97016			21-999	\$84.79	\$84.79	\$19.74	\$19.74
C	97016	GO		0-20	\$85.88	\$85.88	\$19.74	\$19.74
C	97016	GO		21-999	\$85.88	\$85.88	\$19.74	\$19.74
C	97016	GP		0-20	\$84.24	\$84.24	\$19.74	\$19.74
C	97016	GP		21-999	\$84.24	\$84.24	\$19.74	\$19.74
C	97016			0-20	\$84.79	\$84.79	\$19.74	\$19.74
C	97016			21-999	\$84.79	\$84.79	\$19.74	\$19.74
1	97018	AT	GO	0-20	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	AT	GO	21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	AT	GP	0-20	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	AT	GP	21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	AT		0-20	\$91.08	\$91.08	\$11.13	\$11.13

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97018	AT		21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	GO		0-20	\$101.36	\$101.36	\$11.13	\$11.13
1	97018	GO		21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97018	GP		0-20	\$101.36	\$101.36	\$11.13	\$11.13
1	97018	GP		21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97018			21-999	\$91.08	\$91.08	\$11.13	\$11.13
C	97018	GO		0-20	\$91.08	\$91.08	\$11.13	\$11.13
C	97018	GO		21-999	\$91.08	\$91.08	\$11.13	\$11.13
C	97018	GP		0-20	\$91.08	\$91.08	\$11.13	\$11.13
C	97018	GP		21-999	\$91.08	\$91.08	\$11.13	\$11.13
C	97018			0-20	\$91.08	\$91.08	\$11.13	\$11.13
C	97018			21-999	\$91.08	\$91.08	\$11.13	\$11.13
1	97022	AT	GO	0-20	\$110.56	\$110.56	\$24.05	\$24.05
1	97022	AT	GO	21-999	\$110.56	\$110.56	\$24.05	\$24.05
1	97022	AT	GP	0-20	\$108.44	\$108.44	\$24.05	\$24.05
1	97022	AT	GP	21-999	\$108.44	\$108.44	\$24.05	\$24.05
1	97022	AT		0-20	\$109.15	\$109.15	\$24.05	\$24.05
1	97022	AT		21-999	\$109.15	\$109.15	\$24.05	\$24.05
1	97022	GO		0-20	\$130.48	\$130.48	\$24.05	\$24.05
1	97022	GO		21-999	\$110.56	\$110.56	\$24.05	\$24.05
1	97022	GP		0-20	\$130.48	\$130.48	\$24.05	\$24.05
1	97022	GP		21-999	\$108.44	\$108.44	\$24.05	\$24.05
1	97022			21-999	\$109.15	\$109.15	\$24.05	\$24.05
C	97022	GO		0-20	\$110.56	\$110.56	\$24.05	\$24.05
C	97022	GO		21-999	\$110.56	\$110.56	\$24.05	\$24.05
C	97022	GP		0-20	\$108.44	\$108.44	\$24.05	\$24.05
C	97022	GP		21-999	\$108.44	\$108.44	\$24.05	\$24.05
C	97022			0-20	\$109.15	\$109.15	\$24.05	\$24.05
C	97022			21-999	\$109.15	\$109.15	\$24.05	\$24.05
1	97024	AT	GO	0-20	\$85.88	\$85.88	\$6.82	\$6.82
1	97024	AT	GO	21-999	\$85.88	\$85.88	\$6.82	\$6.82
1	97024	AT	GP	0-20	\$84.24	\$84.24	\$6.82	\$6.82
1	97024	AT	GP	21-999	\$84.24	\$84.24	\$6.82	\$6.82
1	97024	AT		0-20	\$84.79	\$84.79	\$6.82	\$6.82
1	97024	AT		21-999	\$84.79	\$84.79	\$6.82	\$6.82
1	97024	GO		0-20	\$101.36	\$101.36	\$6.82	\$6.82

