

**NEW YORK STATE
MEDICAID PROGRAM**

REHABILITATION SERVICES

**PROCEDURE CODES &
FEE SCHEDULE**

OCCUPATIONAL AND PHYSICAL THERAPIST AND SPEECH LANGUAGE PATHOLOGISTS SERVICES

This section contains the appropriate procedure codes necessary for completion of forms required in submitting claims for Rehabilitation Services.

SPEECH LANGUAGE PATHOLOGY SERVICES

| | | Non-Facility Fee | Facility Fee |
|-------|---|---------------------|-----------------|
| 92506 | Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status. | 93.35 | 22.21 |
| 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation): individual, (each half hour) . | 39.91 | 13.16 |

PHYSICAL THERAPY SERVICES/OCCUPATIONAL THERAPY SERVICES

| | | | |
|-------|--|-------|-------|
| 97530 | Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes (up to a maximum of 2 hours) . | 17.87 | 14.90 |
| 97542 | Wheelchair management (e.g., assessment, fitting, training), each 15 minutes (up to a maximum of 2 hours) . | 16.39 | 13.66 |