

REHABILITATION SERVICES

Procedure Codes & Fee Schedule

eMedNY New York State Medicaid Provider Procedure
Codes & Fee Schedule

New York State Medicaid

Office of Health Insurance

Department of Health

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1 DOCUMENT CONTROL PROPERTIES

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2 GENERAL RULES AND INFORMATION

Medically necessary occupational therapy, physical therapy, and speech therapy visits in private practitioners' offices, certified hospital out-patient departments, and diagnostic and treatment centers (free-standing clinics) are covered.

Services must be ordered, in writing, by a physician, physician assistant, or nurse practitioner so authorized by law. In addition, speech therapy services may be provided based on a written referral from a speech-language pathologist so authorized by law.

Payment in Full

Fees paid in accordance with the allowances in the Rehabilitation Services Manual shall be considered full payment for services rendered. No additional charge shall be made.

3 MODIFIERS

- GP Services delivered under an outpatient physical therapy plan of care.
- GO Services delivered under an outpatient occupational therapy plan of care.
- GN Services delivered under an outpatient speech-language pathology plan of care.
- ST Services delivered to a patient with a traumatic brain injury (TBI) (as defined in Public Health Law Article 27-cc: § 2741)

The appropriate modifier must be used with therapy procedure codes on Medicaid claims.

Note: The National Correct Coding Initiative (NCCI) associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

4 OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST AND SPEECH LANGUAGE PATHOLOGIST SERVICES

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

4.1 SPEECH LANGUAGE PATHOLOGY SERVICES

Procedure Code	Description	Non-Facility Fee*
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation): individual. (30 minute minimum session length)	40.31
92521	Evaluation of speech fluency (eg, stuttering, cluttering)	116.41
92522	Evaluation of speech sound production (eg, articulation phonological process, apraxia, dysarthria);	97.85
92523	with evaluation of language comprehension and expression (eg, receptive and expressive language)	198.17
92524	Behavioral and qualitative analysis of voice and resonance	96.32

4.2 PHYSICAL THERAPY SERVICES AND OCCUPATIONAL THERAPY SERVICES

Procedure Code	Description	Non-Facility Fee*
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes processing disorder (includes aural rehabilitation): individual. (30 minute minimum session length)	18.05
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes	28.02

4.3 eVisits

Procedure Code	Description	Non-Facility Fee*
98970	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5 to 10 minutes. <i>*This code is limited to eVisits only.</i>	9.42
98971	11 to 20 minutes. <i>*This code is limited to eVisits only.</i>	16.61
98972	21 or more minutes.. <i>*This code is limited to eVisits only.</i>	26.74

*The above fees apply to services rendered in a private office setting. If physical therapy, occupational therapy, or speech therapy services are rendered in any other setting (e.g., D&TC, HOPD, nursing home) the therapist cannot bill Medicaid directly and would be paid by the medical institution.