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97024	GO		21-999	\$85.88	\$85.88	\$6.82	\$6.82
1	97024	GP		0-20	\$101.36	\$101.36	\$6.82	\$6.82
1	97024	GP		21-999	\$84.24	\$84.24	\$6.82	\$6.82
1	97024			21-999	\$84.79	\$84.79	\$6.82	\$6.82
C	97024	GO		0-20	\$85.88	\$85.88	\$6.82	\$6.82
C	97024	GO		21-999	\$85.88	\$85.88	\$6.82	\$6.82
C	97024	GP		0-20	\$84.24	\$84.24	\$6.82	\$6.82
C	97024	GP		21-999	\$84.24	\$84.24	\$6.82	\$6.82
C	97024			0-20	\$84.79	\$84.79	\$6.82	\$6.82
C	97024			21-999	\$84.79	\$84.79	\$6.82	\$6.82
1	97026	AT	GO	0-20	\$85.88	\$85.88	\$6.10	\$6.10
1	97026	AT	GO	21-999	\$85.88	\$85.88	\$6.10	\$6.10
1	97026	AT	GP	0-20	\$84.24	\$84.24	\$6.10	\$6.10
1	97026	AT	GP	21-999	\$84.24	\$84.24	\$6.10	\$6.10
1	97026	AT		0-20	\$84.79	\$84.79	\$6.10	\$6.10
1	97026	AT		21-999	\$84.79	\$84.79	\$6.10	\$6.10
1	97026	GO		0-20	\$101.36	\$101.36	\$6.10	\$6.10
1	97026	GO		21-999	\$85.88	\$85.88	\$6.10	\$6.10
1	97026	GP		0-20	\$101.36	\$101.36	\$6.10	\$6.10
1	97026	GP		21-999	\$84.24	\$84.24	\$6.10	\$6.10
1	97026			21-999	\$84.79	\$84.79	\$6.10	\$6.10
C	97026	GO		0-20	\$85.88	\$85.88	\$6.10	\$6.10
C	97026	GO		21-999	\$85.88	\$85.88	\$6.10	\$6.10
C	97026	GP		0-20	\$84.24	\$84.24	\$6.10	\$6.10
C	97026	GP		21-999	\$84.24	\$84.24	\$6.10	\$6.10
C	97026			0-20	\$84.79	\$84.79	\$6.10	\$6.10
C	97026			21-999	\$84.79	\$84.79	\$6.10	\$6.10
1	97028	AT	GO	0-20	\$110.56	\$110.56	\$7.54	\$7.54
1	97028	AT	GO	21-999	\$110.56	\$110.56	\$7.54	\$7.54
1	97028	AT	GP	0-20	\$108.44	\$108.44	\$7.54	\$7.54
1	97028	AT	GP	21-999	\$108.44	\$108.44	\$7.54	\$7.54
1	97028	AT		0-20	\$109.15	\$109.15	\$7.54	\$7.54
1	97028	AT		21-999	\$109.15	\$109.15	\$7.54	\$7.54
1	97028	GO		0-20	\$130.48	\$130.48	\$7.54	\$7.54
1	97028	GO		21-999	\$110.56	\$110.56	\$7.54	\$7.54
1	97028	GP		0-20	\$130.48	\$130.48	\$7.54	\$7.54



### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97028	GP		21-999	\$108.44	\$108.44	\$7.54	\$7.54
1	97028			21-999	\$109.15	\$109.15	\$7.54	\$7.54
C	97028	GO		0-20	\$110.56	\$110.56	\$7.54	\$7.54
C	97028	GO		21-999	\$110.56	\$110.56	\$7.54	\$7.54
C	97028	GP		0-20	\$108.44	\$108.44	\$7.54	\$7.54
C	97028	GP		21-999	\$108.44	\$108.44	\$7.54	\$7.54
C	97028			0-20	\$109.15	\$109.15	\$7.54	\$7.54
C	97028			21-999	\$109.15	\$109.15	\$7.54	\$7.54
1	97032	AT	GO	0-20	\$110.56	\$110.56	\$37.07	\$37.07
1	97032	AT	GO	21-999	\$110.56	\$110.56	\$37.07	\$37.07
1	97032	AT	GP	0-20	\$108.44	\$108.44	\$37.07	\$37.07
1	97032	AT	GP	21-999	\$108.44	\$108.44	\$37.07	\$37.07
1	97032	AT		0-20	\$109.15	\$109.15	\$37.07	\$37.07
1	97032	AT		21-999	\$109.15	\$109.15	\$37.07	\$37.07
1	97032	GO		0-20	\$130.48	\$130.48	\$37.07	\$37.07
1	97032	GO		21-999	\$110.56	\$110.56	\$37.07	\$37.07
1	97032	GP		0-20	\$130.48	\$130.48	\$37.07	\$37.07
1	97032	GP		21-999	\$108.44	\$108.44	\$37.07	\$37.07
1	97032			21-999	\$109.15	\$109.15	\$37.07	\$37.07
C	97032	GO		0-20	\$110.56	\$110.56	\$37.07	\$37.07
C	97032	GO		21-999	\$110.56	\$110.56	\$37.07	\$37.07
C	97032	GP		0-20	\$108.44	\$108.44	\$37.07	\$37.07
C	97032	GP		21-999	\$108.44	\$108.44	\$37.07	\$37.07
C	97032			0-20	\$109.15	\$109.15	\$37.07	\$37.07
C	97032			21-999	\$109.15	\$109.15	\$37.07	\$37.07
1	97033	AT	GO	0-20	\$110.56	\$110.56	\$35.29	\$35.29
1	97033	AT	GO	21-999	\$110.56	\$110.56	\$35.29	\$35.29
1	97033	AT	GP	0-20	\$108.44	\$108.44	\$35.29	\$35.29
1	97033	AT	GP	21-999	\$108.44	\$108.44	\$35.29	\$35.29
1	97033	AT		0-20	\$109.15	\$109.15	\$35.29	\$35.29
1	97033	AT		21-999	\$109.15	\$109.15	\$35.29	\$35.29
1	97033	GO		0-20	\$130.48	\$130.48	\$35.29	\$35.29
1	97033	GO		21-999	\$110.56	\$110.56	\$35.29	\$35.29
1	97033	GP		0-20	\$130.48	\$130.48	\$35.29	\$35.29
1	97033	GP		21-999	\$108.44	\$108.44	\$35.29	\$35.29
1	97033			21-999	\$109.15	\$109.15	\$35.29	\$35.29

