

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507			**	0-20	\$100.34	\$100.34	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507			**	21-999	\$100.34	\$100.34	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92508			**	0-20	\$50.68	\$50.68	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508			**	21-999	\$50.68	\$50.68	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92521			**	0-20	\$90.00	\$90.00	\$101.12	\$101.12	Standardize Rates for all providers
1	92521			**	21-999	\$67.90	\$67.90	\$101.12	\$101.12	Standardize Rates for all providers
1	92522			**	0-20	\$112.50	\$112.50	\$127.36	\$127.36	Standardize Rates for all providers
1	92522			**	21-999	\$84.89	\$84.89	\$127.36	\$127.36	Standardize Rates for all providers
1	92523			**	0-20	\$150.00	\$150.00	\$169.81	\$169.81	Standardize Rates for all providers
1	92523			**	21-999	\$113.18	\$113.18	\$169.81	\$169.81	Standardize Rates for all providers
1	92524			**	0-20	\$75.00	\$75.00	\$86.82	\$86.82	Standardize Rates for all providers
1	92524			**	21-999	\$56.59	\$56.59	\$86.82	\$86.82	Standardize Rates for all providers
1	92526			**	0-20	\$130.48	\$130.48	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92526			**	21-999	\$111.48	\$111.48	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92610			**	0-20	\$193.10	\$193.10	\$205.12	\$205.12	Standardize Rates for all providers
1	92610			**	21-999	\$113.18	\$113.18	\$205.12	\$205.12	Standardize Rates for all providers
1	97012	AT	GO	**	0-20	\$110.56	\$110.56	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	AT	GO	**	21-999	\$110.56	\$110.56	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	AT	GP	**	0-20	\$108.44	\$108.44	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	AT	GP	**	21-999	\$108.44	\$108.44	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services

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1	97012	AT		**	0-20	\$109.15	\$109.15	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	AT		**	21-999	\$109.15	\$109.15	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	GO		**	0-20	\$130.48	\$130.48	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	GO		**	21-999	\$110.56	\$110.56	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	GP		**	0-20	\$130.48	\$130.48	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	GP		**	21-999	\$108.44	\$108.44	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012			**	21-999	\$109.15	\$109.15	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	GO		**	0-20	\$110.56	\$110.56	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	GO		**	21-999	\$110.56	\$110.56	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	GP		**	0-20	\$108.44	\$108.44	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012	GP		**	21-999	\$108.44	\$108.44	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012			**	0-20	\$109.15	\$109.15	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
C	97012			**	21-999	\$109.15	\$109.15	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97014	AT	GO	**	0-20	\$85.88	\$85.88	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	AT	GO	**	21-999	\$85.88	\$85.88	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	AT	GP	**	0-20	\$84.24	\$84.24	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	AT	GP	**	21-999	\$84.24	\$84.24	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97014	AT		**	0-20	\$84.79	\$84.79	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	AT		**	21-999	\$84.79	\$84.79	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	GO		**	0-20	\$101.36	\$101.36	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	GO		**	21-999	\$85.88	\$85.88	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	GP		**	0-20	\$101.36	\$101.36	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	GP		**	21-999	\$84.24	\$84.24	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014			**	21-999	\$84.79	\$84.79	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	GO		**	0-20	\$85.88	\$85.88	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	GO		**	21-999	\$85.88	\$85.88	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	GP		**	0-20	\$84.24	\$84.24	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014	GP		**	21-999	\$84.24	\$84.24	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014			**	0-20	\$84.79	\$84.79	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
C	97014			**	21-999	\$84.79	\$84.79	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97016	AT	GO	**	0-20	\$85.88	\$85.88	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	AT	GO	**	21-999	\$85.88	\$85.88	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	AT	GP	**	0-20	\$84.24	\$84.24	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	AT	GP	**	21-999	\$84.24	\$84.24	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97016	AT		**	0-20	\$84.79	\$84.79	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	AT		**	21-999	\$84.79	\$84.79	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	GO		**	0-20	\$101.36	\$101.36	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	GO		**	21-999	\$85.88	\$85.88	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	GP		**	0-20	\$101.36	\$101.36	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	GP		**	21-999	\$84.24	\$84.24	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016			**	21-999	\$84.79	\$84.79	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	GO		**	0-20	\$85.88	\$85.88	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	GO		**	21-999	\$85.88	\$85.88	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	GP		**	0-20	\$84.24	\$84.24	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016	GP		**	21-999	\$84.24	\$84.24	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016			**	0-20	\$84.79	\$84.79	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
C	97016			**	21-999	\$84.79	\$84.79	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97018	AT	GO	**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	AT	GO	**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	AT	GP	**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97018	AT		**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	AT		**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	GO		**	0-20	\$101.36	\$101.36	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	GO		**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	GP		**	0-20	\$101.36	\$101.36	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	GP		**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018			**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	GO		**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	GO		**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	GP		**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018	GP		**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018			**	0-20	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
