

Attachment A

CPT Service Rates for Specialty 113

Procedure Code	CPT Code Description	Unit	RATE FOR SERVICE		EFFECTIVE DATE
			Non-Facility	Facility	
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	per event	\$ 18.35	\$ 18.35	7/1/2008
92506	Speech Evaluation	per event	\$ 130.04	\$ 39.54	7/1/2008
92507	Speech Therapy	per event	\$ 56.20	\$ 56.20	7/1/2006
92508	Speech Therapy Group	per event	\$ 26.24	\$ 12.22	7/1/2009
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	per event	\$ 18.72	\$ 18.72	1/1/2009
97001	Physical Therapy Eval	per event	\$ 62.87	\$ 62.87	7/1/2008
97002	Physical Therapy Re-eval	per event	\$ 33.66	\$ 33.66	7/1/2008
97003	Occupational Therapy Eval	per event	\$ 67.11	\$ 67.11	7/1/2008
97004	Occupational Therapy Re-eval	per event	\$ 39.06	\$ 39.06	7/1/2009
97110	Physical Therapy	per 15 mins	\$ 24.62	\$ 24.62	7/1/2008
97112	Physical Therapy	per 15 mins	\$ 25.72	\$ 25.72	7/1/2008
97113	Physical Therapy aquatic w/exercise	per 15 mins	\$ 29.70	\$ 29.70	7/1/2008
97116	Gait Training	per 15 mins	\$ 21.58	\$ 21.58	7/1/2008
97124	Massage Thersapy	per 15 mins	\$ 19.79	\$ 19.79	7/1/2008
97140	Manual Therapy	per 15 mins	\$ 23.00	\$ 23.00	7/1/2008
97530	Therapeutic activities	per 15 mins	\$ 26.03	\$ 26.03	7/1/2008
97750	Physical performance test w/report 15 min	per 15 mins	\$ 25.62	\$ 25.62	7/1/2008
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	per 15 mins	\$ 24.95	\$ 24.95	7/1/2008
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	per 15 mins	\$ 27.79	\$ 27.79	7/1/2008

Attachment C

Revised 10/16/06

State Services		
Code	Service Description	
YA125-YP820	These rates are negotiated by the Local Management Entities (LMEs). (This includes all codes which were formerly posted as Statewide Rates as well as Provider specific.)	
H2014	Developmental Therapy Service Professional (State Only)	Negotiated by the LME
H2014-HM	Developmental Therapy Service Para-Professional (State Only)	Negotiated by the LME
H2014-HQ	Developmental Therapy Service Professional Group (State Only)	Negotiated by the LME
H2014-U1	Developmental Therapy Service Para-Professional Group (State Only)	Negotiated by the LME
H2036	Medically Supervised or ADATC Detox	Negotiated by the LME
H2034	SA Halfway House (State Only)	Negotiated by the LME

Attachment D

Revised 04/12/06

Special Billing Instructions H0019 MH State Services			4/3/06 Rate
H0019	Behavioral Health - Long Term Residential (HRI Level III - 4 Beds or Less)	/day	205.64*
H0019	Behavioral Health - Long Term Residential (HRI Level III - 5 Beds or More)	/day	205.64
H0019	Behavioral Health - Long Term Residential (HRI Level IV)	/day	205.64*
<p>* - due to HIPAA constraints which require all of the above services be covered under a single code, and IPRS system limitations all of the above services are being set at the lowest rate as the default rate. Area Programs/LMEs are responsible for submitting provider-specific rate requests equal to the equivalent Medicaid service for Level III-4 beds or less (\$252.38) and Level IV (\$342.15)</p>			