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
C	97033	GO		0-20	\$110.56	\$110.56	\$35.29	\$35.29
C	97033	GO		21-999	\$110.56	\$110.56	\$35.29	\$35.29
C	97033	GP		0-20	\$108.44	\$108.44	\$35.29	\$35.29
C	97033	GP		21-999	\$108.44	\$108.44	\$35.29	\$35.29
C	97033			0-20	\$109.15	\$109.15	\$35.29	\$35.29
C	97033			21-999	\$109.15	\$109.15	\$35.29	\$35.29
1	97034	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97034	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97034	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97034	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97035	AT	GO	0-20	\$110.56	\$110.56	\$34.78	\$34.78
1	97035	AT	GO	21-999	\$110.56	\$110.56	\$34.78	\$34.78
1	97035	AT	GP	0-20	\$108.44	\$108.44	\$34.78	\$34.78
1	97035	AT	GP	21-999	\$108.44	\$108.44	\$34.78	\$34.78
1	97035	AT		0-20	\$109.15	\$109.15	\$34.78	\$34.78
1	97035	AT		21-999	\$109.15	\$109.15	\$34.78	\$34.78
1	97035	GO		0-20	\$130.48	\$130.48	\$34.78	\$34.78
1	97035	GO		21-999	\$110.56	\$110.56	\$34.78	\$34.78
1	97035	GP		0-20	\$130.48	\$130.48	\$34.78	\$34.78
1	97035	GP		21-999	\$108.44	\$108.44	\$34.78	\$34.78
1	97035			21-999	\$109.15	\$109.15	\$34.78	\$34.78
C	97035	GO		0-20	\$110.56	\$110.56	\$34.78	\$34.78
C	97035	GO		21-999	\$110.56	\$110.56	\$34.78	\$34.78
C	97035	GP		0-20	\$108.44	\$108.44	\$34.78	\$34.78
C	97035	GP		21-999	\$108.44	\$108.44	\$34.78	\$34.78
C	97035			0-20	\$109.15	\$109.15	\$34.78	\$34.78
C	97035			21-999	\$109.15	\$109.15	\$34.78	\$34.78
1	97036	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97036	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97036	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97036	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97039	AT		0-20	\$90.00	\$90.00	Not a Benefit	Not a Benefit
1	97039	AT		21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit
1	97039	GO		0-20	\$101.36	\$101.36	Not a Benefit	Not a Benefit
1	97039	GP		0-20	\$101.36	\$101.36	Not a Benefit	Not a Benefit
1	97039			21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
C	97039			0-20	\$90.00	\$90.00	Not a Benefit	Not a Benefit
C	97039			21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit
1	97110	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97110	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97110	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97110	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97110	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97110	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97110	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97110	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97110	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97110	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97110			21-999	\$109.15	\$109.15	\$33.75	\$33.75
C	97110	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97110	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
C	97110	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97110	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97110			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97110			21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97112	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97112	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97112	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97112	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97112	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97112	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97112	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97112	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97112	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97112	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97112			21-999	\$109.15	\$109.15	\$33.75	\$33.75
C	97112	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97112	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
C	97112	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97112	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97112			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97112			21-999	\$109.15	\$109.15	\$33.75	\$33.75

