

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
1	92507	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$91.61	\$91.61	\$75.45	\$75.45	Per encounter and standardize rates for all providers
1	92507	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$91.61	\$91.61	\$75.45	\$75.45	Per encounter and standardize rates for all providers
1	92508	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$45.53	\$45.53	\$45.53	\$45.53	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$45.53	\$45.53	\$45.53	\$45.53	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$45.53	\$45.53	\$38.70	\$38.70	\$31.87	\$31.87	Per encounter and standardize rates for all providers
1	92508	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$45.53	\$45.53	\$38.70	\$38.70	\$31.87	\$31.87	Per encounter and standardize rates for all providers
1	92521		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$101.12	\$101.12	\$101.12	\$101.12	\$101.12	\$101.12	Standardize Rates for all providers
1	92521		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$101.12	\$101.12	\$101.12	\$101.12	\$101.12	\$101.12	Standardize Rates for all providers
1	92522		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36	Standardize Rates for all providers
1	92522		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36	\$127.36	Standardize Rates for all providers
1	92523		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$169.81	\$169.81	\$169.81	\$169.81	\$169.81	\$169.81	Standardize Rates for all providers
1	92523		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$169.81	\$169.81	\$169.81	\$169.81	\$169.81	\$169.81	Standardize Rates for all providers
1	92524		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$86.82	\$86.82	\$86.82	\$86.82	\$86.82	\$86.82	Standardize Rates for all providers
1	92524		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$86.82	\$86.82	\$86.82	\$86.82	\$86.82	\$86.82	Standardize Rates for all providers
1	92526		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92526		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92610		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$205.12	\$205.12	\$205.12	\$205.12	\$205.12	\$205.12	Standardize Rates for all providers
1	92610		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$205.12	\$205.12	\$205.12	\$205.12	\$205.12	\$205.12	Standardize Rates for all providers
1	97012	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	U5	**	0-20	HHA	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	U5	**	21-999	HHA	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$16.51	\$16.51	\$14.03	\$14.03	\$11.56	\$11.56	Modality procedure code - pay in addition to standard treatment services
1	97012	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$16.51	\$16.51	\$14.03	\$14.03	\$11.56	\$11.56	Modality procedure code - pay in addition to standard treatment services
C	97012	UB	**	0-20	HHA	\$16.51	\$16.51	\$14.03	\$14.03	\$11.56	\$11.56	Modality procedure code - pay in addition to standard treatment services
C	97012	UB	**	21-999	HHA	\$16.51	\$16.51	\$14.03	\$14.03	\$11.56	\$11.56	Modality procedure code - pay in addition to standard treatment services
1	97014	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	U5	**	0-20	HHA	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	U5	**	21-999	HHA	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medical Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
1	97014	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$16.15	\$16.15	\$13.73	\$13.73	\$11.31	\$11.31	Modality procedure code - pay in addition to standard treatment services
1	97014	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$16.15	\$16.15	\$13.73	\$13.73	\$11.31	\$11.31	Modality procedure code - pay in addition to standard treatment services
C	97014	UB	**	0-20	HHA	\$16.15	\$16.15	\$13.73	\$13.73	\$11.31	\$11.31	Modality procedure code - pay in addition to standard treatment services
C	97014	UB	**	21-999	HHA	\$16.15	\$16.15	\$13.73	\$13.73	\$11.31	\$11.31	Modality procedure code - pay in addition to standard treatment services
1	97016	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	U5	**	0-20	HHA	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	U5	**	21-999	HHA	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$19.74	\$19.74	\$16.78	\$16.78	\$13.82	\$13.82	Modality procedure code - pay in addition to standard treatment services
1	97016	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$19.74	\$19.74	\$16.78	\$16.78	\$13.82	\$13.82	Modality procedure code - pay in addition to standard treatment services
C	97016	UB	**	0-20	HHA	\$19.74	\$19.74	\$16.78	\$16.78	\$13.82	\$13.82	Modality procedure code - pay in addition to standard treatment services
C	97016	UB	**	21-999	HHA	\$19.74	\$19.74	\$16.78	\$16.78	\$13.82	\$13.82	Modality procedure code - pay in addition to standard treatment services
1	97018	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	U5	**	0-20	HHA	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	U5	**	21-999	HHA	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$11.13	\$11.13	\$9.46	\$9.46	\$7.79	\$7.79	Modality procedure code - pay in addition to standard treatment services
1	97018	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$11.13	\$11.13	\$9.46	\$9.46	\$7.79	\$7.79	Modality procedure code - pay in addition to standard treatment services
C	97018	UB	**	0-20	HHA	\$11.13	\$11.13	\$9.46	\$9.46	\$7.79	\$7.79	Modality procedure code - pay in addition to standard treatment services
C	97018	UB	**	21-999	HHA	\$11.13	\$11.13	\$9.46	\$9.46	\$7.79	\$7.79	Modality procedure code - pay in addition to standard treatment services
1	97022	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
C	97022	U5	**	0-20	HHA	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
C	97022	U5	**	21-999	HHA	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$24.05	\$24.05	\$20.44	\$20.44	\$16.84	\$16.84	Modality procedure code - pay in addition to standard treatment services

