

**ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) -**  
**(Proposed to be effective September 1, 2017)**

**NOTE 1: MODIFIER REQUIREMENT:** Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medical Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: [http://www.tmhp.com/Pages/Medicaid/Medicaid\\_home.aspx](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	Long Description	Age Range	Non- Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507	**	0-20	P2	\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	**	0-20		\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	**	21-999	P2	\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92507	**	21-999		\$28.67	\$28.67	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92508	**	0-20	P2	\$11.72	\$11.72	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	**	0-20		\$11.72	\$11.72	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	**	21-999	P2	\$11.72	\$11.72	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92508	**	21-999		\$11.72	\$11.72	\$45.53	\$45.53	Per encounter and standardize rates for all providers
1	92521	**	0-20	P2	\$90.00	\$90.00	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	0-20		\$87.89	\$87.89	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	21-999	P2	\$90.00	\$90.00	\$101.12	\$101.12	Standardize Rates for all providers
1	92521	**	21-999		\$87.89	\$87.89	\$101.12	\$101.12	Standardize Rates for all providers
1	92522	**	0-20	P2	\$112.50	\$112.50	\$127.36	\$127.36	Standardize Rates for all providers
1	92522	**	0-20		\$109.86	\$109.86	\$127.36	\$127.36	Standardize Rates for all providers
1	92522	**	21-999	P2	\$112.50	\$112.50	\$127.36	\$127.36	Standardize Rates for all providers
1	92522	**	21-999		\$109.86	\$109.86	\$127.36	\$127.36	Standardize Rates for all providers
1	92523	**	0-20	P2	\$150.00	\$150.00	\$169.81	\$169.81	Standardize Rates for all providers
1	92523	**	0-20		\$146.48	\$146.48	\$169.81	\$169.81	Standardize Rates for all providers
1	92523	**	21-999	P2	\$150.00	\$150.00	\$169.81	\$169.81	Standardize Rates for all providers
1	92523	**	21-999		\$146.48	\$146.48	\$169.81	\$169.81	Standardize Rates for all providers
1	92524	**	0-20	P2	\$75.00	\$75.00	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	0-20		\$73.24	\$73.24	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	21-999	P2	\$75.00	\$75.00	\$86.82	\$86.82	Standardize Rates for all providers
1	92524	**	21-999		\$73.24	\$73.24	\$86.82	\$86.82	Standardize Rates for all providers

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					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92526	**	0-20	P2	\$32.62	\$32.62	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92526	**	0-20		\$30.17	\$30.17	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92526	**	21-999	P2	\$32.62	\$32.62	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92526	**	21-999		\$30.17	\$30.17	\$107.78	\$107.78	Per encounter and standardize rates for all providers
1	92610	**	0-999	P2	\$193.10	\$193.10	\$205.12	\$205.12	Standardize Rates for all providers
1	92610	**	0-999		\$188.56	\$188.56	\$205.12	\$205.12	Standardize Rates for all providers
1	97012	**	0-20	P2	\$32.62	\$32.62	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	**	0-20		\$30.17	\$30.17	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	**	21-999	P2	\$32.62	\$32.62	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97012	**	21-999		\$30.17	\$30.17	\$16.51	\$16.51	Modality procedure code - pay in addition to standard treatment services
1	97014	**	0-20	P2	\$25.34	\$25.34	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	**	0-20		\$23.44	\$23.44	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	**	21-999	P2	\$25.34	\$25.34	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97014	**	21-999		\$23.44	\$23.44	\$16.15	\$16.15	Modality procedure code - pay in addition to standard treatment services
1	97016	**	0-20	P2	\$25.34	\$25.34	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	**	0-20		\$23.44	\$23.44	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	**	21-999	P2	\$25.34	\$25.34	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services
1	97016	**	21-999		\$23.44	\$23.44	\$19.74	\$19.74	Modality procedure code - pay in addition to standard treatment services

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1	97018	**	0-20	P2	\$25.34	\$25.34	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	**	0-20		\$23.44	\$23.44	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	**	21-999	P2	\$25.34	\$25.34	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97018	**	21-999		\$23.44	\$23.44	\$11.13	\$11.13	Modality procedure code - pay in addition to standard treatment services
1	97022	**	0-20	P2	\$32.62	\$32.62	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	**	0-20		\$30.17	\$30.17	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	**	21-999	P2	\$32.62	\$32.62	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97022	**	21-999		\$30.17	\$30.17	\$24.05	\$24.05	Modality procedure code - pay in addition to standard treatment services
1	97024	**	0-20	P2	\$25.34	\$25.34	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	**	0-20		\$23.44	\$23.44	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	**	21-999	P2	\$25.34	\$25.34	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97024	**	21-999		\$23.44	\$23.44	\$6.82	\$6.82	Modality procedure code - pay in addition to standard treatment services
1	97026	**	0-20	P2	\$25.34	\$25.34	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	**	0-20		\$23.44	\$23.44	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	**	21-999	P2	\$25.34	\$25.34	\$6.10	\$6.10	Modality procedure code - pay in addition to standard treatment services
1	97026	**	21-999		\$23.44	\$23.44	\$6.10	\$6.10	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	97028	**	0-20	P2	\$32.62	\$32.62	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	**	0-20		\$30.17	\$30.17	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	**	21-999	P2	\$32.62	\$32.62	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97028	**	21-999		\$30.17	\$30.17	\$7.54	\$7.54	Modality procedure code - pay in addition to standard treatment services
1	97032	**	0-20	P2	\$32.62	\$32.62	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	**	0-20		\$30.17	\$30.17	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999	P2	\$32.62	\$32.62	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97032	**	21-999		\$30.17	\$30.17	\$37.07	\$37.07	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20	P2	\$32.62	\$32.62	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	**	0-20		\$30.17	\$30.17	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999	P2	\$32.62	\$32.62	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97033	**	21-999		\$30.17	\$30.17	\$35.29	\$35.29	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97034	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20	P2	\$32.62	\$32.62	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	**	0-20		\$30.17	\$30.17	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999	P2	\$32.62	\$32.62	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97035	**	21-999		\$30.17	\$30.17	\$34.78	\$34.78	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