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97116	AT	GO	0-20	\$110.56	\$110.56	\$31.22	\$31.22
1	97116	AT	GO	21-999	\$110.56	\$110.56	\$31.22	\$31.22
1	97116	AT	GP	0-20	\$108.44	\$108.44	\$31.22	\$31.22
1	97116	AT	GP	21-999	\$108.44	\$108.44	\$31.22	\$31.22
1	97116	AT		0-20	\$109.15	\$109.15	\$31.22	\$31.22
1	97116	AT		21-999	\$109.15	\$109.15	\$31.22	\$31.22
1	97116	GO		0-20	\$120.30	\$120.30	\$31.22	\$31.22
1	97116	GO		21-999	\$110.56	\$110.56	\$31.22	\$31.22
1	97116	GP		0-20	\$120.30	\$120.30	\$31.22	\$31.22
1	97116	GP		21-999	\$108.44	\$108.44	\$31.22	\$31.22
1	97116			21-999	\$109.15	\$109.15	\$31.22	\$31.22
C	97116	GO		0-20	\$110.56	\$110.56	\$31.22	\$31.22
C	97116	GO		21-999	\$110.56	\$110.56	\$31.22	\$31.22
C	97116	GP		0-20	\$108.44	\$108.44	\$31.22	\$31.22
C	97116	GP		21-999	\$108.44	\$108.44	\$31.22	\$31.22
C	97116			0-20	\$109.15	\$109.15	\$31.22	\$31.22
C	97116			21-999	\$109.15	\$109.15	\$31.22	\$31.22
1	97124	AT	GO	0-20	\$85.88	\$85.88	\$28.16	\$28.16
1	97124	AT	GO	21-999	\$85.88	\$85.88	\$28.16	\$28.16
1	97124	AT	GP	0-20	\$84.24	\$84.24	\$28.16	\$28.16
1	97124	AT	GP	21-999	\$84.24	\$84.24	\$28.16	\$28.16
1	97124	AT		0-20	\$84.79	\$84.79	\$28.16	\$28.16
1	97124	AT		21-999	\$84.79	\$84.79	\$28.16	\$28.16
1	97124	GO		0-20	\$101.36	\$101.36	\$28.16	\$28.16
1	97124	GO		21-999	\$85.88	\$85.88	\$28.16	\$28.16
1	97124	GP		0-20	\$101.36	\$101.36	\$28.16	\$28.16
1	97124	GP		21-999	\$84.24	\$84.24	\$28.16	\$28.16
1	97124			21-999	\$84.79	\$84.79	\$28.16	\$28.16
C	97124	GO		0-20	\$85.88	\$85.88	\$28.16	\$28.16
C	97124	GO		21-999	\$85.88	\$85.88	\$28.16	\$28.16
C	97124	GP		0-20	\$84.24	\$84.24	\$28.16	\$28.16
C	97124	GP		21-999	\$84.24	\$84.24	\$28.16	\$28.16
C	97124			0-20	\$84.79	\$84.79	\$28.16	\$28.16
C	97124			21-999	\$84.79	\$84.79	\$28.16	\$28.16
1	97139	AT	GO	0-20	\$110.56	\$110.56	Not a Benefit	Not a Benefit
1	97139	AT	GO	21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97139	AT	GP	0-20	\$108.44	\$108.44	Not a Benefit	Not a Benefit
1	97139	AT	GP	21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit
1	97139	AT		0-20	\$109.15	\$109.15	Not a Benefit	Not a Benefit
1	97139	AT		21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit
1	97139	GO		0-20	\$130.48	\$130.48	Not a Benefit	Not a Benefit
1	97139	GO		21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit
1	97139	GP		0-20	\$130.48	\$130.48	Not a Benefit	Not a Benefit
1	97139	GP		21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit
1	97139			21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit
C	97139	GO		0-20	\$110.56	\$110.56	Not a Benefit	Not a Benefit
C	97139	GO		21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit
C	97139	GP		0-20	\$108.44	\$108.44	Not a Benefit	Not a Benefit
C	97139	GP		21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit
C	97139			0-20	\$109.15	\$109.15	Not a Benefit	Not a Benefit
C	97139			21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit
1	97140	AT	GO	0-20	\$110.56	\$110.56	\$31.80	\$31.80
1	97140	AT	GO	21-999	\$110.56	\$110.56	\$31.80	\$31.80
1	97140	AT	GP	0-20	\$108.44	\$108.44	\$31.80	\$31.80
1	97140	AT	GP	21-999	\$108.44	\$108.44	\$31.80	\$31.80
1	97140	AT		0-20	\$109.15	\$109.15	\$31.80	\$31.80
1	97140	AT		21-999	\$109.15	\$109.15	\$31.80	\$31.80
1	97140	GO		0-20	\$123.36	\$123.36	\$31.80	\$31.80
1	97140	GO		21-999	\$110.56	\$110.56	\$31.80	\$31.80
1	97140	GP		0-20	\$123.36	\$123.36	\$31.80	\$31.80
1	97140	GP		21-999	\$108.44	\$108.44	\$31.80	\$31.80
1	97140			21-999	\$109.15	\$109.15	\$31.80	\$31.80
C	97140	GO		0-20	\$110.56	\$110.56	\$31.80	\$31.80
C	97140	GO		21-999	\$110.56	\$110.56	\$31.80	\$31.80
C	97140	GP		0-20	\$108.44	\$108.44	\$31.80	\$31.80
C	97140	GP		21-999	\$108.44	\$108.44	\$31.80	\$31.80
C	97140			0-20	\$109.15	\$109.15	\$31.80	\$31.80
C	97140			21-999	\$109.15	\$109.15	\$31.80	\$31.80
1	97150	AT	GO	0-20	\$110.56	\$110.56	\$34.31	\$34.31
1	97150	AT	GO	21-999	\$110.56	\$110.56	\$34.31	\$34.31
1	97150	AT	GP	0-20	\$108.44	\$108.44	\$34.31	\$34.31
1	97150	AT	GP	21-999	\$108.44	\$108.44	\$34.31	\$34.31

