

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates or
Charges for Physical, Occupational, and Speech
Therapies**

**Adjustments are proposed to be effective
September 1, 2019**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective September 1, 2019

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for Physical, Occupational, and Speech Therapy Services. The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective September 1, 2019.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on July 29, 2019, at 10:30 a.m. – 12:00 p.m. in the Public Hearing Room in the Winters Building at 701 West 51st St., Austin, Texas 78751, with entrance through Security at the front of the building facing 51st Street. HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
E-mail: RADAcuteCare@hhsc.state.tx.us

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in the Texas Administrative Code (TAC). Please note there are pending rule changes for §355.8097:

- §355.8021, which addresses the reimbursement methodology for home health services;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8097, which addresses the reimbursement methodology for therapy services; and
- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

Legislative Direction for Proposed Rate Adjustments:

The 2019-20 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 [Article II, HHSC, Rider 47] directed the Health and Human Services Commission (HHSC) to make the following increases to the reimbursement for physical, occupational, and speech therapies: (1) increase the reimbursement for therapy assistants to 80 percent of the reimbursement paid to a licensed therapist; and (2) a 10 percent increase to reimbursement for physical, occupational, and speech therapies provided in the home to children. Both of these rate increases will be effective September 1, 2019.

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Att 1–Therapy Assistants

Att 2–Children’s Home Therapy Services

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5:00 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hhsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand

delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wish to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <http://rad.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

Includes all applicable places of service, with the exception of in-home services delivered to clients age 20 or less, for services provided by Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities (CORF/ORF), Early Childhood Intervention (ECI), Home Health Agencies (HHA), and Independent Therapists

Note 1: Effective September 1, 2019, therapy assistants will be reimbursed at 80% of the rate paid to licensed therapists.

Note 2: See Legislative Attachment 2 - Children's Home Therapy Services for proposed rates for therapy services provided by assistants in the home for clients 20 years of age or less.

TOS*	Procedure Code	Modifier**	Long Description	Age Range	Place Of Service	CURRENT		Proposed to be effective 9/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$75.45	\$75.45	\$86.22	\$86.22	14.27%
1	92507	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$75.45	\$75.45	\$86.22	\$86.22	14.27%
1	92508	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$31.87	\$31.87	\$36.42	\$36.42	14.28%
1	92508	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$31.87	\$31.87	\$36.42	\$36.42	14.28%
1	92526	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$90.54	\$90.54	\$103.47	\$103.47	14.28%
1	92526	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$90.54	\$90.54	\$103.47	\$103.47	14.28%
1	97012	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$11.56	\$11.56	\$13.21	\$13.21	14.27%
1	97012	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$11.56	\$11.56	\$13.21	\$13.21	14.27%
C	97012	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$11.56	\$11.56	\$13.21	\$13.21	14.27%
C	97012	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$11.56	\$11.56	\$13.21	\$13.21	14.27%
1	97014	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$11.31	\$11.31	\$12.92	\$12.92	14.24%
1	97014	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$11.31	\$11.31	\$12.92	\$12.92	14.24%
C	97014	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$11.31	\$11.31	\$12.92	\$12.92	14.24%
C	97014	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$11.31	\$11.31	\$12.92	\$12.92	14.24%
1	97016	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$13.82	\$13.82	\$15.79	\$15.79	14.25%
1	97016	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$13.82	\$13.82	\$15.79	\$15.79	14.25%

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

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Note 1: Effective September 1, 2019, therapy assistants will be reimbursed at 80% of the rate paid to licensed therapists.

Note 2: See Legislative Attachment 2 - Children's Home Therapy Services for proposed rates for therapy services provided by assistants in the home for clients 20 years of age or less.

