

Reimbursement Rate Changes and Updates for CSHCN Services Program Therapy Services to become Effective September 1, 2017

Information posted August 31, 2017

Effective for dates of services on or after September 1, 2017, the Children with Special Healthcare Needs (CSHCN) Services Program will align with Texas Medicaid reimbursement rate changes and updates for Therapy Services.

The following tables contain the rate changes that will be applied:

- [Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facility \(CORF/ORF\)](#)
- [Home Health Agency \(HHA\)](#)
- [Independent Therapist \(Including Physicians\)](#)

For additional information related to the CSHCN Services Program policy for Therapy Services, please reference the provider notification titled "[Physical, Occupational, and Speech Therapy Benefits to Change for CSHCN Effective September 1, 2017,](#)" which was published on this website on July 12, 2017.

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Independent Therapy Services (Including Physicians)

TOS*	Procedure Code	Age Range	POS**	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	92507	0-20	P2	\$107.78	\$107.78
1	92507	0-20		\$107.78	\$107.78
1	92507	21-999	P2	\$107.78	\$107.78
1	92507	21-999		\$107.78	\$107.78
1	92521	0-20	P2	\$101.12	\$101.12
1	92521	0-20		\$101.12	\$101.12
1	92521	21-999	P2	\$101.12	\$101.12
1	92521	21-999		\$101.12	\$101.12
1	92522	0-20	P2	\$127.36	\$127.36
1	92522	0-20		\$127.36	\$127.36
1	92522	21-999	P2	\$127.36	\$127.36
1	92522	21-999		\$127.36	\$127.36
1	92523	0-20	P2	\$169.81	\$169.81
1	92523	0-20		\$169.81	\$169.81
1	92523	21-999	P2	\$169.81	\$169.81
1	92523	21-999		\$169.81	\$169.81
1	92524	0-20	P2	\$86.82	\$86.82
1	92524	0-20		\$86.82	\$86.82
1	92524	21-999	P2	\$86.82	\$86.82
1	92524	21-999		\$86.82	\$86.82
1	92526	0-20	P2	\$129.34	\$129.34
1	92526	0-20		\$129.34	\$129.34
1	92526	21-999	P2	\$129.34	\$129.34
1	92526	21-999		\$129.34	\$129.34
1	92610	0-999	P2	\$205.12	\$205.12
1	92610	0-999		\$205.12	\$205.12
1	97012	0-20	P2	\$16.51	\$16.51
1	97012	0-20		\$16.51	\$16.51
1	97012	21-999	P2	\$16.51	\$16.51
1	97012	21-999		\$16.51	\$16.51
1	97016	0-20	P2	\$19.74	\$19.74
1	97016	0-20		\$19.74	\$19.74
1	97016	21-999	P2	\$19.74	\$19.74
1	97016	21-999		\$19.74	\$19.74
1	97018	0-20	P2	\$11.13	\$11.13
1	97018	0-20		\$11.13	\$11.13
1	97018	21-999	P2	\$11.13	\$11.13
1	97018	21-999		\$11.13	\$11.13
1	97022	0-20	P2	\$24.05	\$24.05
1	97022	0-20		\$24.05	\$24.05
1	97022	21-999	P2	\$24.05	\$24.05
1	97022	21-999		\$24.05	\$24.05
1	97024	0-20	P2	\$6.82	\$6.82
1	97024	0-20		\$6.82	\$6.82
1	97024	21-999	P2	\$6.82	\$6.82
1	97024	21-999		\$6.82	\$6.82

Independent Therapy Services (Including Physicians)