C	97018			**	21-999	\$91.08	\$91.08	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97022	AT	GO	**	0-20	\$110.56	\$110.56	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	AT	GO	**	21-999	\$110.56	\$110.56	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	AT	GP	**	0-20	\$108.44	\$108.44	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
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1	97022	AT		**	0-20	\$109.15	\$109.15	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	AT		**	21-999	\$109.15	\$109.15	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	GO		**	0-20	\$130.48	\$130.48	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	GO		**	21-999	\$110.56	\$110.56	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	GP		**	0-20	\$130.48	\$130.48	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	GP		**	21-999	\$108.44	\$108.44	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022			**	21-999	\$109.15	\$109.15	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
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C	97022			**	0-20	\$109.15	\$109.15	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
C	97022			**	21-999	\$109.15	\$109.15	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97024	AT	GO	**	0-20	\$85.88	\$85.88	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	AT	GO	**	21-999	\$85.88	\$85.88	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	AT	GP	**	0-20	\$84.24	\$84.24	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
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1	97024	AT		**	21-999	\$84.79	\$84.79	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	GO		**	0-20	\$101.36	\$101.36	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
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C	97024			**	21-999	\$84.79	\$84.79	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97026	AT	GO	**	0-20	\$85.88	\$85.88	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	AT	GO	**	21-999	\$85.88	\$85.88	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	AT	GP	**	0-20	\$84.24	\$84.24	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
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TOS*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97026	AT		**	0-20	\$84.79	\$84.79	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	AT		**	21-999	\$84.79	\$84.79	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	GO		**	0-20	\$101.36	\$101.36	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	GO		**	21-999	\$85.88	\$85.88	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	GP		**	0-20	\$101.36	\$101.36	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	GP		**	21-999	\$84.24	\$84.24	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026			**	21-999	\$84.79	\$84.79	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	GO		**	0-20	\$85.88	\$85.88	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	GO		**	21-999	\$85.88	\$85.88	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	GP		**	0-20	\$84.24	\$84.24	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026	GP		**	21-999	\$84.24	\$84.24	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026			**	0-20	\$84.79	\$84.79	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
C	97026			**	21-999	\$84.79	\$84.79	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97028	AT	GO	**	0-20	\$110.56	\$110.56	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	AT	GO	**	21-999	\$110.56	\$110.56	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	AT	GP	**	0-20	\$108.44	\$108.44	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	AT	GP	**	21-999	\$108.44	\$108.44	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97028	AT		**	0-20	\$109.15	\$109.15	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	AT		**	21-999	\$109.15	\$109.15	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	GO		**	0-20	\$130.48	\$130.48	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	GO		**	21-999	\$110.56	\$110.56	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	GP		**	0-20	\$130.48	\$130.48	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	GP		**	21-999	\$108.44	\$108.44	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028			**	21-999	\$109.15	\$109.15	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	GO		**	0-20	\$110.56	\$110.56	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	GO		**	21-999	\$110.56	\$110.56	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	GP		**	0-20	\$108.44	\$108.44	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028	GP		**	21-999	\$108.44	\$108.44	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028			**	0-20	\$109.15	\$109.15	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
C	97028			**	21-999	\$109.15	\$109.15	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97032	AT	GO	**	0-20	\$110.56	\$110.56	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GO	**	21-999	\$110.56	\$110.56	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GP	**	0-20	\$108.44	\$108.44	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	AT	GP	**	21-999	\$108.44	\$108.44	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97032	AT		**	0-20	\$109.15	\$109.15	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	AT		**	21-999	\$109.15	\$109.15	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	GO		**	0-20	\$130.48	\$130.48	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	GO		**	21-999	\$110.56	\$110.56	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	GP		**	0-20	\$130.48	\$130.48	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	GP		**	21-999	\$108.44	\$108.44	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032			**	21-999	\$109.15	\$109.15	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	GO		**	0-20	\$110.56	\$110.56	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	GO		**	21-999	\$110.56	\$110.56	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	GP		**	0-20	\$108.44	\$108.44	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032	GP		**	21-999	\$108.44	\$108.44	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032			**	0-20	\$109.15	\$109.15	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