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97016	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$13.82	\$13.82	\$15.79	\$15.79	14.25%
C	97016	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$13.82	\$13.82	\$15.79	\$15.79	14.25%
1	97018	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$7.79	\$7.79	\$8.90	\$8.90	14.25%
1	97018	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$7.79	\$7.79	\$8.90	\$8.90	14.25%
C	97018	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$7.79	\$7.79	\$8.90	\$8.90	14.25%
C	97018	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$7.79	\$7.79	\$8.90	\$8.90	14.25%
1	97022	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$16.84	\$16.84	\$19.24	\$19.24	14.25%
1	97022	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$16.84	\$16.84	\$19.24	\$19.24	14.25%
C	97022	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$16.84	\$16.84	\$19.24	\$19.24	14.25%
C	97022	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$16.84	\$16.84	\$19.24	\$19.24	14.25%
1	97024	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$4.77	\$4.77	\$5.46	\$5.46	14.47%
1	97024	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$4.77	\$4.77	\$5.46	\$5.46	14.47%
C	97024	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$4.77	\$4.77	\$5.46	\$5.46	14.47%
C	97024	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$4.77	\$4.77	\$5.46	\$5.46	14.47%
1	97026	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$4.27	\$4.27	\$4.88	\$4.88	14.29%
1	97026	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$4.27	\$4.27	\$4.88	\$4.88	14.29%

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97026	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$4.27	\$4.27	\$4.88	\$4.88	14.29%
C	97026	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$4.27	\$4.27	\$4.88	\$4.88	14.29%
1	97028	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$5.28	\$5.28	\$6.03	\$6.03	14.20%
1	97028	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$5.28	\$5.28	\$6.03	\$6.03	14.20%
C	97028	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$5.28	\$5.28	\$6.03	\$6.03	14.20%
C	97028	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$5.28	\$5.28	\$6.03	\$6.03	14.20%
1	97032	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$25.95	\$25.95	\$29.66	\$29.66	14.30%
1	97032	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$25.95	\$25.95	\$29.66	\$29.66	14.30%
C	97032	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$25.95	\$25.95	\$29.66	\$29.66	14.30%
C	97032	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$25.95	\$25.95	\$29.66	\$29.66	14.30%
1	97033	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.70	\$24.70	\$28.23	\$28.23	14.29%
1	97033	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.70	\$24.70	\$28.23	\$28.23	14.29%
C	97033	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.70	\$24.70	\$28.23	\$28.23	14.29%
C	97033	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.70	\$24.70	\$28.23	\$28.23	14.29%
1	97034	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97034	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

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						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97035	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.35	\$24.35	\$27.82	\$27.82	14.25%
1	97035	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.35	\$24.35	\$27.82	\$27.82	14.25%
C	97035	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.35	\$24.35	\$27.82	\$27.82	14.25%
C	97035	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.35	\$24.35	\$27.82	\$27.82	14.25%
1	97036	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97036	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97110	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97110	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97110	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97110	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97112	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97112	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97112	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97112	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97113	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$27.13	\$27.13	\$31.00	\$31.00	14.26%
1	97113	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$27.13	\$27.13	\$31.00	\$31.00	14.26%

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

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1	97116	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$21.85	\$21.85	\$24.98	\$24.98	14.32%
1	97116	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$21.85	\$21.85	\$24.98	\$24.98	14.32%
C	97116	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$21.85	\$21.85	\$24.98	\$24.98	14.32%
C	97116	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$21.85	\$21.85	\$24.98	\$24.98	14.32%
1	97124	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$19.71	\$19.71	\$22.53	\$22.53	14.31%
1	97124	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$19.71	\$19.71	\$22.53	\$22.53	14.31%
C	97124	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$19.71	\$19.71	\$22.53	\$22.53	14.31%
C	97124	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$19.71	\$19.71	\$22.53	\$22.53	14.31%
1	97140	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$22.26	\$22.26	\$25.44	\$25.44	14.29%
1	97140	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$22.26	\$22.26	\$25.44	\$25.44	14.29%
C	97140	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$22.26	\$22.26	\$25.44	\$25.44	14.29%
C	97140	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$22.26	\$22.26	\$25.44	\$25.44	14.29%
1	97150	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.02	\$24.02	\$27.45	\$27.45	14.28%
1	97150	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.02	\$24.02	\$27.45	\$27.45	14.28%
C	97150	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.02	\$24.02	\$27.45	\$27.45	14.28%
C	97150	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$24.02	\$24.02	\$27.45	\$27.45	14.28%