TOS*	Procedure Code	Age Range	POS**	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97026	0-20	P2	\$6.10	\$6.10
1	97026	0-20		\$6.10	\$6.10
1	97026	21-999	P2	\$6.10	\$6.10
1	97026	21-999		\$6.10	\$6.10
1	97028	0-20	P2	\$7.54	\$7.54
1	97028	0-20		\$7.54	\$7.54
1	97028	21-999	P2	\$7.54	\$7.54
1	97028	21-999		\$7.54	\$7.54
1	97032	0-20	P2	\$37.07	\$37.07
1	97032	0-20		\$37.07	\$37.07
1	97032	21-999	P2	\$37.07	\$37.07
1	97032	21-999		\$37.07	\$37.07
1	97033	0-20	P2	\$35.29	\$35.29
1	97033	0-20		\$35.29	\$35.29
1	97033	21-999	P2	\$35.29	\$35.29
1	97033	21-999		\$35.29	\$35.29
1	97033	21-999		\$35.29	\$35.29
1	97034	0-20	P2	\$33.75	\$33.75
1	97034	0-20		\$33.75	\$33.75
1	97034	21-999	P2	\$33.75	\$33.75
1	97034	21-999		\$33.75	\$33.75
1	97035	0-20	P2	\$34.78	\$34.78
1	97035	0-20		\$34.78	\$34.78
1	97035	21-999	P2	\$34.78	\$34.78
1	97035	21-999		\$34.78	\$34.78
1	97036	0-20		\$33.75	\$33.75
1	97036	21-999		\$33.75	\$33.75
1	97039	0-20	P2	Not a Benefit	Not a Benefit
1	97039	0-20		Not a Benefit	Not a Benefit
1	97039	21-999	P2	Not a Benefit	Not a Benefit
1	97039	21-999		Not a Benefit	Not a Benefit
1	97110	0-20	P2	\$33.75	\$33.75
1	97110	0-20		\$33.75	\$33.75
1	97110	21-999	P2	\$33.75	\$33.75
1	97110	21-999		\$33.75	\$33.75
1	97112	0-20	P2	\$33.75	\$33.75
1	97112	0-20		\$33.75	\$33.75
1	97112	21-999	P2	\$33.75	\$33.75
1	97112	21-999		\$33.75	\$33.75
1	97113	0-20	P2	\$38.75	\$38.75
1	97113	0-20		\$38.75	\$38.75
1	97113	21-999	P2	\$38.75	\$38.75
1	97113	21-999		\$38.75	\$38.75
1	97116	0-20	P2	\$31.22	\$31.22
1	97116	0-20		\$31.22	\$31.22
1	97116	21-999	P2	\$31.22	\$31.22
1	97116	21-999		\$31.22	\$31.22

Independent Therapy Services (Including Physicians)

TOS*	Procedure Code	Age Range	POS**	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97124	0-20	P2	\$28.16	\$28.16
1	97124	0-20		\$28.16	\$28.16
1	97124	21-999	P2	\$28.16	\$28.16
1	97124	21-999		\$28.16	\$28.16
1	97139	0-20	P2	Not a Benefit	Not a Benefit
1	97139	0-20		Not a Benefit	Not a Benefit
1	97139	21-999	P2	Not a Benefit	Not a Benefit
1	97139	21-999		Not a Benefit	Not a Benefit
1	97140	0-20	P2	\$31.80	\$31.80
1	97140	0-20		\$31.80	\$31.80
1	97140	21-999	P2	\$31.80	\$31.80
1	97140	21-999		\$31.80	\$31.80
1	97150	0-20	P2	\$34.31	\$34.31
1	97150	0-20		\$34.31	\$34.31
1	97150	21-999	P2	\$34.31	\$34.31
1	97150	21-999		\$34.31	\$34.31
1	97161	0-20	P2	\$116.19	\$116.19
1	97161	0-20		\$116.19	\$116.19
1	97161	21-999	P2	\$116.19	\$116.19
1	97161	21-999		\$116.19	\$116.19
1	97162	0-20	P2	\$116.19	\$116.19
1	97162	0-20		\$116.19	\$116.19
1	97162	21-999	P2	\$116.19	\$116.19
1	97162	21-999		\$116.19	\$116.19
1	97163	0-20	P2	\$116.19	\$116.19
1	97163	0-20		\$116.19	\$116.19
1	97163	21-999	P2	\$116.19	\$116.19
1	97163	21-999		\$116.19	\$116.19
1	97164	0-20	P2	\$104.57	\$104.57
1	97164	0-20		\$104.57	\$104.57
1	97164	21-999	P2	\$104.57	\$104.57
1	97164	21-999		\$104.57	\$104.57
1	97165	0-20	P2	\$116.19	\$116.19
1	97165	0-20		\$116.19	\$116.19
1	97165	21-999	P2	\$116.19	\$116.19
1	97165	21-999		\$116.19	\$116.19
1	97166	0-20	P2	\$116.19	\$116.19
1	97166	0-20		\$116.19	\$116.19
1	97166	21-999	P2	\$116.19	\$116.19
1	97166	21-999		\$116.19	\$116.19
1	97167	0-20	P2	\$116.19	\$116.19
1	97167	0-20		\$116.19	\$116.19
1	97167	21-999	P2	\$116.19	\$116.19
1	97167	21-999		\$116.19	\$116.19
1	97168	0-20	P2	\$104.57	\$104.57
1	97168	0-20		\$104.57	\$104.57