C	97032			**	21-999	\$109.15	\$109.15	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GO	**	0-20	\$110.56	\$110.56	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GO	**	21-999	\$110.56	\$110.56	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GP	**	0-20	\$108.44	\$108.44	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	AT	GP	**	21-999	\$108.44	\$108.44	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97033	AT		**	0-20	\$109.15	\$109.15	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	AT		**	21-999	\$109.15	\$109.15	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	GO		**	0-20	\$130.48	\$130.48	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	GO		**	21-999	\$110.56	\$110.56	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	GP		**	0-20	\$130.48	\$130.48	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	GP		**	21-999	\$108.44	\$108.44	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033			**	21-999	\$109.15	\$109.15	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	GO		**	0-20	\$110.56	\$110.56	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	GO		**	21-999	\$110.56	\$110.56	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	GP		**	0-20	\$108.44	\$108.44	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033	GP		**	21-999	\$108.44	\$108.44	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033			**	0-20	\$109.15	\$109.15	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
C	97033			**	21-999	\$109.15	\$109.15	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97034	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97035	AT	GO	**	0-20	\$110.56	\$110.56	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GO	**	21-999	\$110.56	\$110.56	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GP	**	0-20	\$108.44	\$108.44	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	AT	GP	**	21-999	\$108.44	\$108.44	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	AT		**	0-20	\$109.15	\$109.15	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	AT		**	21-999	\$109.15	\$109.15	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	GO		**	0-20	\$130.48	\$130.48	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	GO		**	21-999	\$110.56	\$110.56	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	GP		**	0-20	\$130.48	\$130.48	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	GP		**	21-999	\$108.44	\$108.44	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035			**	21-999	\$109.15	\$109.15	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	GO		**	0-20	\$110.56	\$110.56	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	GO		**	21-999	\$110.56	\$110.56	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	GP		**	0-20	\$108.44	\$108.44	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035	GP		**	21-999	\$108.44	\$108.44	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035			**	0-20	\$109.15	\$109.15	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
C	97035			**	21-999	\$109.15	\$109.15	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97036	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97039	AT		**	0-20	\$90.00	\$90.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	AT		**	21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	GO		**	0-20	\$101.36	\$101.36	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	GP		**	0-20	\$101.36	\$101.36	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039			**	21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97039			**	0-20	\$90.00	\$90.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97039			**	21-999	\$90.00	\$90.00	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97110	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97110	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97110			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97112	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97112			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GO	**	0-20	\$110.56	\$110.56	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GO	**	21-999	\$110.56	\$110.56	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GP	**	0-20	\$108.44	\$108.44	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	AT	GP	**	21-999	\$108.44	\$108.44	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	AT		**	0-20	\$109.15	\$109.15	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	AT		**	21-999	\$109.15	\$109.15	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	GO		**	0-20	\$120.30	\$120.30	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	GO		**	21-999	\$110.56	\$110.56	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97116	GP		**	0-20	\$120.30	\$120.30	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	GP		**	21-999	\$108.44	\$108.44	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116			**	21-999	\$109.15	\$109.15	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	GO		**	0-20	\$110.56	\$110.56	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	GO		**	21-999	\$110.56	\$110.56	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	GP		**	0-20	\$108.44	\$108.44	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116	GP		**	21-999	\$108.44	\$108.44	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116			**	0-20	\$109.15	\$109.15	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
C	97116			**	21-999	\$109.15	\$109.15	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GO	**	0-20	\$85.88	\$85.88	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GO	**	21-999	\$85.88	\$85.88	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GP	**	0-20	\$84.24	\$84.24	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	AT	GP	**	21-999	\$84.24	\$84.24	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	AT		**	0-20	\$84.79	\$84.79	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	AT		**	21-999	\$84.79	\$84.79	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	GO		**	0-20	\$101.36	\$101.36	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	GO		**	21-999	\$85.88	\$85.88	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97124	GP		**	0-20	\$101.36	\$101.36	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	GP		**	21-999	\$84.24	\$84.24	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124			**	21-999	\$84.79	\$84.79	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	GO		**	0-20	\$85.88	\$85.88	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	GO		**	21-999	\$85.88	\$85.88	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	GP		**	0-20	\$84.24	\$84.24	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124	GP		**	21-999	\$84.24	\$84.24	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124			**	0-20	\$84.79	\$84.79	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