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
I	97022	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$24.05	\$24.05	\$20.44	\$20.44	\$16.84	\$16.84	Modality procedure code - pay in addition to standard treatment services
C	97022	UB	**	0-20	HHA	\$24.05	\$24.05	\$20.44	\$20.44	\$16.84	\$16.84	Modality procedure code - pay in addition to standard treatment services
C	97022	UB	**	21-999	HHA	\$24.05	\$24.05	\$20.44	\$20.44	\$16.84	\$16.84	Modality procedure code - pay in addition to standard treatment services
I	97024	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
I	97024	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
C	97024	U5	**	0-20	HHA	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
C	97024	U5	**	21-999	HHA	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
I	97024	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$6.82	\$6.82	\$5.80	\$5.80	\$4.77	\$4.77	Modality procedure code - pay in addition to standard treatment services
I	97024	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$6.82	\$6.82	\$5.80	\$5.80	\$4.77	\$4.77	Modality procedure code - pay in addition to standard treatment services
C	97024	UB	**	0-20	HHA	\$6.82	\$6.82	\$5.80	\$5.80	\$4.77	\$4.77	Modality procedure code - pay in addition to standard treatment services
C	97024	UB	**	21-999	HHA	\$6.82	\$6.82	\$5.80	\$5.80	\$4.77	\$4.77	Modality procedure code - pay in addition to standard treatment services
I	97026	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
I	97026	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	U5	**	0-20	HHA	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	U5	**	21-999	HHA	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
I	97026	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$6.10	\$6.10	\$5.19	\$5.19	\$4.27	\$4.27	Modality procedure code - pay in addition to standard treatment services
I	97026	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$6.10	\$6.10	\$5.19	\$5.19	\$4.27	\$4.27	Modality procedure code - pay in addition to standard treatment services
C	97026	UB	**	0-20	HHA	\$6.10	\$6.10	\$5.19	\$5.19	\$4.27	\$4.27	Modality procedure code - pay in addition to standard treatment services
C	97026	UB	**	21-999	HHA	\$6.10	\$6.10	\$5.19	\$5.19	\$4.27	\$4.27	Modality procedure code - pay in addition to standard treatment services
I	97028	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
I	97028	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	U5	**	0-20	HHA	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	U5	**	21-999	HHA	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
I	97028	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$7.54	\$7.54	\$6.41	\$6.41	\$5.28	\$5.28	Modality procedure code - pay in addition to standard treatment services
I	97028	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$7.54	\$7.54	\$6.41	\$6.41	\$5.28	\$5.28	Modality procedure code - pay in addition to standard treatment services