Independent Therapy Services (Including Physicians)

TOS*	Procedure Code	Age Range	POS**	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97168	21-999	P2	\$104.57	\$104.57
1	97168	21-999		\$104.57	\$104.57
1	97530	0-20	P2	\$33.75	\$33.75
1	97530	0-20		\$33.75	\$33.75
1	97530	21-999	P2	\$33.75	\$33.75
1	97530	21-999		\$33.75	\$33.75
1	97535	0-20	P2	\$33.75	\$33.75
1	97535	0-20		\$33.75	\$33.75
1	97535	21-999		\$33.75	\$33.75
1	97537	0-20	P2	\$33.75	\$33.75
1	97537	0-20		\$33.75	\$33.75
1	97537	21-999		\$33.75	\$33.75
1	97542	0-20	P2	\$33.75	\$33.75
1	97542	0-20		\$33.75	\$33.75
1	97542	21-999		\$33.75	\$33.75
1	97750	0-20	P2	\$33.75	\$33.75
1	97750	0-20		\$33.75	\$33.75
1	97750	21-999	P2	\$33.75	\$33.75
1	97750	21-999		\$33.75	\$33.75
1	97760	0-20	P2	\$34.61	\$34.61
1	97760	0-20		\$34.61	\$34.61
1	97760	21-999	P2	\$34.61	\$34.61
1	97760	21-999		\$34.61	\$34.61
1	97761	0-20	P2	\$33.75	\$33.75
1	97761	0-20		\$33.75	\$33.75
1	97761	21-999	P2	\$33.75	\$33.75
1	97761	21-999		\$33.75	\$33.75
1	97762	0-20	P2	\$35.66	\$35.66
1	97762	0-20		\$35.66	\$35.66
1	97762	21-999	P2	\$35.66	\$35.66
1	97762	21-999		\$35.66	\$35.66
1	97799	0-20	P2	\$35.80	\$35.80
1	97799	0-20		\$35.80	\$35.80
1	97799	21-999	P2	\$35.80	\$35.80
1	97799	21-999		\$35.80	\$35.80
1	S8990	0-999	P2	Not a Benefit	Not a Benefit
1	S8990	0-999		Not a Benefit	Not a Benefit
1	S9152	0-20	P2	\$118.87	\$118.87
1	S9152	0-20		\$118.87	\$118.87
1	S9152	21-999		\$118.87	\$118.87

*Type of Service (TOS): 1 = Medical Services

**Place of Service (POS): P2 = Home

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	92507	GN	0-20	\$107.78	\$107.78
1	92507	GN	21-999	\$107.78	\$107.78
1	92521		0-20	\$101.12	\$101.12
1	92521		21-999	\$101.12	\$101.12
1	92522		0-20	\$127.36	\$127.36
1	92522		21-999	\$127.36	\$127.36
1	92523		0-20	\$169.81	\$169.81
1	92523		21-999	\$169.81	\$169.81
1	92524		0-20	\$86.82	\$86.82
1	92524		21-999	\$86.82	\$86.82
1	92526	GN	0-20	\$129.34	\$129.34
1	92526	GN	21-999	\$129.34	\$129.34
1	92610	GN	0-20	\$205.12	\$205.12
1	92610	GN	21-999	\$205.12	\$205.12
1	97012	GO	0-20	\$16.51	\$16.51
1	97012	GO	21-999	\$16.51	\$16.51
1	97012	GP	0-20	\$16.51	\$16.51
1	97012	GP	21-999	\$16.51	\$16.51
1	97016	GO	0-20	\$19.74	\$19.74
1	97016	GO	21-999	\$19.74	\$19.74
1	97016	GP	0-20	\$19.74	\$19.74
1	97016	GP	21-999	\$19.74	\$19.74
1	97018	GO	0-20	\$11.13	\$11.13
1	97018	GO	21-999	\$11.13	\$11.13
1	97018	GP	0-20	\$11.13	\$11.13
1	97018	GP	21-999	\$11.13	\$11.13
1	97022	GO	0-20	\$24.05	\$24.05
1	97022	GO	21-999	\$24.05	\$24.05
1	97022	GP	0-20	\$24.05	\$24.05
1	97022	GP	21-999	\$24.05	\$24.05
1	97024	GO	0-20	\$6.82	\$6.82
1	97024	GO	21-999	\$6.82	\$6.82