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97150	AT		0-20	\$109.15	\$109.15	\$34.31	\$34.31
1	97150	AT		21-999	\$109.15	\$109.15	\$34.31	\$34.31
1	97150	GO		0-20	\$65.24	\$65.24	\$34.31	\$34.31
1	97150	GO		21-999	\$110.56	\$110.56	\$34.31	\$34.31
1	97150	GP		0-20	\$65.24	\$65.24	\$34.31	\$34.31
1	97150	GP		21-999	\$108.44	\$108.44	\$34.31	\$34.31
1	97150			21-999	\$109.15	\$109.15	\$34.31	\$34.31
C	97150	GO		0-20	\$110.56	\$110.56	\$34.31	\$34.31
C	97150	GO		21-999	\$110.56	\$110.56	\$34.31	\$34.31
C	97150	GP		0-20	\$108.44	\$108.44	\$34.31	\$34.31
C	97150	GP		21-999	\$108.44	\$108.44	\$34.31	\$34.31
C	97150			0-20	\$109.15	\$109.15	\$34.31	\$34.31
C	97150			21-999	\$109.15	\$109.15	\$34.31	\$34.31
1	97161	AT		0-20	\$85.52	\$85.52	\$116.19	\$116.19
1	97161	AT		21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97161			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97161			21-999	\$85.52	\$85.52	\$116.19	\$116.19
C	97161			0-20	\$85.52	\$85.52	\$116.19	\$116.19
C	97161			21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97162	AT		0-20	\$85.52	\$85.52	\$116.19	\$116.19
1	97162	AT		21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97162			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97162			21-999	\$85.52	\$85.52	\$116.19	\$116.19
C	97162			0-20	\$85.52	\$85.52	\$116.19	\$116.19
C	97162			21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97163	AT		0-20	\$85.52	\$85.52	\$116.19	\$116.19
1	97163	AT		21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97163			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97163			21-999	\$85.52	\$85.52	\$116.19	\$116.19
C	97163			0-20	\$85.52	\$85.52	\$116.19	\$116.19
C	97163			21-999	\$85.52	\$85.52	\$116.19	\$116.19
1	97164	AT		0-20	\$76.97	\$76.97	\$104.57	\$104.57
1	97164	AT		21-999	\$76.97	\$76.97	\$104.57	\$104.57
1	97164			0-20	\$92.61	\$92.61	\$104.57	\$104.57
1	97164			21-999	\$76.97	\$76.97	\$104.57	\$104.57
C	97164			0-20	\$76.97	\$76.97	\$104.57	\$104.57

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
C	97164			21-999	\$76.97	\$76.97	\$104.57	\$104.57
1	97165	AT		0-20	\$89.21	\$89.21	\$116.19	\$116.19
1	97165	AT		21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97165			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97165			21-999	\$89.21	\$89.21	\$116.19	\$116.19
C	97165			0-20	\$89.21	\$89.21	\$116.19	\$116.19
C	97165			21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97166	AT		0-20	\$89.21	\$89.21	\$116.19	\$116.19
1	97166	AT		21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97166			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97166			21-999	\$89.21	\$89.21	\$116.19	\$116.19
C	97166			0-20	\$89.21	\$89.21	\$116.19	\$116.19
C	97166			21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97167	AT		0-20	\$89.21	\$89.21	\$116.19	\$116.19
1	97167	AT		21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97167			0-20	\$102.90	\$102.90	\$116.19	\$116.19
1	97167			21-999	\$89.21	\$89.21	\$116.19	\$116.19
C	97167			0-20	\$89.21	\$89.21	\$116.19	\$116.19
C	97167			21-999	\$89.21	\$89.21	\$116.19	\$116.19
1	97168	AT		0-20	\$78.47	\$78.47	\$104.57	\$104.57
1	97168	AT		21-999	\$78.47	\$78.47	\$104.57	\$104.57
1	97168			0-20	\$92.61	\$92.61	\$104.57	\$104.57
1	97168			21-999	\$78.47	\$78.47	\$104.57	\$104.57
C	97168			0-20	\$78.47	\$78.47	\$104.57	\$104.57
C	97168			21-999	\$78.47	\$78.47	\$104.57	\$104.57
1	97530	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97530	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97530	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97530	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97530	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97530	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97530	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97530	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97530	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97530	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97530			21-999	\$109.15	\$109.15	\$33.75	\$33.75

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
C	97530	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97530	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
C	97530	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97530	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97530			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97530			21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97535	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97535	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97535	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97535	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97535	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97535	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97535	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97535	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97535	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97535	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97535			21-999	\$109.15	\$109.15	\$33.75	\$33.75
C	97535	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97535	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
C	97535	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97535	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97535			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97535			21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97537	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97537	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97537	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97537	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97537	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97537	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97537	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97537	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97537	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97537	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97537			21-999	\$109.15	\$109.15	\$33.75	\$33.75
C	97537	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97537	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75



### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
C	97537	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97537	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97537			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97537			21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97542	AT	GO	0-20	\$110.56	\$110.56	\$33.75	\$33.75
1	97542	AT	GO	21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97542	AT	GP	0-20	\$108.44	\$108.44	\$33.75	\$33.75
1	97542	AT	GP	21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97542	AT		0-20	\$109.15	\$109.15	\$33.75	\$33.75
1	97542	AT		21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97542	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97542	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97542	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97542	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97542			21-999	\$109.15	\$109.15	\$33.75	\$33.75
C	97542	GO		0-20	\$110.56	\$110.56	\$33.75	\$33.75
C	97542	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
C	97542	GP		0-20	\$108.44	\$108.44	\$33.75	\$33.75
C	97542	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
C	97542			0-20	\$109.15	\$109.15	\$33.75	\$33.75
C	97542			21-999	\$109.15	\$109.15	\$33.75	\$33.75
1	97750	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97750	GO		21-999	\$110.56	\$110.56	\$33.75	\$33.75
1	97750	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97750	GP		21-999	\$108.44	\$108.44	\$33.75	\$33.75
1	97760	GO		0-20	\$130.48	\$130.48	\$34.61	\$34.61
1	97760	GP		0-20	\$130.48	\$130.48	\$34.61	\$34.61
1	97761	GO		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97761	GP		0-20	\$130.48	\$130.48	\$33.75	\$33.75
1	97762	GO		0-20	\$130.48	\$130.48	\$35.66	\$35.66
1	97762	GP		0-20	\$130.48	\$130.48	\$35.66	\$35.66
1	97799	AT	GO	0-20	\$110.56	\$110.56	\$35.80	\$35.80
1	97799	AT	GO	21-999	\$110.56	\$110.56	\$35.80	\$35.80
1	97799	AT	GP	0-20	\$108.44	\$108.44	\$35.80	\$35.80
1	97799	AT	GP	21-999	\$108.44	\$108.44	\$35.80	\$35.80
1	97799	AT		0-20	\$109.15	\$109.15	\$35.80	\$35.80

### Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Age Range	Current Medicaid Fee	Current Adjusted Medicaid Fee	Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
1	97799	AT		21-999	\$109.15	\$109.15	\$35.80	\$35.80
1	97799	GO		0-20	\$130.48	\$130.48	\$35.80	\$35.80
1	97799	GO		21-999	\$110.56	\$110.56	\$35.80	\$35.80
1	97799	GP		0-20	\$130.48	\$130.48	\$35.80	\$35.80
1	97799	GP		21-999	\$108.44	\$108.44	\$35.80	\$35.80
1	97799			21-999	\$109.15	\$109.15	\$35.80	\$35.80
C	97799	GO		0-20	\$110.56	\$110.56	\$35.80	\$35.80
C	97799	GO		21-999	\$110.56	\$110.56	\$35.80	\$35.80
C	97799	GP		0-20	\$108.44	\$108.44	\$35.80	\$35.80
C	97799	GP		21-999	\$108.44	\$108.44	\$35.80	\$35.80
C	97799			0-20	\$109.15	\$109.15	\$35.80	\$35.80
C	97799			21-999	\$109.15	\$109.15	\$35.80	\$35.80
1	S8990			0-999	\$55.17	\$55.17	Not a Benefit	Not a Benefit
1	S9152			0-20	\$173.79	\$173.79	\$118.87	\$118.87
1	S9152			21-999	\$101.86	\$101.86	\$118.87	\$118.87

\*Type of Service (TOS): 1 = Medical Services, C = Home Health Services

\*\*Modifiers: AT = Acute Therapy, GO = Occupational Therapy, GP = Physical Therapy

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

TOS*	Procedure Code	Age Range	POS**	Current		Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
				Current Medicaid Fee	Adjusted Medicaid Fee		
1	92507	0-20	P2	\$28.67	\$28.67	\$107.78	\$107.78
1	92507	0-20		\$28.67	\$28.67	\$107.78	\$107.78
1	92507	21-999	P2	\$28.67	\$28.67	\$107.78	\$107.78
1	92507	21-999		\$28.67	\$28.67	\$107.78	\$107.78
1	92508	0-20	P2	\$11.72	\$11.72	\$45.53	\$45.53
1	92508	0-20		\$11.72	\$11.72	\$45.53	\$45.53
1	92508	21-999	P2	\$11.72	\$11.72	\$45.53	\$45.53
1	92508	21-999		\$11.72	\$11.72	\$45.53	\$45.53
1	92521	0-20	P2	\$90.00	\$90.00	\$101.12	\$101.12
1	92521	0-20		\$87.89	\$87.89	\$101.12	\$101.12
1	92521	21-999	P2	\$90.00	\$90.00	\$101.12	\$101.12
1	92521	21-999		\$87.89	\$87.89	\$101.12	\$101.12
1	92522	0-20	P2	\$112.50	\$112.50	\$127.36	\$127.36
1	92522	0-20		\$109.86	\$109.86	\$127.36	\$127.36
1	92522	21-999	P2	\$112.50	\$112.50	\$127.36	\$127.36
1	92522	21-999		\$109.86	\$109.86	\$127.36	\$127.36
1	92523	0-20	P2	\$150.00	\$150.00	\$169.81	\$169.81
1	92523	0-20		\$146.48	\$146.48	\$169.81	\$169.81
1	92523	21-999	P2	\$150.00	\$150.00	\$169.81	\$169.81
1	92523	21-999		\$146.48	\$146.48	\$169.81	\$169.81
1	92524	0-20	P2	\$75.00	\$75.00	\$86.82	\$86.82
1	92524	0-20		\$73.24	\$73.24	\$86.82	\$86.82
1	92524	21-999	P2	\$75.00	\$75.00	\$86.82	\$86.82
1	92524	21-999		\$73.24	\$73.24	\$86.82	\$86.82
1	92526	0-20	P2	\$32.62	\$32.62	\$129.34	\$129.34
1	92526	0-20		\$30.17	\$30.17	\$129.34	\$129.34
1	92526	21-999	P2	\$32.62	\$32.62	\$129.34	\$129.34
1	92526	21-999		\$30.17	\$30.17	\$129.34	\$129.34
1	92610	0-999	P2	\$193.10	\$193.10	\$205.12	\$205.12
1	92610	0-999		\$188.56	\$188.56	\$205.12	\$205.12
1	97012	0-20	P2	\$32.62	\$32.62	\$16.51	\$16.51
1	97012	0-20		\$30.17	\$30.17	\$16.51	\$16.51
1	97012	21-999	P2	\$32.62	\$32.62	\$16.51	\$16.51
1	97012	21-999		\$30.17	\$30.17	\$16.51	\$16.51