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
C	97028	UB	**	0-20	HHA	\$7.54	\$7.54	\$6.41	\$6.41	\$5.28	\$5.28	Modality procedure code - pay in addition to standard treatment services
C	97028	UB	**	21-999	HHA	\$7.54	\$7.54	\$6.41	\$6.41	\$5.28	\$5.28	Modality procedure code - pay in addition to standard treatment services
1	97032	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	U5	**	0-20	HHA	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	U5	**	21-999	HHA	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$37.07	\$37.07	\$31.51	\$31.51	\$25.95	\$25.95	Per 15 Minutes and standardize rates for all providers
1	97032	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$37.07	\$37.07	\$31.51	\$31.51	\$25.95	\$25.95	Per 15 Minutes and standardize rates for all providers
C	97032	UB	**	0-20	HHA	\$37.07	\$37.07	\$31.51	\$31.51	\$25.95	\$25.95	Per 15 Minutes and standardize rates for all providers
C	97032	UB	**	21-999	HHA	\$37.07	\$37.07	\$31.51	\$31.51	\$25.95	\$25.95	Per 15 Minutes and standardize rates for all providers
1	97033	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	U5	**	0-20	HHA	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	U5	**	21-999	HHA	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.29	\$35.29	\$30.00	\$30.00	\$24.70	\$24.70	Per 15 Minutes and standardize rates for all providers
1	97033	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$35.29	\$35.29	\$30.00	\$30.00	\$24.70	\$24.70	Per 15 Minutes and standardize rates for all providers
C	97033	UB	**	0-20	HHA	\$35.29	\$35.29	\$30.00	\$30.00	\$24.70	\$24.70	Per 15 Minutes and standardize rates for all providers
C	97033	UB	**	21-999	HHA	\$35.29	\$35.29	\$30.00	\$30.00	\$24.70	\$24.70	Per 15 Minutes and standardize rates for all providers
1	97034	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97034	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97035	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	U5	**	0-20	HHA	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	U5	**	21-999	HHA	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.78	\$34.78	\$29.56	\$29.56	\$24.35	\$24.35	Per 15 Minutes and standardize rates for all providers
1	97035	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$34.78	\$34.78	\$29.56	\$29.56	\$24.35	\$24.35	Per 15 Minutes and standardize rates for all providers
C	97035	UB	**	0-20	HHA	\$34.78	\$34.78	\$29.56	\$29.56	\$24.35	\$24.35	Per 15 Minutes and standardize rates for all providers
C	97035	UB	**	21-999	HHA	\$34.78	\$34.78	\$29.56	\$29.56	\$24.35	\$24.35	Per 15 Minutes and standardize rates for all providers
1	97036	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97036	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97110	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
C	97110	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97110	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97110	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97110	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97112	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97112	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97112	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97112	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97113	U5	**	0-20	CORF/ORF and Independent Therapists	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	U5	**	21-999	CORF/ORF and Independent Therapists	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	UB	**	0-20	CORF/ORF and Independent Therapists	\$38.75	\$38.75	\$32.94	\$32.94	\$27.13	\$27.13	Standardize Rates for all providers
1	97113	UB	**	21-999	CORF/ORF and Independent Therapists	\$38.75	\$38.75	\$32.94	\$32.94	\$27.13	\$27.13	Standardize Rates for all providers
1	97116	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	U5	**	0-20	HHA	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	U5	**	21-999	HHA	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$31.22	\$31.22	\$26.54	\$26.54	\$21.85	\$21.85	Per 15 Minutes and standardize rates for all providers
1	97116	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$31.22	\$31.22	\$26.54	\$26.54	\$21.85	\$21.85	Per 15 Minutes and standardize rates for all providers
C	97116	UB	**	0-20	HHA	\$31.22	\$31.22	\$26.54	\$26.54	\$21.85	\$21.85	Per 15 Minutes and standardize rates for all providers
C	97116	UB	**	21-999	HHA	\$31.22	\$31.22	\$26.54	\$26.54	\$21.85	\$21.85	Per 15 Minutes and standardize rates for all providers
1	97124	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	U5	**	0-20	HHA	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	U5	**	21-999	HHA	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$28.16	\$28.16	\$23.94	\$23.94	\$19.71	\$19.71	Per 15 Minutes and standardize rates for all providers
1	97124	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$28.16	\$28.16	\$23.94	\$23.94	\$19.71	\$19.71	Per 15 Minutes and standardize rates for all providers
C	97124	UB	**	0-20	HHA	\$28.16	\$28.16	\$23.94	\$23.94	\$19.71	\$19.71	Per 15 Minutes and standardize rates for all providers
C	97124	UB	**	21-999	HHA	\$28.16	\$28.16	\$23.94	\$23.94	\$19.71	\$19.71	Per 15 Minutes and standardize rates for all providers
1	97140	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140	U5	**	0-20	HHA	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140	U5	**	21-999	HHA	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$31.80	\$31.80	\$27.03	\$27.03	\$22.26	\$22.26	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce-dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
I	97140	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$31.80	\$31.80	\$27.03	\$27.03	\$22.26	\$22.26	Per 15 Minutes and standardize rates for all providers
C	97140	UB	**	0-20	HHA	\$31.80	\$31.80	\$27.03	\$27.03	\$22.26	\$22.26	Per 15 Minutes and standardize rates for all providers
C	97140	UB	**	21-999	HHA	\$31.80	\$31.80	\$27.03	\$27.03	\$22.26	\$22.26	Per 15 Minutes and standardize rates for all providers
I	97150	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	Per encounter and standardize rates for all providers
I	97150	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150	U5	**	0-20	HHA	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150	U5	**	21-999	HHA	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	\$34.31	Per encounter and standardize rates for all providers
I	97150	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.31	\$34.31	\$29.16	\$29.16	\$24.02	\$24.02	Per encounter and standardize rates for all providers
I	97150	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$34.31	\$34.31	\$29.16	\$29.16	\$24.02	\$24.02	Per encounter and standardize rates for all providers
C	97150	UB	**	0-20	HHA	\$34.31	\$34.31	\$29.16	\$29.16	\$24.02	\$24.02	Per encounter and standardize rates for all providers
C	97150	UB	**	21-999	HHA	\$34.31	\$34.31	\$29.16	\$29.16	\$24.02	\$24.02	Per encounter and standardize rates for all providers
I	97161		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97161		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97161		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97161		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97162		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97162		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97162		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97162		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97163		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97163		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97163		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97163		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97164		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
I	97164		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
C	97164		**	0-20	HHA	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
C	97164		**	21-999	HHA	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
I	97165		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97165		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97165		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97165		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97166		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97166		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97166		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97166		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97167		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97167		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97167		**	0-20	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
C	97167		**	21-999	HHA	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	\$116.19	Standardize Rates for all providers
I	97168		**	0-20	CORF/ORF, HHA, and Independent Therapists	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
I	97168		**	21-999	CORF/ORF, HHA, and Independent Therapists	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
C	97168		**	0-20	HHA	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
C	97168		**	21-999	HHA	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	\$104.57	Standardize Rates for all providers
I	97530	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
I	97530	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medicaid Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
C	97530	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97530	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97530	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97530	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97535	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97535	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97535	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97535	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97537	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97537	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97537	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97537	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97542	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542	U5	**	0-20	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542	U5	**	21-999	HHA	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97542	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97542	UB	**	0-20	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
C	97542	UB	**	21-999	HHA	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97750	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97750	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97760	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97760	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$34.61	\$34.61	\$29.42	\$29.42	\$24.23	\$24.23	Per 15 Minutes and standardize rates for all providers
1	97761	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97761	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$33.75	\$33.75	\$28.69	\$28.69	\$23.63	\$23.63	Per 15 Minutes and standardize rates for all providers
1	97762	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.66	\$35.66	\$35.66	\$35.66	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97762	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.66	\$35.66	\$30.31	\$30.31	\$24.96	\$24.96	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 4 - THERAPY SERVICES - EXAMPLE OF NEW FEE SCHEDULE FOR ACUTE CARE THERAPY SERVICES. APPLIES TO COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES/OUTPATIENT REHABILITATION FACILITIES (CORF/ORF), HOME HEALTH AGENCY (HHA), AND INDEPENDENT PROVIDERS (INCLUDES EARLY CHILDHOOD INTERVENTION AND PHYSICIANS) - (Proposed to be effective September 1, 2017)