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1	97036	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97036	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97039	**	0-20	P2	\$25.34	\$25.34	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	**	0-20		\$23.44	\$23.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	**	21-999	P2	\$25.34	\$25.34	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97039	**	21-999		\$23.44	\$23.44	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97110	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97110	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97112	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97113	**	0-20	P2	\$38.32	\$38.32	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	**	0-20		\$35.43	\$35.43	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	**	21-999	P2	\$38.32	\$38.32	\$38.75	\$38.75	Standardize Rates for all providers
1	97113	**	21-999		\$35.43	\$35.43	\$38.75	\$38.75	Standardize Rates for all providers
1	97116	**	0-20	P2	\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	**	0-20		\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	**	21-999	P2	\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97116	**	21-999		\$30.08	\$30.08	\$31.22	\$31.22	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20	P2	\$25.34	\$25.34	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	**	0-20		\$23.44	\$23.44	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers

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1	97124	**	21-999	P2	\$25.34	\$25.34	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97124	**	21-999		\$23.44	\$23.44	\$28.16	\$28.16	Per 15 Minutes and standardize rates for all providers
1	97139	**	0-20	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	**	0-20		\$30.17	\$30.17	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	**	21-999	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97139	**	21-999		\$30.17	\$30.17	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	97140	**	0-20	P2	\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	**	0-20		\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	**	21-999	P2	\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97140	**	21-999		\$30.84	\$30.84	\$31.80	\$31.80	Per 15 Minutes and standardize rates for all providers
1	97150	**	0-20	P2	\$32.62	\$32.62	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	**	0-20		\$30.17	\$30.17	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	**	21-999	P2	\$32.62	\$32.62	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97150	**	21-999		\$30.17	\$30.17	\$34.31	\$34.31	Per encounter and standardize rates for all providers
1	97161	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97161	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97162	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers

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TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97163	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97163	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97164	**	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	0-20		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97164	**	21-999		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97165	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97165	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97166	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	0-20	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	0-20		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	21-999	P2	\$102.90	\$102.90	\$116.19	\$116.19	Standardize Rates for all providers
1	97167	**	21-999		\$97.65	\$97.65	\$116.19	\$116.19	Standardize Rates for all providers
1	97168	**	0-20	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	0-20		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	21-999	P2	\$92.61	\$92.61	\$104.57	\$104.57	Standardize Rates for all providers
1	97168	**	21-999		\$87.89	\$87.89	\$104.57	\$104.57	Standardize Rates for all providers
1	97530	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers

**ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) -**  
**(Proposed to be effective September 1, 2017)**

**NOTE 1: MODIFIER REQUIREMENT:** Effective September 1, 2017, Medicaid fee schedules will display a U5 modifier for therapy treatment services provided by a licensed therapist or physician and a UB modifier for treatment services provided by a therapy assistant. For more information on proposed Medical Policy changes, please reference the provider notification "Physical, Occupational, and Speech Therapy Benefits for All Ages to Change for Texas Medicaid September 1, 2017" posted on June 30, 2017 at: [http://www.tmhp.com/Pages/Medicaid/Medicaid\\_home.aspx](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	Long Description	Age Range	Non- Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97530	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97530	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97535	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97537	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97542	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97750	**	21-999		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20	P2	\$34.20	\$34.20	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97760	**	0-20		\$31.63	\$31.63	\$34.61	\$34.61	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20	P2	\$32.62	\$32.62	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97761	**	0-20		\$30.17	\$30.17	\$33.75	\$33.75	Per 15 Minutes and standardize rates for all providers
1	97762	**	0-20	P2	\$35.09	\$35.09	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97762	**	0-20		\$35.09	\$35.09	\$35.66	\$35.66	Per 15 Minutes and standardize rates for all providers
1	97799	**	0-20	P2	\$32.62	\$32.62	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	**	0-20		\$30.17	\$30.17	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	**	21-999	P2	\$32.62	\$32.62	\$35.80	\$35.80	Per encounter and standardize rates for all providers
1	97799	**	21-999		\$30.17	\$30.17	\$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	P2	\$32.62	\$32.62	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.



**ATTACHMENT 3 - INDEPENDENT THERAPY SERVICES (INCLUDING EARLY CHILDHOOD INTERVENTION (ECI) AND PHYSICIANS) - (Proposed to be effective September 1, 2017)**

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

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TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED		Explanation
					Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S8990	Physical or manipulative therapy performed for maintenance rather than restoration	0-999		\$30.17	\$30.17	Not a Benefit	Not a Benefit	Remove as a Medicaid Benefit.
1	S9152	Speech therapy, re-evaluation	0-20	P2	\$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
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
1	S9152	Speech therapy, re-evaluation	21-999		\$169.71	\$169.71	\$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
*Place of Service	
P2	Home

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