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

TOS*	Procedure Code	Age Range	POS**	Current		Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
				Current Medicaid Fee	Adjusted Medicaid Fee		
1	97014	0-20	P2	\$25.34	\$25.34	\$16.15	\$16.15
1	97014	0-20		\$23.44	\$23.44	\$16.15	\$16.15
1	97014	21-999	P2	\$25.34	\$25.34	\$16.15	\$16.15
1	97014	21-999		\$23.44	\$23.44	\$16.15	\$16.15
1	97016	0-20	P2	\$25.34	\$25.34	\$19.74	\$19.74
1	97016	0-20		\$23.44	\$23.44	\$19.74	\$19.74
1	97016	21-999	P2	\$25.34	\$25.34	\$19.74	\$19.74
1	97016	21-999		\$23.44	\$23.44	\$19.74	\$19.74
1	97018	0-20	P2	\$25.34	\$25.34	\$11.13	\$11.13
1	97018	0-20		\$23.44	\$23.44	\$11.13	\$11.13
1	97018	21-999	P2	\$25.34	\$25.34	\$11.13	\$11.13
1	97018	21-999		\$23.44	\$23.44	\$11.13	\$11.13
1	97022	0-20	P2	\$32.62	\$32.62	\$24.05	\$24.05
1	97022	0-20		\$30.17	\$30.17	\$24.05	\$24.05
1	97022	21-999	P2	\$32.62	\$32.62	\$24.05	\$24.05
1	97022	21-999		\$30.17	\$30.17	\$24.05	\$24.05
1	97024	0-20	P2	\$25.34	\$25.34	\$6.82	\$6.82
1	97024	0-20		\$23.44	\$23.44	\$6.82	\$6.82
1	97024	21-999	P2	\$25.34	\$25.34	\$6.82	\$6.82
1	97024	21-999		\$23.44	\$23.44	\$6.82	\$6.82
1	97026	0-20	P2	\$25.34	\$25.34	\$6.10	\$6.10
1	97026	0-20		\$23.44	\$23.44	\$6.10	\$6.10
1	97026	21-999	P2	\$25.34	\$25.34	\$6.10	\$6.10
1	97026	21-999		\$23.44	\$23.44	\$6.10	\$6.10
1	97028	0-20	P2	\$32.62	\$32.62	\$7.54	\$7.54
1	97028	0-20		\$30.17	\$30.17	\$7.54	\$7.54
1	97028	21-999	P2	\$32.62	\$32.62	\$7.54	\$7.54
1	97028	21-999		\$30.17	\$30.17	\$7.54	\$7.54
1	97032	0-20	P2	\$32.62	\$32.62	\$37.07	\$37.07
1	97032	0-20		\$30.17	\$30.17	\$37.07	\$37.07
1	97032	21-999	P2	\$32.62	\$32.62	\$37.07	\$37.07
1	97032	21-999		\$30.17	\$30.17	\$37.07	\$37.07
1	97033	0-20	P2	\$32.62	\$32.62	\$35.29	\$35.29
1	97033	0-20		\$30.17	\$30.17	\$35.29	\$35.29

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

TOS*	Procedure Code	Age Range	POS**	Current		Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
				Current Medicaid Fee	Adjusted Medicaid Fee		
1	97033	21-999	P2	\$32.62	\$32.62	\$35.29	\$35.29
1	97033	21-999		\$30.17	\$30.17	\$35.29	\$35.29
1	97034	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97034	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97034	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97034	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97035	0-20	P2	\$32.62	\$32.62	\$34.78	\$34.78
1	97035	0-20		\$30.17	\$30.17	\$34.78	\$34.78
1	97035	21-999	P2	\$32.62	\$32.62	\$34.78	\$34.78
1	97035	21-999		\$30.17	\$30.17	\$34.78	\$34.78
1	97036	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97036	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97036	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97036	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97039	0-20	P2	\$25.34	\$25.34	Not a Benefit	Not a Benefit
1	97039	0-20		\$23.44	\$23.44	Not a Benefit	Not a Benefit
1	97039	21-999	P2	\$25.34	\$25.34	Not a Benefit	Not a Benefit
1	97039	21-999		\$23.44	\$23.44	Not a Benefit	Not a Benefit
1	97110	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97110	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97110	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97110	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97112	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97112	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97112	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97112	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97113	0-20	P2	\$38.32	\$38.32	\$38.75	\$38.75
1	97113	0-20		\$35.43	\$35.43	\$38.75	\$38.75
1	97113	21-999	P2	\$38.32	\$38.32	\$38.75	\$38.75
1	97113	21-999		\$35.43	\$35.43	\$38.75	\$38.75
1	97116	0-20	P2	\$30.08	\$30.08	\$31.22	\$31.22
1	97116	0-20		\$30.08	\$30.08	\$31.22	\$31.22
1	97116	21-999	P2	\$30.08	\$30.08	\$31.22	\$31.22
1	97116	21-999		\$30.08	\$30.08	\$31.22	\$31.22

