



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Therapy Codes Independent Providers– Idaho Medicaid

Physical Therapy (PT)

Procedure Code	Mod	Description	Allowed Amount
97001		PHYSICAL EVALUATION (1 unit = 1 evaluation)	\$ 64.72
97002		PHYSICAL THERAPY RE-EVALUATION	\$ 36.06

Occupational Therapy (OT)

Procedure Code	Mod	Description	Allowed Amount
97003		OCCUPATIONAL THERAPY EVALUATION (1 unit = 1 evaluation)	\$ 72.23
97004		OCCUPATIONAL THERAPY RE-EVALUATION	\$ 44.72

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
97012		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$ 13.73
97016		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$ 16.09
97018		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$ 9.05
97022		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$ 19.53
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	\$ 5.29
97026		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$ 5.00
97028		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$ 6.23
97032		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELEC STIMUL (MANUAL), EA 15 MIN	\$ 16.33
97033		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, 15 MIN EACH	\$ 27.05
97034		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, 15 MIN EACH	\$ 15.33
97035		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, 15 MIN EACH	\$ 11.00
97036		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, 15 MIN EACH	\$ 27.41

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
95831		MUSCLE TESTING MANUAL WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK	\$ 22.85
95832		MUSCLE TESTING BY HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 21.15
95833		MUSCLE TESTING TOTAL EVALUATION OF BODY, EXCLUDING HANDS	\$ 31.80
95834		MUSCLE TESTING TOTAL EVALUATION OF BODY, INCLUDING HANDS	\$ 43.28
95851		RANGE OF MOTION MEASUREMENTS AND REPORTS	\$ 14.87
95852		RANGE OF MOTION MEASUREMENTS, HAND WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 13.83
95857		TENSILON TEST	\$ 46.12
95860		NEEDLE ELECTROMYOGRAPHY	\$ 101.00
95861		ELECTROMYOGRAPHY 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$ 140.56
95863		ELECTROMYOGRAPHY 3 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$ 170.92
95864		ELECTROMYOGRAPHY 4 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$ 196.45
95867		ELECTROMYOGRAPHY, CRANIAL NERVES, UNILATERAL	\$ 77.90
95868		ELECTROMYOGRAPHY, BILATERAL	\$ 108.85
95869		ELECTROMYOGRAPHY THORACIC PARASPINAL MUSCLES	\$ 61.97
95870		NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL	\$ 72.08
95872		ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	\$ 173.87
95873		ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 61.40
95874		NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 59.37
95875		ISCHEMIC LIMB EXERCISE W/EMG	\$ 105.87
95992		CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	\$ 37.49
97039		UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)	\$ 10.12
97110		PHYSICAL MEDICINE TREATMENT THERAPEUTIC EXERCISES: Each 15 mins	\$ 27.40
97112		PHYSICAL MEDICINE TREATMENT NEUROMUSCULAR REEDUCA-	\$ 28.56
97113		THERAPEUTIC AQUATIC THERAPY W/EXER; 1 TO 1; 15 MIN	\$ 36.32
97116		PHYSICAL MEDICINE TREATMENT GAIT TRAINING	\$ 24.35
97139		PHYSICAL MEDICINE TREATMENT UNLISTED PROCEDURE	\$ 15.32
97140		MANUAL THERAPY TECHNIQUES; ONE OR MORE REGIONS; EACH 15 MINUTES	\$ 25.60
97530		THERAPEUTIC ACTIVITIES DIRECT ONE ON ONE PT CONTACT BY PROVIDER EACH 15 MIN	\$ 29.67
97535		SELF CARE/HOME MGMT TRAINING,ONE-ON-ONE,EA 15 MIN	\$ 29.71
97537		COMMUNITY/WORK REINTEGRATION,ONE-ON-ONE,EA 15 MIN	\$ 25.96
97542		WHEELCHAIR MGMT/PROPULSION TRAINING, EACH 15 MIN	\$ 26.24

Procedure Code	Mod	Description	Allowed Amount
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUNDS, ELECTIVE DEBRID, W/O ANES; PER SESSION	\$ 20.99
97605		NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APP, ASSESS & INSTRUCT, PER SESSION	\$ 35.63
97606		NEGATIVE PRESSURE WOUND THERAPY; SURFACE AREA > THAN 50 SQ CENTIMETERS	\$ 37.89
97750		PHYSICAL TEST/MEASURE,W/WRITTEN REPORT, EACH 15 MI	\$ 28.33
97760		ORTHOTIC(S) MANAGEMENT AND TRAIN, UPPER, LOWER EXTREM AND/OR TRUNK 15 MIN EACH	\$ 32.38
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S) 15 MIN EACH	\$ 28.33
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTAB PT 15 MIN EACH	\$ 39.44
Procedure Code	Mod	Description	Allowed Amount
92507		LANGUAGE THERAPY	\$ 68.59
92521		EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	\$ 97.58
92522		EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHEIA);	\$ 79.52
92523		EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHEIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND ESPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	\$ 164.71
92524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$ 82.15
92526		TX SWALLOWING DYSFUNCTION AND/OR ORAL FOR FEEDING	\$ 74.50
92597		EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	\$ 62.68
92607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	\$ 109.97
92608		EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	\$ 45.24
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEECHGENERATING DEVICE INCLUDING PROGRAMMIN	\$ 84.97
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$ 72.92
92626		EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	\$ 77.30
92627		EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	\$ 18.62
92630		AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS	PAC 5
92633		AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS	PAC 5

If you have any questions regarding these rates please contact Lourie Neal, Idaho Medicaid Office of Reimbursement Policy, at (208) 287-1162