NOTE 1: MODIFIER REQUIREMENT: Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medical Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: http://www.tmhp.com/Pages/Medicaid/Medicaid_home.aspx

NOTE 2: THERAPY ASSISTANT REIMBURSEMENT: Effective December 1, 2017, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 85 percent of the reimbursement rate for licensed therapists and effective September 1, 2018, services provided by a therapy assistant and billed with a UB modifier will be reimbursed at 70 percent of the reimbursement rate for licensed therapists.

TOS*	Proce- dure Code	Modifier	Long Description	Age Range	Provider Type (PT) /Provider Specialty (PS)	September 1, 2017		December 1, 2017		September 1, 2018		Explanation
						Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	Medicaid Fee	Adjusted Medicaid Fee	
1	97799	U5	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	U5	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	U5	**	0-20	HHA	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	U5	**	21-999	HHA	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	UB	**	0-20	CORF/ORF, HHA, and Independent Therapists	\$35.80	\$35.80	\$30.43	\$30.43	\$25.06	\$25.06	Per encounter and standardize rates for all providers
1	97799	UB	**	21-999	CORF/ORF, HHA, and Independent Therapists	\$35.80	\$35.80	\$30.43	\$30.43	\$25.06	\$25.06	Per encounter and standardize rates for all providers
C	97799	UB	**	0-20	HHA	\$35.80	\$35.80	\$30.43	\$30.43	\$25.06	\$25.06	Per encounter and standardize rates for all providers
C	97799	UB	**	21-999	HHA	\$35.80	\$35.80	\$30.43	\$30.43	\$25.06	\$25.06	Per encounter and standardize rates for all providers
1	S9152		Speech therapy, re- evaluation	0-20	CORF/ORF, HHA, and Independent Therapists	\$118.87	\$118.87	\$118.87	\$118.87	\$118.87	\$118.87	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers
1	S9152		Speech therapy, re- evaluation	21-999	CORF/ORF, HHA, and Independent Therapists	\$118.87	\$118.87	\$118.87	\$118.87	\$118.87	\$118.87	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers

*Type of Service (TOS)	
1	Medical Services
C	Home Health Services
*Type of Service (TOS)	
U5	Services provided by licensed therapist
UB	Services provided by therapy assistant
Provider Type	
CORF/ ORF	Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facility
HHA	Home Health Agency
Indepen- dent Therapi- st	Independently Practicing Therapists, Early Childhood Intervention (ECI) and Physicians providing therapy services

**** Required Notice:** The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2017 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.