

### ***March 2019 Change***

Added U5 to the following codes to distinguish from Innovations:

T2013 TF U5

T2013 TF HQ U5

T2041 U5

### ***November 2019 Change***

Ended code 97532 as of 10/31/2019 and replaced it with 97127 per guidance from the state.

**TBI PROVIDER FEE SCHEDULE - Effective November 1, 2019**

CODE	MODIFIER	SERVICE DESCRIPTION	BILLING UNIT	RATE	NOTES
97532		Cognitive Rehabilitation	15 minutes	\$ 13.52	Terminated 10/31/2019
97127		Cognitive Rehabilitation	15 minutes	\$ 13.52	
H2011	HI	Crisis Intervention and Stabilization	15 minutes	\$ 8.14	
H2015		Community Networking	15 minutes	\$ 5.35	
H2015	HQ	Community Networking - Group	15 minutes	\$ 2.98	
H2015	U1	Community Networking - Classes/conferences			\$1,000 per year
H2016	22	Residential Supports 1	Per diem	\$ 120.33	
H2016	U2 22	Residential Supports Level 1 - AFL	Per diem	\$ 120.33	
H2025		Supported Employment - Individual	15 minutes	\$ 7.39	
H2025	HQ	Supported Employment - Group	15 minutes	\$ 1.90	
S5102		Adult Day Health Care	Per diem	\$ 38.53	
S5110		Natural Supports Education	15 minutes	\$ 8.53	
S5111		Natural Supports Education - Conference			\$1,000 per year
S5125		Personal Care	15 minutes	\$ 3.54	
S5150		Respite Care - Community Individual	15 minutes	\$ 3.71	
S5150	HQ	Respite Care - Community Group	15 minutes	\$ 2.69	
S5150	US	Respite Care - Community Individual/Group/Institutional	Per diem	\$ 240.00	
S5165		Home Modifications			\$50,000 over the life of the waiver, combined with T2029 ATEs
T1005	TD	Respite Care Nursing - RN	15 minutes	\$ 8.82	
T1005	TE	Respite Care Nursing - LPN	15 minutes	\$ 8.82	
T1015		In Home Intensive	15 minutes	\$ 4.74	
T2013	TF U5	Life Skills Training - Individual	15 minutes	\$ 5.26	
T2013	TF HQ U5	Life Skills Training - Group	15 minutes	\$ 3.10	
T2014	22	Residential Supports 2	Per diem	\$ 156.54	
T2014	U2 22	Residential Supports Level 2 - AFL	Per diem	\$ 156.54	
T2020	22	Residential Supports 3	Per diem	\$ 223.63	
T2020	U2 22	Residential Supports Level 3 - AFL	Per diem	\$ 223.63	
T2021	22	Day Supports - Individual	Per hour	\$ 24.52	
T2021	22 HQ	Day Supports - Group	Per hour	\$ 14.56	
T2025		Specialized Consultative Services	15 minutes	\$ 37.50	
T2025	HO	Specialized Consultative Services	15 minutes	\$ 37.50	

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<b>CODE</b>	<b>MODIFIER</b>	<b>SERVICE DESCRIPTION</b>	<b>BILLING UNIT</b>	<b>RATE</b>	<b>NOTES</b>
T2025	U3	Crisis Behavioral Consultation	15 minutes	\$ 18.75	
T2029		Assistive Technology - Equipment and Supplies			\$50,000 over the life of the waiver, combined with S5165 Home Mods
T2034		Out of Home Crisis	Per diem	\$ 235.00	
T2038		Community Transition Supports			\$5,000 over the life of the waiver
T2039		Vehicle Adaptations			\$20,000 over the life of the waiver
T2041	U5	Resource Facilitation	Per month	\$ 150.00	

**OCCUPATIONAL THERAPY - PROVIDER SPECIALITY 071 - Effective November 1, 2019**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Fee</b>
29075	APPLICATION OF FOREARM CAST	\$ 61.09
29085	APPLICATION HAND/WRIST CAST	\$ 65.19
29105	APPLICATION LONG ARM SPLINT	\$ 60.56
29125	APPLICATION FOREARM SPLINT	\$ 46.80
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$ 54.00
29130	APPLICATION FINGER SPLINT STATIC	\$ 28.88
29131	APPLICATION FINGER SPLINT DYNAMIC	\$ 35.48
29240	STRAPPING OF SHOULDER	\$ 42.65
29260	STRAPPING OF ELBOW OR WRIST	\$ 36.71
29280	STRAPPING OF HAND OR FINGER	\$ 35.39
29530	STRAPPING OF KNEE	\$ 37.32
29540	STRAPPING OF ANKLE AND/OR FOOT	\$ 30.87
36908	STENT PLMT CTR DIALYSIS SEG	\$ 156.40
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34
95831	MUSCLE TESTING LIMB, MANUAL (SEPARATE PROCEDURE) WITH REPORT	\$ 20.34
95832	MUSCLE TESTING HAND, MANUAL (SEPARATE PROCEDURE) WITH REPORT	\$ 19.14
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$ 28.31
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$ 33.61
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$ 81.64
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 22.90
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 23.55
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 20.05
97140	MANUAL THERAPY TECHNIQUES	\$ 21.25
97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	\$ 64.13
97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	\$ 64.13
97167	EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINS	\$ 64.13
97168	RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINS	\$ 42.32
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	\$ 24.10
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$ 21.27
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	\$ 24.13
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	\$ 23.46
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	\$ 25.91
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 23.18
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ 26.40

