

Comprehensive Rehabilitation Services Program Rates  
Effective May 1, 2019

**RATE STRUCTURE FOR POST-ACUTE REHABILITATION SERVICES (PARS)  
NON-RESIDENTIAL SERVICES**

| <b>Core Services*</b>                           | <b>Code</b> | <b>Rates</b> |
|---|-------------|--------------|
| <b>Aquatic Therapy</b>                          |             |              |
| Aquatic Therapy Individual                      | 01001       | \$39.73      |
| Aquatic Therapy Group                           | 01004       | \$7.95       |
| Aquatic Therapy Small Group                     | 01005       | \$19.86      |
| <b>Art Therapy</b>                              |             |              |
| Art Therapy Individual                          | 02001       | \$31.17      |
| ArtTherapy Group                                | 02004       | \$6.23       |
| Art Therapy Small Group                         | 02005       | \$15.59      |
| <b>Behavior Management</b>                      |             |              |
| Behavior Management Individual                  | 03001       | \$28.31      |
| <b>Chemical Dependency Counseling Treatment</b> |             |              |
| Chemical Dependency Individual                  | 04001       | \$33.39      |
| Chemical Dependency Group                       | 04004       | \$6.68       |
| Chemical Dependency Small group                 | 04005       | \$16.70      |
| <b>Cognitive Rehabilitation Therapy (CRT)</b>   |             |              |
| Cognitive Rehabilitation Therapy Individual     | 05001       | \$29.03      |
| Cognitive Rehabilitation Therapy Group          | 05004       | \$5.81       |
| Cognitive Rehabilitation Therapy Small group    | 05005       | \$14.51      |
| <b>Family Therapy</b>                           |             |              |
| Family Therapy Individual                       | 06001       | \$33.39      |
| Family Therapy Group                            | 06004       | \$6.68       |
| <b>Massage Therapy</b>                          |             |              |
| Massage Therapy                                 | 07001       | \$31.16      |

\*All rates are for 15 minute increments

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|---|-------------|--------------|
| <b>Mental Health Counseling</b>           |             |              |
| Mental Health Counseling Individual       | 08001       | \$33.39      |
| Mental Health Counseling Group            | 08004       | \$6.68       |
| Mental Health Counseling Small group      | 08005       | \$16.70      |
| <b>Music Therapy</b>                      |             |              |
| Music Therapy Individual                  | 09001       | \$31.17      |
| Music Therapy Group                       | 09004       | \$6.23       |
| Music Therapy Small Group                 | 09005       | \$15.59      |
| <b>Neuropsychiatric Services</b>          |             |              |
| Neuropsychiatric Services Individual      | 10001       | \$32.61      |
| Neuropsychiatric Services Evaluation      | 10002       | \$48.15      |
| Neuropsychiatric Services Re-Evaluation   | 10003       | \$21.95      |
| Neuropsychiatric Services Group           | 10004       | \$6.52       |
| Neuropsychiatric Services Small group     | 10005       | \$16.31      |
| <b>Neuropsychological Services</b>        |             |              |
| Neuropsychological Services Individual    | 11001       | \$32.61      |
| Neuropsychological Services Evaluation    | 11002       | \$48.15      |
| Neuropsychological Services Re-Evaluation | 11003       | \$21.95      |
| Neuropsychological Services Group         | 11004       | \$6.52       |
| Neuropsychological Services Small group   | 11005       | \$16.31      |
| <b>Occupational Therapy</b>               |             |              |
| Occupational Therapy Individual           | 12001       | \$34.38      |
| Occupational Therapy Evaluation           | 12002       | \$33.24      |
| Occupational Therapy Re-Evaluation        | 12003       | \$31.32      |
| Occupational Therapy Group                | 12004       | \$6.88       |
| Occupational Therapy Small Group          | 12005       | \$17.19      |

