



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Therapy Codes Independent Providers– Idaho Medicaid

Physical Therapy (PT)

Procedure Code	Mod	Description	Allowed Amount
97001		PHYSICAL EVALUATION	\$ 64.68
97002		PHYSICAL THERAPY RE-EVALUATION	\$ 34.58

Occupational Therapy (OT)

Procedure Code	Mod	Description	Allowed Amount
97003		OCCUPATIONAL THERAPY EVALUATION	\$ 68.87
97004		OCCUPATIONAL THERAPY RE-EVALUATION	\$ 40.92

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
97010		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	\$ 18.82
97012		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$ 13.24
97014		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION-UNATTENDED	\$ 13.50
97016		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$ 13.29
97018		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$ 6.43
97022		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$ 14.91
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	\$ 4.43
97026		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$ 4.10
97028		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$ 5.53
97032		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELEC STIMUL (MANUAL), EA 15 MIN	\$ 14.58
97033		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, 15 MIN EACH	\$ 20.96
97034		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, 15 MIN EACH	\$ 12.72
97035		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, 15 MIN EACH	\$ 10.38
97036		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, 15 MIN EACH	\$ 22.39

Other Therapy Codes

95831	MUSCLE TESTING MANUAL WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK	\$ 24.06
95832	MUSCLE TESTING BY HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 21.96
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY, EXCLUDING HANDS	\$ 34.01
95834	MUSCLE TESTING TOTAL EVALUATION OF BODY, INCLUDING HANDS	\$ 40.11
95851	RANGE OF MOTION MEASUREMENTS AND REPORTS	\$ 15.87
95852	RANGE OF MOTION MEASUREMENTS, HAND WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 12.34
95857	TENSILON TEST	\$ 37.97
95860	NEEDLE ELECTROMYOGRAPHY	\$ 76.75
95861	ELECTROMYOGRAPHY 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$105.32
95863	ELECTROMYOGRAPHY 3 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$126.42
95864	ELECTROMYOGRAPHY 4 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$150.73
95867	ELECTROMYOGRAPHY, CRANIAL NERVES, UNILATERAL	\$ 62.69
95868	ELECTROMYOGRAPHY, BILATERAL	\$ 86.56
95869	ELECTROMYOGRAPHY THORACIC PARASPINAL MUSCLES	\$ 36.69
95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL	\$ 36.02
95872	ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	\$146.93
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 36.35
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 35.68
95875	ISCHEMIC LIMB EXERCISE W/EMG	\$ 87.75
95900	NERVE CONDUCTION, AMPLITUDE & LATENCY/VELOCITY STUDY, EA NRV, ANY/ALL STS-(SP)	\$ 51.22
95903	NERVE CONDUCTION, EA NERVE, ANY SITE; MOTOR/W/F-WAVE STUDY-(SP)	\$ 57.84
95904	NERVE CONDUCTION SENSORY, EACH NERVE.-(SP)	\$ 44.55
97039	UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)	\$ 10.12
97110	PHYSICAL MEDICINE TREATMENT THERAPEUTIC EXERCISES	\$ 25.29
97112	PHYSICAL MEDICINE TREATMENT NEUROMUSCULAR REEDUCA-	\$ 26.44
97113	THERAPEUTIC AQUATIC THERAPY W/EXER; 1 TO 1; 15 MIN	\$ 30.39
97116	PHYSICAL MEDICINE TREATMENT GAIT TRAINING	\$ 22.20
97139	PHYSICAL MEDICINE TREATMENT UNLISTED PROCEDURE	\$ 15.32
97140	MANUAL THERAPY TECHNIQUES; ONE OR MORE REGIONS; EACH 15 MINUTES	\$ 23.67
97530	THERAPEUTIC ACTIVITIES DIRECT ONE ON ONE PT CONTACT BY PROVIDER EACH 15 MIN	\$ 26.72
97535	SELF CARE/HOME MGMT TRAINING,ONE-ON-ONE,EA 15 MIN	\$ 27.10
97537	COMMUNITY/WORK REINTEGRATION,ONE-ON-ONE,EA 15 MIN	\$ 24.43
97542	WHEELCHAIR MGMT/PROPULSION TRAINING, EACH 15 MIN	\$ 24.77

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S) SELECTIVE DEBRIDEMENT W/O ANESTH	\$ 49.74
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUNDS, ELECTIVE DEBRID,W/O ANES;PER SESSION	\$ 61.98
97605		NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APP, ASSES & INSTRUCT, PER SESSION	\$ 31.01
97606		NEGATIVE PRESSURE WOUND THERAPY; SURFACE AREA > THAN 50 SQ CENTIMETERS	\$ 33.44
97750		PHYSICAL TEST/MEASURE,W/WRITTEN REPORT, EACH 15 MI	\$ 26.29
97760		ORTHOTIC(S) MANAGEMENT AND TRAIN, UPPER, LOWER EXTREM AND/OR TRUNK 15 MIN EACH	\$ 28.48
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S) 15 MIN EACH	\$ 25.62
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTAB PT 15 MIN EACH	\$ 28.11

Speech Language Pathology (ST)

Procedure Code	Mod	Description	Allowed Amount
92506		MEDICAL EVALUATION SPEECH LANGUAGE AND/OR HEAR PRO	\$ 131.28
92507		LANGUAGE THERAPY	\$ 56.94
92526		TX SWALLOWING DYSFUNCTION AND/OR ORAL FOR FEEDING	\$ 74.38
92597		EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	\$ 90.91
92607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	\$ 129.74
92608		EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	\$ 24.97
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEECHGENERATING DEVICE INCLUDING PROGRAMMIN	\$ 68.16
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$ 87.27
92626		EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	\$ 71.21
92627		EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	\$ 17.06
92630		AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS	PAC 5
92633		AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS	PAC 5

If you have any questions please contact Gynna Loper, Idaho Medicaid Office of Reimbursement Policy, at (208) 364-1994 or email at LoperG@dhw.idaho.gov

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