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

TOS*	Procedure Code	Age Range	POS**	Current		Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
				Current Medicaid Fee	Adjusted Medicaid Fee		
1	97124	0-20	P2	\$25.34	\$25.34	\$28.16	\$28.16
1	97124	0-20		\$23.44	\$23.44	\$28.16	\$28.16
1	97124	21-999	P2	\$25.34	\$25.34	\$28.16	\$28.16
1	97124	21-999		\$23.44	\$23.44	\$28.16	\$28.16
1	97139	0-20	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit
1	97139	0-20		\$30.17	\$30.17	Not a Benefit	Not a Benefit
1	97139	21-999	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit
1	97139	21-999		\$30.17	\$30.17	Not a Benefit	Not a Benefit
1	97140	0-20	P2	\$30.84	\$30.84	\$31.80	\$31.80
1	97140	0-20		\$30.84	\$30.84	\$31.80	\$31.80
1	97140	21-999	P2	\$30.84	\$30.84	\$31.80	\$31.80
1	97140	21-999		\$30.84	\$30.84	\$31.80	\$31.80
1	97150	0-20	P2	\$32.62	\$32.62	\$34.31	\$34.31
1	97150	0-20		\$30.17	\$30.17	\$34.31	\$34.31
1	97150	21-999	P2	\$32.62	\$32.62	\$34.31	\$34.31
1	97150	21-999		\$30.17	\$30.17	\$34.31	\$34.31
1	97161	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97161	0-20		\$97.65	\$97.65	\$116.19	\$116.19
1	97161	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97161	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97162	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97162	0-20		\$97.65	\$97.65	\$116.19	\$116.19
1	97162	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97162	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97163	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97163	0-20		\$97.65	\$97.65	\$116.19	\$116.19
1	97163	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97163	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97164	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57
1	97164	0-20		\$87.89	\$87.89	\$104.57	\$104.57
1	97164	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57
1	97164	21-999		\$87.89	\$87.89	\$104.57	\$104.57
1	97165	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97165	0-20		\$97.65	\$97.65	\$116.19	\$116.19

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

TOS*	Procedure Code	Age Range	POS**	Current		Medicaid Fee Effective 9/1/2017	Adjusted Medicaid Fee Effective 9/1/2017
				Current Medicaid Fee	Adjusted Medicaid Fee		
1	97165	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97165	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97166	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97166	0-20		\$97.65	\$97.65	\$116.19	\$116.19
1	97166	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97166	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97167	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97167	0-20		\$97.65	\$97.65	\$116.19	\$116.19
1	97167	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19
1	97167	21-999		\$97.65	\$97.65	\$116.19	\$116.19
1	97168	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57
1	97168	0-20		\$87.89	\$87.89	\$104.57	\$104.57
1	97168	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57
1	97168	21-999		\$87.89	\$87.89	\$104.57	\$104.57
1	97530	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97530	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97530	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97530	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97535	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97535	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97535	21-999		Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97537	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97537	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97537	21-999		Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97542	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97542	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97542	21-999		Not a Benefit	Not a Benefit	\$33.75	\$33.75
1	97750	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97750	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97750	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75
1	97750	21-999		\$30.17	\$30.17	\$33.75	\$33.75
1	97760	0-20	P2	\$34.20	\$34.20	\$34.61	\$34.61
1	97760	0-20		\$31.63	\$31.63	\$34.61	\$34.61
1	97761	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75

**Independent Therapy Services (Including Early Childhood Intervention (ECI) and Physicians)**

<b>TOS*</b>	<b>Procedure Code</b>	<b>Age Range</b>	<b>POS**</b>	<b>Current Medicaid Fee</b>	<b>Current Adjusted Medicaid Fee</b>	<b>Medicaid Fee Effective 9/1/2017</b>	<b>Adjusted Medicaid Fee Effective 9/1/2017</b>
1	97761	0-20		\$30.17	\$30.17	\$33.75	\$33.75
1	97762	0-20	P2	\$35.09	\$35.09	\$35.66	\$35.66
1	97762	0-20		\$35.09	\$35.09	\$35.66	\$35.66
1	97799	0-20	P2	\$32.62	\$32.62	\$35.80	\$35.80
1	97799	0-20		\$30.17	\$30.17	\$35.80	\$35.80
1	97799	21-999	P2	\$32.62	\$32.62	\$35.80	\$35.80
1	97799	21-999		\$30.17	\$30.17	\$35.80	\$35.80
1	S8990	0-999	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit
1	S8990	0-999		\$30.17	\$30.17	Not a Benefit	Not a Benefit
1	S9152	0-20	P2	\$173.79	\$173.79	\$118.87	\$118.87
1	S9152	0-20		\$173.79	\$173.79	\$118.87	\$118.87
1	S9152	21-999		\$169.71	\$169.71	\$118.87	\$118.87

**\*Type of Service (TOS): 1 = Medical Services**

**\*\*Place of Service (POS): P2 = Home**