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|---|-------------|--------------|
| <b>Physical Therapy</b>   |             |              |
| Physical Therapy Individual   | 13001       | \$29.25      |
| Physical Therapy Evaluation   | 13002       | \$45.01      |
| Physical Therapy Re-Evaluation  | 13003       | \$43.25      |
| Physical Therapy Group  | 13004       | \$5.85       |
| Physical Therapy Small Group  | 13005       | \$14.62      |
| <b>Recreational Therapy</b>   |             |              |
| Recreational Therapy Individual   | 14001       | \$31.17      |
| Recreational Therapy Group  | 14004       | \$6.23       |
| Recreational Therapy Small Group  | 14005       | \$15.59      |
| <b>Speech/Language Pathology</b>  |             |              |
| Speech/Language Pathology Individual  | 15001       | \$27.81      |
| Speech/Language Pathology Evaluation  | 15002       | \$40.24      |
| Speech/Language Pathology Re-Evaluation   | 15003       | \$33.81      |
| Speech/Language Pathology Group   | 15004       | \$5.56       |
| Speech/Language Pathology Small Group   | 15005       | \$13.90      |
| <b>Case Management</b>  |             |              |
| Case Management Individual  | 16001       | \$50.02      |
| <b>Community Independence Supports-Certified Brain Injury Specialist (CBIS)</b> |             |              |
| Certified Brain Injury Specialist (CBIS) Individual                             | 17001       | \$8.75       |
| <b>Community Independence Supports-Paraprofessional</b>                         |             |              |
| Community Independence Supports-Paraprofessional Individual                     | 18001       | \$4.96       |
| <b>Medical team conference</b>  |             |              |
| With patient and/or family present  | 19001       | \$28.43      |
| Patient and/or family not present   | 20001       | \$18.59      |

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| <b>Service</b>   | <b>Code</b> | <b>Rate</b> |
|--|-------------|-------------|
| Facility-based per hour  | 21001       | \$15.86     |
| Community-based per hour   | 22001       | \$14.65     |
| Transportation per day (Transportation can be billed one time per day for core service delivery) | 23001       | \$47.08     |

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**Adopted Rates for Comprehensive Rehabilitation Services Program  
Effective May 1, 2019**

| <b>TIERED RATE STRUCTURE FOR POST-ACUTE REHABILITATION SERVICES (PARS) RESIDENTIAL SERVICES</b> |  |                                |                       |                                    |                   |
|---|--|--------------------------------|-----------------------|------------------------------------|-------------------|
| <b>Core Services Tier</b>   | <b>Core Service Hours</b>  | <b>Core Services Tier Rate</b> | <b>Base per Diem*</b> | <b>Therapy Evaluation per Diem</b> | <b>Daily Rate</b> |
| Base  | Tier base—no billable core services  | \$0.00                         | \$236.09              | \$3.48                             | \$239.57          |
| Base Plus   | Greater than 0 but less than 1 hour of core services   | \$70.08                        | \$236.09              | \$3.48                             | \$309.65          |
| 1   | Greater than or equal to 1 hour per day but less than 2 hours per day, not exceeding 7 hours per week of core services   | \$210.24                       | \$236.09              | \$3.48                             | \$449.81          |
| 2   | Greater than or equal to 2 hours per day but less than 3 hours per day, not exceeding 14 hours per week of core services | \$350.40                       | \$236.09              | \$3.48                             | \$589.97          |
| 3   | Greater than or equal to 3 hours per day but less than 4 hours per day, not exceeding 21 hours per week of core services | \$490.56                       | \$236.09              | \$3.48                             | \$730.13          |
| 4   | Greater than or equal to 4 hours per day but less than 5 hours per day, not exceeding 28 hours per week of core services | \$630.72                       | \$236.09              | \$3.48                             | \$870.29          |
| 5   | Greater than or equal to 5 hours per day but less than 6 hours per day, not exceeding 35 hours per week of core services | \$770.88                       | \$236.09              | \$3.48                             | \$1,010.45        |
| 6   | Greater than or equal to 6 hours per day but less than 7 hours per day, not exceeding 42 hours per week of core services | \$911.04                       | \$236.09              | \$3.48                             | \$1,150.61        |
| 7   | Greater than or equal to 7 hours per day but less than 8 hours per day, not exceeding 49 hours per week of core services | \$1,051.20                     | \$236.09              | \$3.48                             | \$1,290.77        |
| 8   | Greater than or equal to 8 hours per day but less than 9 hours per day, not exceeding 56 hours per week of core services | \$1,191.36                     | \$236.09              | \$3.48                             | \$1,430.93        |