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97024	GP	0-20	\$6.82	\$6.82
1	97024	GP	21-999	\$6.82	\$6.82
1	97026	GO	0-20	\$6.10	\$6.10
1	97026	GO	21-999	\$6.10	\$6.10
1	97026	GP	0-20	\$6.10	\$6.10
1	97026	GP	21-999	\$6.10	\$6.10
1	97028	GO	0-20	\$7.54	\$7.54
1	97028	GO	21-999	\$7.54	\$7.54
1	97028	GP	0-20	\$7.54	\$7.54
1	97028	GP	21-999	\$7.54	\$7.54
1	97032	GO	0-20	\$37.07	\$37.07
1	97032	GO	21-999	\$37.07	\$37.07
1	97032	GP	0-20	\$37.07	\$37.07
1	97032	GP	21-999	\$37.07	\$37.07
1	97033	GO	0-20	\$35.29	\$35.29
1	97033	GO	21-999	\$35.29	\$35.29
1	97033	GP	0-20	\$35.29	\$35.29
1	97033	GP	21-999	\$35.29	\$35.29
1	97034	GO	0-20	\$33.75	\$33.75
1	97034	GO	21-999	\$33.75	\$33.75
1	97034	GP	0-20	\$33.75	\$33.75
1	97034	GP	21-999	\$33.75	\$33.75
1	97035	GO	0-20	\$34.78	\$34.78
1	97035	GO	21-999	\$34.78	\$34.78
1	97035	GP	0-20	\$34.78	\$34.78
1	97035	GP	21-999	\$34.78	\$34.78
1	97036	GO	0-20	\$33.75	\$33.75
1	97036	GO	21-999	\$33.75	\$33.75
1	97036	GP	0-20	\$33.75	\$33.75
1	97036	GP	21-999	\$33.75	\$33.75
1	97039	GO	0-20	Not a Benefit	Not a Benefit
1	97039	GP	0-20	Not a Benefit	Not a Benefit

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97110	GO	0-20	\$33.75	\$33.75
1	97110	GO	21-999	\$33.75	\$33.75
1	97110	GP	0-20	\$33.75	\$33.75
1	97110	GP	21-999	\$33.75	\$33.75
1	97112	GO	0-20	\$33.75	\$33.75
1	97112	GO	21-999	\$33.75	\$33.75
1	97112	GP	0-20	\$33.75	\$33.75
1	97112	GP	21-999	\$33.75	\$33.75
1	97116	GO	0-20	\$31.22	\$31.22
1	97116	GO	21-999	\$31.22	\$31.22
1	97116	GP	0-20	\$31.22	\$31.22
1	97116	GP	21-999	\$31.22	\$31.22
1	97124	GO	0-20	\$28.16	\$28.16
1	97124	GO	21-999	\$28.16	\$28.16
1	97124	GP	0-20	\$28.16	\$28.16
1	97124	GP	21-999	\$28.16	\$28.16
1	97139	GO	0-20	Not a Benefit	Not a Benefit
1	97139	GO	21-999	Not a Benefit	Not a Benefit
1	97139	GP	0-20	Not a Benefit	Not a Benefit
1	97139	GP	21-999	Not a Benefit	Not a Benefit
1	97140	GO	0-20	\$31.80	\$31.80
1	97140	GO	21-999	\$31.80	\$31.80
1	97140	GP	0-20	\$31.80	\$31.80
1	97140	GP	21-999	\$31.80	\$31.80
1	97150	GO	0-20	\$34.31	\$34.31
1	97150	GO	21-999	\$34.31	\$34.31
1	97150	GP	0-20	\$34.31	\$34.31
1	97150	GP	21-999	\$34.31	\$34.31
1	97161		0-20	\$116.19	\$116.19
1	97161		21-999	\$116.19	\$116.19
C	97161		0-20	\$116.19	\$116.19
C	97161		21-999	\$116.19	\$116.19

