

# 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

CONTACTS and LINKS:

eMedNY URL

<https://www.emedny.org/>

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eMedNY: Billing Questions, Remittance Clarification, Request for Claim Forms, ePACES Enrollment, Electronic Claim Submission Support (eXchange, FTP), Provider Enrollment,

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## 1 DOCUMENT CONTROL PROPERTIES

| Control Item            | Value  |
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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

|  | 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)   | 116.43 |
| 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

|       |  |                   |
|-------|--|-------------------|
|       |  | 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 | 18.05             |
| 97542 | Wheelchair management (e.g., assessment, fitting, training), each 15 minutes   | 28.02             |

\*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.