



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Therapy Codes Independent Providers– Idaho Medicaid

Physical Therapy (PT)

Procedure Code	Mod	Description	Allowed Amount
97001		PHYSICAL EVALUATION (1 unit = 1 evaluation)	\$ 62.95
97002		PHYSICAL THERAPY RE-EVALUATION	\$ 34.73

Occupational Therapy (OT)

Procedure Code	Mod	Description	Allowed Amount
97003		OCCUPATIONAL THERAPY EVALUATION (1 unit = 1 evaluation)	\$ 69.29
97004		OCCUPATIONAL THERAPY RE-EVALUATION	\$ 41.94

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
97012		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$ 13.30
97016		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$ 14.90
97018		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$ 8.06
97022		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$ 17.49
97024		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY	\$ 5.18
97026		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$ 4.61
97028		APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$ 5.80
97032		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELEC STIMUL (MANUAL), EA 15 MIN	\$ 15.32
97033		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, 15 MIN EACH	\$ 24.27
97034		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, 15 MIN EACH	\$ 14.09
97035		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, 15 MIN EACH	\$ 10.34
97036		APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HUBBARD TANK, 15 MIN EACH	\$ 25.17

Other Therapy Codes

95831		MUSCLE TESTING MANUAL WITH REPORT; EXTREMITY (EXCLUDING	\$ 24.66
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	HAND) OR TRUNK	
95832	MUSCLE TESTING BY HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 23.81
95833	MUSCLE TESTING TOTAL EVALUATION OF BODY, EXCLUDING HANDS	\$ 31.85
95834	MUSCLE TESTING TOTAL EVALUATION OF BODY, INCLUDING HANDS	\$ 39.92
95851	RANGE OF MOTION MEASUREMENTS AND REPORTS	\$ 14.87
95852	RANGE OF MOTION MEASUREMENTS, HAND WITH OR WITHOUT COMPARISON WITH NORMAL SIDE	\$ 12.47
95857	TENSILON TEST	\$ 40.27
95860	NEEDLE ELECTROMYOGRAPHY	\$ 77.92
95861	ELECTROMYOGRAPHY 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$113.31
95863	ELECTROMYOGRAPHY 3 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$136.73
95864	ELECTROMYOGRAPHY 4 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	\$150.20
95867	ELECTROMYOGRAPHY, CRANIAL NERVES, UNILATERAL	\$ 68.98
95868	ELECTROMYOGRAPHY, BILATERAL	\$ 93.76
95869	ELECTROMYOGRAPHY THORACIC PARASPINAL MUSCLES	\$ 50.01
95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL	\$ 48.86
95872	ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	\$154.47
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 49.73
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION W/CHEMODENERVATION (SP)	\$ 47.42
95875	ISCHEMIC LIMB EXERCISE W/EMG	\$ 90.34
95900	NERVE CONDUCTION, AMPLITUDE & LATENCY/VELOCITY STUDY, EA NRV, ANY/ALL STS-(SP)	\$ 51.54
95903	NERVE CONDUCTION, EA NERVE, ANY SITE; MOTOR/W/F-WAVE STUDY-(SP)	\$ 59.71
95904	NERVE CONDUCTION SENSORY, EACH NERVE.-(SP)	\$ 45.35
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	\$ 36.78
97039	UNLISTED MODALITY (SPECIFY TYPE & TIME IF CONSTANT ATTENDANCE)	\$ 10.12
97110	PHYSICAL MEDICINE TREATMENT THERAPEUTIC EXERCISES: Each 15 mins	\$ 25.76
97112	PHYSICAL MEDICINE TREATMENT NEUROMUSCULAR REEDUCA-	\$ 26.91
97113	THERAPEUTIC AQUATIC THERAPY W/EXER; 1 TO 1; 15 MIN	\$ 33.53
97116	PHYSICAL MEDICINE TREATMENT GAIT TRAINING	\$ 23.79
97139	PHYSICAL MEDICINE TREATMENT UNLISTED PROCEDURE	\$ 15.32
97140	MANUAL THERAPY TECHNIQUES; ONE OR MORE REGIONS; EACH 15 MINUTES	\$ 24.28
97530	THERAPEUTIC ACTIVITIES DIRECT ONE ON ONE PT CONTACT BY PROVIDER EACH 15 MIN	\$ 28.04
97535	SELF CARE/HOME MGMT TRAINING,ONE-ON-ONE,EA 15 MIN	\$ 28.06
97537	COMMUNITY/WORK REINTEGRATION,ONE-ON-ONE,EA 15 MIN	\$ 24.61
97542	WHEELCHAIR MGMT/PROPULSION TRAINING, EACH 15 MIN	\$ 24.89

Other Therapy Codes

Procedure Code	Mod	Description	Allowed Amount
97597		REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S) SELECTIVE DEBRIDEMENT W/O ANESTH	\$ 61.45
97598		REMOVAL OF DEVITALIZED TISSUE FROM WOUNDS, ELECTIVE DEBRID,W/O ANES;PER SESSION	\$ 20.55
97605		NEGATIVE PRESSURE WOUND THERAPY, INCL TOPICAL APP, ASSESS & INSTRUCT, PER SESSION	\$ 33.50
97606		NEGATIVE PRESSURE WOUND THERAPY; SURFACE AREA > THAN 50 SQ CENTIMETERS	\$ 35.67
97750		PHYSICAL TEST/MEASURE,W/WRITTEN REPORT, EACH 15 MI	\$ 26.97
97760		ORTHOTIC(S) MANAGEMENT AND TRAIN, UPPER, LOWER EXTREM AND/OR TRUNK 15 MIN EACH	\$ 30.14
97761		PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S) 15 MIN EACH	\$ 26.69
97762		CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTAB PT 15 MIN EACH	\$ 34.64

Speech Language Pathology (ST)

Procedure Code	Mod	Description	Allowed Amount
92507		LANGUAGE THERAPY	\$ 71.25
92521		EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)	\$ 97.58
92522		EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHEIA);	\$ 79.52
92523		EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHEIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND ESPRESSION (EG, RECEPTIVE AND EXPRESSIVE LANGUAGE)	\$ 164.71
92524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	\$ 82.15
92526		TX SWALLOWING DYSFUNCTION AND/OR ORAL FOR FEEDING	\$ 81.41
92597		EVAL FOR USE PROSTHETIC/AUGMENTATIVE DEVICE,SPEECH	\$ 84.45
92607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE & ALTERNATIVE COM	\$ 151.75
92608		EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROC	\$ 45.17
92609		THERAPEUTIC SERVICES FOR THE USE OF SPEECHGENERATING DEVICE INCLUDING PROGRAMMIN	\$ 100.15
92610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$ 90.58
92626		EVALUATION OF AUDITORY REHABILITATION STATUS, FIRST HOUR	\$ 72.87
92627		EVALUATION OF AUDITORY REHAB STATUS, EA ADD 15 MIN, ADD-ON	\$ 17.77
92630		AUDITORY REHABILITATION, PRE-LINGUAL HEARING LOSS	PAC 5
92633		AUDITORY REHABILITATION, POST-LINGUAL HEARING LOSS	PAC 5

If you have any questions regarding these rates please contact Lourie Neal, Idaho Medicaid Office of Reimbursement Policy, at (208) 287-1162

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