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97162		0-20	\$116.19	\$116.19
1	97162		21-999	\$116.19	\$116.19
C	97162		0-20	\$116.19	\$116.19
C	97162		21-999	\$116.19	\$116.19
1	97163		0-20	\$116.19	\$116.19
1	97163		21-999	\$116.19	\$116.19
C	97163		0-20	\$116.19	\$116.19
C	97163		21-999	\$116.19	\$116.19
1	97164		0-20	\$104.57	\$104.57
1	97164		21-999	\$104.57	\$104.57
C	97164		0-20	\$104.57	\$104.57
C	97164		21-999	\$104.57	\$104.57
1	97165		0-20	\$116.19	\$116.19
1	97165		21-999	\$116.19	\$116.19
C	97165		0-20	\$116.19	\$116.19
C	97165		21-999	\$116.19	\$116.19
1	97166		0-20	\$116.19	\$116.19
1	97166		21-999	\$116.19	\$116.19
C	97166		0-20	\$116.19	\$116.19
C	97166		21-999	\$116.19	\$116.19
1	97167		0-20	\$116.19	\$116.19
1	97167		21-999	\$116.19	\$116.19
C	97167		0-20	\$116.19	\$116.19
C	97167		21-999	\$116.19	\$116.19
1	97168		0-20	\$104.57	\$104.57
1	97168		21-999	\$104.57	\$104.57
C	97168		0-20	\$104.57	\$104.57
C	97168		21-999	\$104.57	\$104.57
1	97530	GO	0-20	\$33.75	\$33.75
1	97530	GO	21-999	\$33.75	\$33.75
1	97530	GP	0-20	\$33.75	\$33.75
1	97530	GP	21-999	\$33.75	\$33.75

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	97535	GO	0-20	\$33.75	\$33.75
1	97535	GO	21-999	\$33.75	\$33.75
1	97535	GP	0-20	\$33.75	\$33.75
1	97535	GP	21-999	\$33.75	\$33.75
1	97537	GO	0-20	\$33.75	\$33.75
1	97537	GO	21-999	\$33.75	\$33.75
1	97537	GP	0-20	\$33.75	\$33.75
1	97537	GP	21-999	\$33.75	\$33.75
1	97542	GO	0-20	\$33.75	\$33.75
1	97542	GO	21-999	\$33.75	\$33.75
1	97542	GP	0-20	\$33.75	\$33.75
1	97542	GP	21-999	\$33.75	\$33.75
1	97750	GO	0-20	\$33.75	\$33.75
1	97750	GO	21-999	\$33.75	\$33.75
1	97750	GP	0-20	\$33.75	\$33.75
1	97750	GP	21-999	\$33.75	\$33.75
1	97760	GO	0-20	\$34.61	\$34.61
1	97760	GO	21-999	\$34.61	\$34.61
1	97760	GP	0-20	\$34.61	\$34.61
1	97760	GP	21-999	\$34.61	\$34.61
1	97761	GO	0-20	\$33.75	\$33.75
1	97761	GO	21-999	\$33.75	\$33.75
1	97761	GP	0-20	\$33.75	\$33.75
1	97761	GP	21-999	\$33.75	\$33.75
1	97762	GO	0-20	\$35.66	\$35.66
1	97762	GO	21-999	\$35.66	\$35.66
1	97762	GP	0-20	\$35.66	\$35.66
1	97762	GP	21-999	\$35.66	\$35.66
1	97799	GO	0-20	\$35.80	\$35.80
1	97799	GO	21-999	\$35.80	\$35.80
1	97799	GP	0-20	\$35.80	\$35.80
1	97799	GP	21-999	\$35.80	\$35.80

Home Health Agency (HHA) Therapy Services

TOS*	Procedure Code	Mod-ifier 1	Age Range	Fee Effective 9/1/2017	Adjusted Fee Effective 9/1/2017
1	S8990		0-999	Not a Benefit	Not a Benefit
1	S9152		0-20	\$118.87	\$118.87
1	S9152		21-999	\$118.87	\$118.87

***Type of Service (TOS): 1 = Medical Services, C = Home Health Services**

****Modifiers: GN = Speech Therapy, GO = Occupational Therapy, GP = Physical Therapy**

Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities(CORF/ORF) Therapy Services