C	97124			**	21-999	\$84.79	\$84.79	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97139	AT	GO	**	0-20	\$110.56	\$110.56	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	AT	GO	**	21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	AT	GP	**	0-20	\$108.44	\$108.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	AT	GP	**	21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	AT		**	0-20	\$109.15	\$109.15	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	AT		**	21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	GO		**	0-20	\$130.48	\$130.48	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	GO		**	21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	GP		**	0-20	\$130.48	\$130.48	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	GP		**	21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139			**	21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97139	GO		**	0-20	\$110.56	\$110.56	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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.tnhp.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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97139	GO		**	21-999	\$110.56	\$110.56	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97139	GP		**	0-20	\$108.44	\$108.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97139	GP		**	21-999	\$108.44	\$108.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97139			**	0-20	\$109.15	\$109.15	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
C	97139			**	21-999	\$109.15	\$109.15	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97140	AT	GO	**	0-20	\$110.56	\$110.56	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GO	**	21-999	\$110.56	\$110.56	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GP	**	0-20	\$108.44	\$108.44	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	AT	GP	**	21-999	\$108.44	\$108.44	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	AT		**	0-20	\$109.15	\$109.15	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	AT		**	21-999	\$109.15	\$109.15	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	GO		**	0-20	\$123.36	\$123.36	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	GO		**	21-999	\$110.56	\$110.56	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	GP		**	0-20	\$123.36	\$123.36	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	GP		**	21-999	\$108.44	\$108.44	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140			**	21-999	\$109.15	\$109.15	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140	GO		**	0-20	\$110.56	\$110.56	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140	GO		**	21-999	\$110.56	\$110.56	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97140	GP		**	0-20	\$108.44	\$108.44	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140	GP		**	21-999	\$108.44	\$108.44	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140			**	0-20	\$109.15	\$109.15	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
C	97140			**	21-999	\$109.15	\$109.15	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97150	AT	GO	**	0-20	\$110.56	\$110.56	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	AT	GO	**	21-999	\$110.56	\$110.56	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	AT	GP	**	0-20	\$108.44	\$108.44	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	AT	GP	**	21-999	\$108.44	\$108.44	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	AT		**	0-20	\$109.15	\$109.15	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	AT		**	21-999	\$109.15	\$109.15	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	GO		**	0-20	\$65.24	\$65.24	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	GO		**	21-999	\$110.56	\$110.56	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	GP		**	0-20	\$65.24	\$65.24	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	GP		**	21-999	\$108.44	\$108.44	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150			**	21-999	\$109.15	\$109.15	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150	GO		**	0-20	\$110.56	\$110.56	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150	GO		**	21-999	\$110.56	\$110.56	\$34.31	\$34.31	Per encounter and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97150	GP		**	0-20	\$108.44	\$108.44	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150	GP		**	21-999	\$108.44	\$108.44	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150			**	0-20	\$109.15	\$109.15	\$34.31	\$34.31	Per encounter and standardize rates for all providers
C	97150			**	21-999	\$109.15	\$109.15	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97161	AT		**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	AT		**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97161			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97161			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97161			**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97161			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	AT		**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	AT		**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97162			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97162			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97162			**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97162			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	AT		**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	AT		**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97163			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97163			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97163			**	0-20	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
C	97163			**	21-999	\$85.52	\$85.52	\$116.19	\$116.19	Standardize Rates for all providers