Legislative Attachment 1 - Therapy Assistant Services - Proposed to be effective September 1, 2019

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1	97530	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97530	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97530	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97530	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97535	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97535	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97535	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97535	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97537	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97537	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97537	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97537	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97542	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97542	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97542	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
C	97542	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%

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1	97750	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97750	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97760	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.23	\$24.23	\$27.69	\$27.69	14.28%
1	97761	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$23.63	\$23.63	\$27.00	\$27.00	14.26%
1	97762	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$24.96	\$24.96	\$28.53	\$28.53	14.30%
1	97799	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$25.06	\$25.06	\$28.64	\$28.64	14.29%
1	97799	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$25.06	\$25.06	\$28.64	\$28.64	14.29%
C	97799	UB	**	0-20	All applicable places of service except in-home (POS 2)	\$25.06	\$25.06	\$28.64	\$28.64	14.29%
C	97799	UB	**	21-999	All applicable places of service except in-home (POS 2)	\$25.06	\$25.06	\$28.64	\$28.64	14.29%

*Type of Service (TOS)	
1	Medical Services
C	Home Health Procedure
*Type of Service (TOS)	
U5	Services provided by licensed therapist
UB	Services provided by therapy assistant

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2019 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.

Legislative Attachment 2 - Therapy Services provided to Children in the Home - Proposed to be effective September 1, 2019

Includes in-home therapy services delivered to clients age 20 or less provided by Early Childhood Intervention (ECI), Home Health Agencies (HHA), and Independent Therapists

Note 1: Effective September 1, 2019, Therapy Services provided to children in the home will be reimbursed at a rate 10% higher than the current rate.

Note 2: Effective September 1, 2019, therapy assistants will be reimbursed at 80% of the rate paid to licensed therapists