TOS*	Procedure Code	Age Range	Fee 9/1/2017	Adjusted Fee 9/1/2017
1	92507	0-20	\$107.78	\$107.78
1	92507	21-999	\$107.78	\$107.78
1	92521	0-20	\$101.12	\$101.12
1	92521	21-999	\$101.12	\$101.12
1	92522	0-20	\$127.36	\$127.36
1	92522	21-999	\$127.36	\$127.36
1	92523	0-20	\$169.81	\$169.81
1	92523	21-999	\$169.81	\$169.81
1	92524	0-20	\$86.82	\$86.82
1	92524	21-999	\$86.82	\$86.82
1	92526	0-999	\$129.34	\$129.34
1	92610	0-999	\$205.12	\$205.12
1	97012	0-20	\$16.51	\$16.51
1	97012	21-999	\$16.51	\$16.51
1	97016	0-20	\$19.74	\$19.74
1	97016	21-999	\$19.74	\$19.74
1	97018	0-20	\$11.13	\$11.13
1	97018	21-999	\$11.13	\$11.13
1	97022	0-20	\$24.05	\$24.05
1	97022	21-999	\$24.05	\$24.05
1	97024	0-20	\$6.82	\$6.82
1	97024	21-999	\$6.82	\$6.82
1	97026	0-20	\$6.10	\$6.10
1	97026	21-999	\$6.10	\$6.10
1	97028	0-20	\$7.54	\$7.54
1	97028	21-999	\$7.54	\$7.54
1	97032	0-20	\$37.07	\$37.07
1	97032	21-999	\$37.07	\$37.07
1	97033	0-20	\$35.29	\$35.29
1	97033	21-999	\$35.29	\$35.29
1	97034	0-20	\$33.75	\$33.75
1	97034	21-999	\$33.75	\$33.75
1	97035	0-20	\$34.78	\$34.78

Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities(CORF/ORF) Therapy Services

TOS*	Procedure Code	Age Range	Fee 9/1/2017	Adjusted Fee 9/1/2017
1	97035	21-999	\$34.78	\$34.78
1	97036	0-20	\$33.75	\$33.75
1	97036	21-999	\$33.75	\$33.75
1	97039	0-20	Not a Benefit	Not a Benefit
1	97039	21-999	Not a Benefit	Not a Benefit
1	97110	0-20	\$33.75	\$33.75
1	97110	21-999	\$33.75	\$33.75
1	97112	0-20	\$33.75	\$33.75
1	97112	21-999	\$33.75	\$33.75
1	97113	0-20	\$38.75	\$38.75
1	97113	21-999	\$38.75	\$38.75
1	97116	0-20	\$31.22	\$31.22
1	97116	21-999	\$31.22	\$31.22
1	97124	0-20	\$28.16	\$28.16
1	97124	21-999	\$28.16	\$28.16
1	97139	0-20	Not a Benefit	Not a Benefit
1	97139	21-999	Not a Benefit	Not a Benefit
1	97140	0-20	\$31.80	\$31.80
1	97140	21-999	\$31.80	\$31.80
1	97150	0-20	\$34.31	\$34.31
1	97150	21-999	\$34.31	\$34.31
1	97161	0-20	\$116.19	\$116.19
1	97161	21-999	\$116.19	\$116.19
1	97162	0-20	\$116.19	\$116.19
1	97162	21-999	\$116.19	\$116.19
1	97163	0-20	\$116.19	\$116.19
1	97163	21-999	\$116.19	\$116.19
1	97164	0-20	\$104.57	\$104.57
1	97164	21-999	\$104.57	\$104.57
1	97165	0-20	\$116.19	\$116.19
1	97165	21-999	\$116.19	\$116.19
1	97166	0-20	\$116.19	\$116.19
1	97166	21-999	\$116.19	\$116.19

Comprehensive Outpatient Rehabilitation Facilities/Outpatient Rehabilitation Facilities(CORF/ORF) Therapy Services

TOS*	Procedure Code	Age Range	Fee 9/1/2017	Adjusted Fee 9/1/2017
1	97167	0-20	\$116.19	\$116.19
1	97167	21-999	\$116.19	\$116.19
1	97168	0-20	\$104.57	\$104.57
1	97168	21-999	\$104.57	\$104.57
1	97530	0-20	\$33.75	\$33.75
1	97530	21-999	\$33.75	\$33.75
1	97535	0-20	\$33.75	\$33.75
1	97535	21-999	\$33.75	\$33.75
1	97537	0-20	\$33.75	\$33.75
1	97537	21-999	\$33.75	\$33.75
1	97542	0-20	\$33.75	\$33.75
1	97542	21-999	\$33.75	\$33.75
1	97750	0-20	\$33.75	\$33.75
1	97750	21-999	\$33.75	\$33.75
1	97760	0-20	\$34.61	\$34.61
1	97760	21-999	\$34.61	\$34.61
1	97761	0-20	\$33.75	\$33.75
1	97761	21-999	\$33.75	\$33.75
1	97762	0-20	\$35.66	\$35.66
1	97762	21-999	\$35.66	\$35.66
1	97799	0-20	\$35.80	\$35.80
1	97799	21-999	\$35.80	\$35.80
1	S8990	0-999	Not a Benefit	Not a Benefit
1	S9152	0-999	\$118.87	\$118.87

***Type of Service (TOS): 1 = Medical Services**