1	97164	AT		**	0-20	\$76.97	\$76.97	\$104.57	\$104.57	Standardize Rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97164	AT		**	21-999	\$76.97	\$76.97	\$104.57	\$104.57	Standardize Rates for all providers
1	97164			**	0-20	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97164			**	21-999	\$76.97	\$76.97	\$104.57	\$104.57	Standardize Rates for all providers
C	97164			**	0-20	\$76.97	\$76.97	\$104.57	\$104.57	Standardize Rates for all providers
C	97164			**	21-999	\$76.97	\$76.97	\$104.57	\$104.57	Standardize Rates for all providers
1	97165	AT		**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	AT		**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97165			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97165			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97165			**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97165			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	AT		**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	AT		**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97166			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97166			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97166			**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97166			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	AT		**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	AT		**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97167			**	0-20	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97167			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97167			**	0-20	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
C	97167			**	21-999	\$89.21	\$89.21	\$116.19	\$116.19	Standardize Rates for all providers
1	97168	AT		**	0-20	\$78.47	\$78.47	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	AT		**	21-999	\$78.47	\$78.47	\$104.57	\$104.57	Standardize Rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97168			**	0-20	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97168			**	21-999	\$78.47	\$78.47	\$104.57	\$104.57	Standardize Rates for all providers
C	97168			**	0-20	\$78.47	\$78.47	\$104.57	\$104.57	Standardize Rates for all providers
C	97168			**	21-999	\$78.47	\$78.47	\$104.57	\$104.57	Standardize Rates for all providers
1	97530	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97530	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97530			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97535	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97535			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97537	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97537			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GO	**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GO	**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GP	**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT	GP	**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT		**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	AT		**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542	GO		**	0-20	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542	GP		**	0-20	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97542	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542			**	0-20	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
C	97542			**	21-999	\$109.15	\$109.15	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	GO		**	21-999	\$110.56	\$110.56	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	GP		**	21-999	\$108.44	\$108.44	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97760	GO		**	0-20	\$130.48	\$130.48	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97760	GP		**	0-20	\$130.48	\$130.48	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97761	GO		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97761	GP		**	0-20	\$130.48	\$130.48	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97762	GO		**	0-20	\$130.48	\$130.48	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97762	GP		**	0-20	\$130.48	\$130.48	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97799	AT	GO	**	0-20	\$110.56	\$110.56	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	AT	GO	**	21-999	\$110.56	\$110.56	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	AT	GP	**	0-20	\$108.44	\$108.44	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	AT	GP	**	21-999	\$108.44	\$108.44	\$35.80	\$35.80	Per encounter and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97799	AT		**	0-20	\$109.15	\$109.15	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	AT		**	21-999	\$109.15	\$109.15	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	GO		**	0-20	\$130.48	\$130.48	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	GO		**	21-999	\$110.56	\$110.56	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	GP		**	0-20	\$130.48	\$130.48	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	GP		**	21-999	\$108.44	\$108.44	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799			**	21-999	\$109.15	\$109.15	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	GO		**	0-20	\$110.56	\$110.56	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	GO		**	21-999	\$110.56	\$110.56	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	GP		**	0-20	\$108.44	\$108.44	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799	GP		**	21-999	\$108.44	\$108.44	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799			**	0-20	\$109.15	\$109.15	\$35.80	\$35.80	Per encounter and standardize rates for all providers
C	97799			**	21-999	\$109.15	\$109.15	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	S8990			Physical or manipulative therapy performed for maintenance rather than restoration	0-999	\$55.17	\$55.17	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	S9152			Speech therapy, re-evaluation	0-20	\$173.79	\$173.79	\$118.87	\$118.87	Reduce Speech Therapy re-evaluation to 70 percent of evaluation rate and standardize rates for all providers

ATTACHMENT 2 - HOME HEALTH AGENCY (HHA) THERAPY SERVICES (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	Mod- ifier 1	Mod- ifier 2	Long Description	Age Range	CURRENT		PROPOSED		Explanation
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S9152			Speech therapy, re- evaluation	21-999	\$101.86	\$101.86	\$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
Modifiers	
AT	Acute Therapy
GO	Occupational Therapy
GP	Physical Therapy

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