TOS*	Procedure Code	Modifier	Long Description	Age Range	Place of Service	CURRENT		Proposed to be effective 9/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	92507	U5	**	0-20	In-home (POS 2)	\$107.78	\$107.78	\$118.56	\$118.56	10.00%
1	92507	UB	**	0-20	In-home (POS 2)	\$75.45	\$75.45	\$94.85	\$94.85	25.71%
1	92508	U5	**	0-20	In-home (POS 2)	\$45.53	\$45.53	\$50.08	\$50.08	9.99%
1	92508	UB	**	0-20	In-home (POS 2)	\$31.87	\$31.87	\$40.06	\$40.06	25.70%
1	92521		**	0-20	In-home (POS 2)	\$101.12	\$101.12	\$111.23	\$111.23	10.00%
1	92522		**	0-20	In-home (POS 2)	\$127.36	\$127.36	\$140.10	\$140.10	10.00%
1	92523		**	0-20	In-home (POS 2)	\$169.81	\$169.81	\$186.79	\$186.79	10.00%
1	92524		**	0-20	In-home (POS 2)	\$86.82	\$86.82	\$95.50	\$95.50	10.00%
1	92526	U5	**	0-20	In-home (POS 2)	\$129.34	\$129.34	\$142.27	\$142.27	10.00%
1	92526	UB	**	0-20	In-home (POS 2)	\$90.54	\$90.54	\$113.82	\$113.82	25.71%
1	92610		**	0-20	In-home (POS 2)	\$205.12	\$205.12	\$225.63	\$225.63	10.00%
1	97012	U5	**	0-20	In-home (POS 2)	\$16.51	\$16.51	\$18.16	\$18.16	9.99%
C	97012	U5	**	0-20	In-home (POS 2)	\$16.51	\$16.51	\$18.16	\$18.16	9.99%
1	97012	UB	**	0-20	In-home (POS 2)	\$11.56	\$11.56	\$14.53	\$14.53	25.69%
C	97012	UB	**	0-20	In-home (POS 2)	\$11.56	\$11.56	\$14.53	\$14.53	25.69%
1	97014	U5	**	0-20	In-home (POS 2)	\$16.15	\$16.15	\$17.77	\$17.77	10.03%
C	97014	U5	**	0-20	In-home (POS 2)	\$16.15	\$16.15	\$17.77	\$17.77	10.03%
1	97014	UB	**	0-20	In-home (POS 2)	\$11.31	\$11.31	\$14.22	\$14.22	25.73%
C	97014	UB	**	0-20	In-home (POS 2)	\$11.31	\$11.31	\$14.22	\$14.22	25.73%
1	97016	U5	**	0-20	In-home (POS 2)	\$19.74	\$19.74	\$21.71	\$21.71	9.98%
C	97016	U5	**	0-20	In-home (POS 2)	\$19.74	\$19.74	\$21.71	\$21.71	9.98%
1	97016	UB	**	0-20	In-home (POS 2)	\$13.82	\$13.82	\$17.37	\$17.37	25.69%
C	97016	UB	**	0-20	In-home (POS 2)	\$13.82	\$13.82	\$17.37	\$17.37	25.69%
1	97018	U5	**	0-20	In-home (POS 2)	\$11.13	\$11.13	\$12.24	\$12.24	9.97%
C	97018	U5	**	0-20	In-home (POS 2)	\$11.13	\$11.13	\$12.24	\$12.24	9.97%
1	97018	UB	**	0-20	In-home (POS 2)	\$7.79	\$7.79	\$9.79	\$9.79	25.67%
C	97018	UB	**	0-20	In-home (POS 2)	\$7.79	\$7.79	\$9.79	\$9.79	25.67%
1	97022	U5	**	0-20	In-home (POS 2)	\$24.05	\$24.05	\$26.46	\$26.46	10.02%
C	97022	U5	**	0-20	In-home (POS 2)	\$24.05	\$24.05	\$26.46	\$26.46	10.02%
1	97022	UB	**	0-20	In-home (POS 2)	\$16.84	\$16.84	\$21.17	\$21.17	25.71%
C	97022	UB	**	0-20	In-home (POS 2)	\$16.84	\$16.84	\$21.17	\$21.17	25.71%
1	97024	U5	**	0-20	In-home (POS 2)	\$6.82	\$6.82	\$7.50	\$7.50	9.97%
C	97024	U5	**	0-20	In-home (POS 2)	\$6.82	\$6.82	\$7.50	\$7.50	9.97%
1	97024	UB	**	0-20	In-home (POS 2)	\$4.77	\$4.77	\$6.00	\$6.00	25.79%
C	97024	UB	**	0-20	In-home (POS 2)	\$4.77	\$4.77	\$6.00	\$6.00	25.79%
1	97026	U5	**	0-20	In-home (POS 2)	\$6.10	\$6.10	\$6.71	\$6.71	10.00%
C	97026	U5	**	0-20	In-home (POS 2)	\$6.10	\$6.10	\$6.71	\$6.71	10.00%
1	97026	UB	**	0-20	In-home (POS 2)	\$4.27	\$4.27	\$5.37	\$5.37	25.76%
C	97026	UB	**	0-20	In-home (POS 2)	\$4.27	\$4.27	\$5.37	\$5.37	25.76%
1	97028	U5	**	0-20	In-home (POS 2)	\$7.54	\$7.54	\$8.29	\$8.29	9.95%
C	97028	U5	**	0-20	In-home (POS 2)	\$7.54	\$7.54	\$8.29	\$8.29	9.95%
1	97028	UB	**	0-20	In-home (POS 2)	\$5.28	\$5.28	\$6.63	\$6.63	25.57%
C	97028	UB	**	0-20	In-home (POS 2)	\$5.28	\$5.28	\$6.63	\$6.63	25.57%
1	97032	U5	**	0-20	In-home (POS 2)	\$37.07	\$37.07	\$40.78	\$40.78	10.01%
C	97032	U5	**	0-20	In-home (POS 2)	\$37.07	\$37.07	\$40.78	\$40.78	10.01%
1	97032	UB	**	0-20	In-home (POS 2)	\$25.95	\$25.95	\$32.62	\$32.62	25.70%
C	97032	UB	**	0-20	In-home (POS 2)	\$25.95	\$25.95	\$32.62	\$32.62	25.70%
1	97033	U5	**	0-20	In-home (POS 2)	\$35.29	\$35.29	\$38.82	\$38.82	10.00%
C	97033	U5	**	0-20	In-home (POS 2)	\$35.29	\$35.29	\$38.82	\$38.82	10.00%
1	97033	UB	**	0-20	In-home (POS 2)	\$24.70	\$24.70	\$31.06	\$31.06	25.75%
C	97033	UB	**	0-20	In-home (POS 2)	\$24.70	\$24.70	\$31.06	\$31.06	25.75%
1	97034	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97034	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%