**PHYSICAL THERAPY - PROVIDER SPECIALITY 065 - Effective November 1, 2019**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
29075	APPLICATION OF FOREARM CAST	\$ 61.09
29085	APPLICATION HAND/WRIST CAST	\$ 65.19
29105	APPLICATION LONG ARM SPLINT	\$ 60.56
29125	APPLICATION FOREARM SPLINT	\$ 46.80
29126	APPLICATION SHORT ARM SPLINT DYNAMIC	\$ 54.00
29130	APPLICATION FINGER SPLINT STATIC	\$ 28.88
29131	APPLICATION FINGER SPLINT DYNAMIC	\$ 35.48
29240	STRAPPING OF SHOULDER	\$ 42.65
29260	STRAPPING OF ELBOW OR WRIST	\$ 36.71
29280	STRAPPING OF HAND OR FINGER	\$ 35.39
29405	APPLICATION SHORT LEG CAST	\$ 62.62
29425	APPLICATION SHORT LEG CAST	\$ 67.96
29505	APPLICATION LONG LEG SPLINT	\$ 53.17
29515	APPLICATION LOWER LEG SPLINT	\$ 50.06
29530	STRAPPING OF KNEE	\$ 37.32
29540	STRAPPING OF ANKLE AND/OR FOOT	\$ 30.87
36908	STENT PLMT CTR DIALYSIS SEG	\$ 156.40
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT	\$ 20.34
95832	MUSCLE TESTING HAND(W/WO COMPARISON W/NORMAL SIDE)	\$ 19.14
95833	MUSCLE TESTING TOTAL EVALOF BODY EXCLUDING HANDS	\$ 28.31
95834	MUSCLE TESTING TOTAL EVALOF BODY INCLUDING HANDS	\$ 33.61
97010	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	\$ 3.71
97012	PHYSICAL MED TREATMENT ONE AREA TRACTION	\$ 11.79
97016	PHYSICAL MED TREATMENT VASOPNEUMATIC DEVICES	\$ 12.19
97018	PHYSICAL MED TREATMENT PARAFFIN BATH	\$ 6.27
97022	PHYSICAL MEDICINE TREATMENT WHIRLPOOL	\$ 13.87
97024	PHYSICAL MEDICINE TREATMENT DIATHERMY	\$ 4.29
97026	PHYSICAL MEDICINE TREATMENT INFRARED	\$ 4.01
97028	PHYSICAL MEDICINE TREATMENT ONE AREA ULTRAVIOLET	\$ 4.90
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 13.20

**PHYSICAL THERAPY - PROVIDER SPECIALITY 065 - Effective November 1, 2019**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 11.98
97035	APPLY MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$ 9.44
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS;	\$ 20.34
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	\$ 22.90
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$ 23.55
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$ 20.05
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$ 18.24
97140	MANUAL THERAPY TECHNIQUES	\$ 21.25
97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	\$ 66.11
97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	\$ 66.11
97164	PT RE-EVAL EST PLAN CARE	\$ 44.80
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT	\$ 24.10
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$ 21.27
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL)	\$ 24.13
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL)	\$ 23.46
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING)	\$ 25.91
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$ 23.18
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$ 26.40
97763	ORTHC/PROSTC MGMT SBSQ ENC	\$ 26.40

<b>SPEECH THERAPY &amp; AUDIOLOGY - PROVIDER SPECIALITY 064 - Effective November 1, 2019</b>		
<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
36908	STENT PLMT CTR DIALYSIS SEG	\$ 156.40
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$ 66.89
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY	\$ 23.40
92521	EVALUATION OF SPEECH FLUENCY	\$ 91.67
92522	EVALUATION OF SPEECH SOUND PRODUCTION AND EXPRESSION	\$ 74.55
92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION	\$ 154.64
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$ 77.33
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$ 62.42
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$ 12.94
92551	HEARING TEST	\$ 8.10
92552	HEARING TEST	\$ 16.32
92553	HEARING TEST	\$ 20.83
92555	SPEECH AUDIOMETRY THRESHOLD;	\$ 12.11
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$ 18.16
92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION	\$ 37.80
92567	TYMPANOMETRY	\$ 13.78
92568	ACOUSTIC REFLEX TESTING	\$ 12.11
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING)	\$ 25.09
92571	SPECIAL HEARING TEST	\$ 12.41
92572	SPECIAL HEARING TEST	\$ 2.88
92576	SPECIAL HEARING TEST	\$ 15.94
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$ 22.91
92582	SPECIAL HEARING TEST	\$ 22.91
92583	SPECIAL HEARING TEST	\$ 25.01
92585	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY	\$ 80.72
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT	\$ 29.48
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION	\$ 48.76
92590	HEARING AID EXAMINATION AND SELECTION MONAURAL	\$ 34.82
92591	HEARING AID EXAM AND SELECTION BINAURAL	\$ 52.29
92592	HEARING AID CHECK MONAURAL	\$ 15.24
92593	HEARING AID CHECK BINAURAL	\$ 23.04
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID MONAURA	\$ 16.83

**SPEECH THERAPY & AUDIOLOGY - PROVIDER SPECIALITY 064 - Effective November 1, 2019**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID BINAURA	\$ 25.15
92607	EVAL FOR PRESCRIPTION FOR SPEECH GENERATING & ALT. COMM. DEVICE - FACE TO FACE	\$ 117.41
92608	EACH ADDITIONAL 30 MINUTES (USE IN CONJUNCTION WITH 92607)	\$ 22.45
92609	THERAPEUTIC SVCS FOR USE OF SPEECH GENERATING DEVICE INCLUDING PROG. & MODIF.	\$ 62.39
92610	EVAL OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$ 60.34
92612	ENDOSCOPIC STUDY OF SWALLOWING	\$ 121.27
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$ 59.05
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$ 13.71
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$ 64.19
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	\$ 15.65
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$ 109.18
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$ 109.18
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$ 40.11
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING	\$ 81.64