



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Therapy Codes Independent Providers – Idaho Medicaid

Medicaid rates for therapy services are as follows:

Procedure Code	Modifier	Description	Allowed Amount
Physical Therapy			
97161		Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$72.73
97162		Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$72.73

Procedure Code	Modifier	Description	Allowed Amount
Physical Therapy			
97163		Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$72.73
97164		Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$49.05

Procedure Code	Modifier	Description	Allowed Amount
Occupational Therapy			
97165		Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$78.28

Procedure Code	Modifier	Description	Allowed Amount
Occupational Therapy			
97166		Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$78.28
97167		Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$78.28

Procedure Code	Modifier	Description	Allowed Amount
Occupational Therapy			
97168		Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$53.15
*92526		Tx Swallowing Dysfunction And/Or Oral for Feeding	\$74.64
*92610		Evaluation Of Oral And Pharyngeal Swallowing Function	\$74.08

Procedure Code	Modifier	Description	Allowed Amount
Speech and Language Therapy			
92507		Language Therapy	\$68.37
92521		Evaluation Of Speech Fluency (Eg, Stuttering, Cluttering)	\$95.92
92522		Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria)	\$79.54
92523		Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria); With Evaluation Of Language Comprehension And Expression (Eg, Receptive And Expressive Language)	\$169.52
92523	UC	Evaluation Of Language Comprehension And Expression (Eg, Receptive And Expressive Language) Alone Without Evaluation Of Speech Sound Production – Abbreviated Service	\$85.19
92524		Behavioral And Qualitative Analysis Of Voice And Resonance	\$76.64
92526		Tx Swallowing Dysfunction And/Or Oral for Feeding	\$74.64
92597		Evaluation for Use Prosthetic/Augmentative Device, Speech	\$62.73
92607		Evaluation For Prescription For Speech-Generating Augmentative & Alternative Com	\$109.91
92608		Each Additional 30 Minutes (List Separately In Addition To Code For Primary Proc	\$45.49
92609		Therapeutic Services For The Use Of Speech generating Device Including Programming	\$95.02

Procedure Code	Modifier	Description	Allowed Amount
Speech and Language Therapy			
92610		Evaluation Of Oral And Pharyngeal Swallowing Function	\$74.08
92626		Evaluation Of Auditory Rehabilitation Status, First Hour	\$78.02
92627		Evaluation Of Auditory Rehab Status, Ea Add 15 Min, Add-On	\$19.63
92630		Auditory Rehabilitation, Pre-Lingual Hearing Loss	Manual
92633		Auditory Rehabilitation, Post-Lingual Hearing Loss	Manual
96125		Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report	\$102.71

Procedure Code	Modifier	Description	Allowed Amount
Other Therapy			
95831		Muscle Testing Manual With Report; Extremity (Excluding Hand) Or Trunk	\$27.69
95832		Muscle Testing By Hand, With Or Without Comparison With Normal Side	\$27.18
95833		Muscle Testing Total Evaluation Of Body, Excluding Hands	\$35.14
95834		Muscle Testing Total Evaluation Of Body, Including Hands	\$46.40
95851		Range Of Motion Measurements And Reports	\$17.04
95852		Range Of Motion Measurements, Hand With Or Without Comparison With Normal Side	\$15.42
95857		Tensilon Test	\$45.89
95860		Needle Electromyography	\$104.71
95861		Electromyography 2 Extremities With Or Without Related Paraspinal Areas	\$148.58
95863		Electromyography 3 Extremities With Or Without Related Paraspinal Areas	\$189.67
95864		Electromyography 4 Extremities With Or Without Related Paraspinal Areas	\$211.72
95867		Electromyography, Cranial Nerves, Unilateral	\$86.21
95868		Electromyography, Bilateral	\$115.38
95869		Electromyography Thoracic Paraspinal Muscles	\$78.53
95870		Needle Electromyography; Other Than Paraspinal	\$79.70
95872		Electromyography, Single Fiber, Any Technique	\$170.57

Procedure Code	Modifier	Description	Allowed Amount
Other Therapy			
95873		Electrical Stimulation For Guidance In Conjunction W/Chemodenervation (Sp)	\$62.13
95874		Needle Electromyography For Guidance In Conjunction W/Chemodenervation (Sp)	\$63.17
95875		Ischemic Limb Exercise W/Emg	\$111.03
95992		Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day	\$37.82
97012		Application Of A Modality To One Or More Areas; Traction, Mechanical	\$12.94
97016		Application Of A Modality To One Or More Areas; Vasopneumatic Devices	\$13.60
97018		Application Of A Modality To One Or More Areas; Paraffin Bath	\$7.37
97022		Application Of A Modality To One Or More Areas; Whirlpool	\$16.19
97024		Application Of A Modality To One Or More Areas; Diathermy	\$5.91
97026		Application Of A Modality To One Or More Areas; Infrared	\$5.33
97028		Application Of A Modality To One Or More Areas; Ultraviolet	\$6.85
97032		Application Of A Modality To 1 Or More Areas; Elec Stimul (Manual) Ea 15 Min	\$13.53
97033		Application Of A Modality To 1 Or More Areas; Iontophoresis Ea 15 Min	\$17.95
97034		Application Of A Modality To 1 Or More Areas; Contrast Baths Ea 15 Min	\$13.10
97035		Application Of A Modality To 1 Or More Areas; Ultrasound Ea 15 Min	\$11.65
97036		Application Of A Modality To 1 Or More Areas; Hubbard Tank Ea 15 Min	\$30.28
97039		Unlisted Modality (Specify Type & Time If Constant Attendance)	\$10.12
97110		Physical Medicine Treatment Therapeutic Exercises Ea 15 Min	\$26.60
97112		Physical Medicine Treatment Neuromuscular Reeducation	\$30.27
97113		Therapeutic Aquatic Therapy W/Exer; 1 To 1 Ea 15 Min	\$33.71
97116		Physical Medicine Treatment Gait Training	\$26.31
97139		Physical Medicine Treatment Unlisted Procedure	\$15.32

Procedure Code	Modifier	Description	Allowed Amount
Other Therapy			
97140		Manual Therapy Techniques; One Or More Regions Ea 15 Min	\$24.33
97530		Therapeutic Activities Direct One On One Pt Contact By Provider Ea 15 Min	\$34.75
97535		Self-Care/Home Mgmt Training,One-On-One Ea 15 Min	\$29.82
97537		Community/Work Reintegration,One-On-One Ea 15 Min	\$28.75
97542		Wheelchair Mgmt/Propulsion Training Ea 15 Min	\$29.03
97598		Removal Of Devitalized Tissue From Wounds, Elective Debrid, W/O Anes; Per Session	\$23.72
97605		Negative Pressure Wound Therapy, Incl Topical App, Assess & Instruct, Per Session	\$38.03
97606		Negative Pressure Wound Therapy; Surface Area > Than 50 Sq Centimeters	\$44.90
97750		Physical Test/Measure,W/Written Report Ea 15 Min	\$32.45
97760		Orthotic(S) Management And Train, Upper, Lower Extrem And/Or Trunk Ea 15 Min	\$40.20
97761		Prosthetic Training, Upper And/Or Lower Extremity(S) Ea 15 Min	\$34.95
97763		orthotics/prosth mgmt &/trainj sbsq enctr 15 min	\$41.31

*Special Certification in Feeding, Eating and Swallowing required (SCFES)

If you have any questions regarding these rates please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1150.