Legislative Attachment 2 - Therapy Services provided to Children in the Home - Proposed to be effective September 1, 2019

Includes in-home therapy services delivered to clients age 20 or less provided by Early Childhood Intervention (ECI), Home Health Agencies (HHA), and Independent Therapists

Note 1: Effective September 1, 2019, Therapy Services provided to children in the home will be reimbursed at a rate 10% higher than the current rate.

Note 2: Effective September 1, 2019, therapy assistants will be reimbursed at 80% of the rate paid to licensed therapists

TOS*	Procedure Code	Modifier	Long Description	Age Range	Place of Service	CURRENT		Proposed to be effective 9/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	97035	U5	**	0-20	In-home (POS 2)	\$34.78	\$34.78	\$38.26	\$38.26	10.01%
C	97035	U5	**	0-20	In-home (POS 2)	\$34.78	\$34.78	\$38.26	\$38.26	10.01%
1	97035	UB	**	0-20	In-home (POS 2)	\$24.35	\$24.35	\$30.61	\$30.61	25.71%
C	97035	UB	**	0-20	In-home (POS 2)	\$24.35	\$24.35	\$30.61	\$30.61	25.71%
1	97110	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97110	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97110	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
C	97110	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97112	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97112	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97112	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
C	97112	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97113	U5	**	0-20	In-home (POS 2)	\$38.75	\$38.75	\$42.63	\$42.63	10.01%
1	97113	UB	**	0-20	In-home (POS 2)	\$27.13	\$27.13	\$34.10	\$34.10	25.69%
1	97116	U5	**	0-20	In-home (POS 2)	\$31.22	\$31.22	\$34.34	\$34.34	9.99%
C	97116	U5	**	0-20	In-home (POS 2)	\$31.22	\$31.22	\$34.34	\$34.34	9.99%
1	97116	UB	**	0-20	In-home (POS 2)	\$21.85	\$21.85	\$27.47	\$27.47	25.72%
C	97116	UB	**	0-20	In-home (POS 2)	\$21.85	\$21.85	\$27.47	\$27.47	25.72%
1	97124	U5	**	0-20	In-home (POS 2)	\$28.16	\$28.16	\$30.98	\$30.98	10.01%
C	97124	U5	**	0-20	In-home (POS 2)	\$28.16	\$28.16	\$30.98	\$30.98	10.01%
1	97124	UB	**	0-20	In-home (POS 2)	\$19.71	\$19.71	\$24.78	\$24.78	25.72%
C	97124	UB	**	0-20	In-home (POS 2)	\$19.71	\$19.71	\$24.78	\$24.78	25.72%
1	97140	U5	**	0-20	In-home (POS 2)	\$31.80	\$31.80	\$34.98	\$34.98	10.00%
C	97140	U5	**	0-20	In-home (POS 2)	\$31.80	\$31.80	\$34.98	\$34.98	10.00%
1	97140	UB	**	0-20	In-home (POS 2)	\$22.26	\$22.26	\$27.98	\$27.98	25.70%
C	97140	UB	**	0-20	In-home (POS 2)	\$22.26	\$22.26	\$27.98	\$27.98	25.70%
1	97150	U5	**	0-20	In-home (POS 2)	\$34.31	\$34.31	\$37.74	\$37.74	10.00%
C	97150	U5	**	0-20	In-home (POS 2)	\$34.31	\$34.31	\$37.74	\$37.74	10.00%
1	97150	UB	**	0-20	In-home (POS 2)	\$24.02	\$24.02	\$30.19	\$30.19	25.69%
C	97150	UB	**	0-20	In-home (POS 2)	\$24.02	\$24.02	\$30.19	\$30.19	25.69%
1	97161		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97161		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97162		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97162		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97163		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97163		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97164		**	0-20	In-home (POS 2)	\$104.57	\$104.57	\$115.03	\$115.03	10.00%
C	97164		**	0-20	In-home (POS 2)	\$104.57	\$104.57	\$115.03	\$115.03	10.00%
1	97165		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97165		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97166		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97166		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97167		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
C	97167		**	0-20	In-home (POS 2)	\$116.19	\$116.19	\$127.81	\$127.81	10.00%
1	97168		**	0-20	In-home (POS 2)	\$104.57	\$104.57	\$115.03	\$115.03	10.00%
C	97168		**	0-20	In-home (POS 2)	\$104.57	\$104.57	\$115.03	\$115.03	10.00%
1	97530	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97530	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97530	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
C	97530	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97535	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97535	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97535	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%

Legislative Attachment 2 - Therapy Services provided to Children in the Home - Proposed to be effective September 1, 2019

Includes in-home therapy services delivered to clients age 20 or less provided by Early Childhood Intervention (ECI), Home Health Agencies (HHA), and Independent Therapists

Note 1: Effective September 1, 2019, Therapy Services provided to children in the home will be reimbursed at a rate 10% higher than the current rate.

Note 2: Effective September 1, 2019, therapy assistants will be reimbursed at 80% of the rate paid to licensed therapists

TOS*	Procedure Code	Modifier	Long Description	Age Range	Place of Service	CURRENT		Proposed to be effective 9/1/2019		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
C	97535	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97537	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97537	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97537	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
C	97537	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97542	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
C	97542	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97542	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
C	97542	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97750	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97750	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97760	U5	**	0-20	In-home (POS 2)	\$34.61	\$34.61	\$38.07	\$38.07	10.00%
1	97760	UB	**	0-20	In-home (POS 2)	\$24.23	\$24.23	\$30.46	\$30.46	25.71%
1	97761	U5	**	0-20	In-home (POS 2)	\$33.75	\$33.75	\$37.13	\$37.13	10.01%
1	97761	UB	**	0-20	In-home (POS 2)	\$23.63	\$23.63	\$29.70	\$29.70	25.69%
1	97762	U5	**	0-20	In-home (POS 2)	\$35.66	\$35.66	\$39.23	\$39.23	10.01%
1	97762	UB	**	0-20	In-home (POS 2)	\$24.96	\$24.96	\$31.38	\$31.38	25.72%
1	97799	U5	**	0-20	In-home (POS 2)	\$35.80	\$35.80	\$39.38	\$39.38	10.00%
C	97799	U5	**	0-20	In-home (POS 2)	\$35.80	\$35.80	\$39.38	\$39.38	10.00%
1	97799	UB	**	0-20	In-home (POS 2)	\$25.06	\$25.06	\$31.50	\$31.50	25.70%
C	97799	UB	**	0-20	In-home (POS 2)	\$25.06	\$25.06	\$31.50	\$31.50	25.70%
1	S9152		SPEECH THERAPY, RE-EVALUATION	0-20	In-home (POS 2)	\$118.87	\$118.87	\$130.76	\$130.76	10.00%

*Type of Service (TOS)	
1	Medical Services
C	Home Health Procedure
Place of Service	
2	Home
*Type of Service (TOS)	
U5	Services provided by licensed therapist
UB	Services provided by therapy assistant

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