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| OCCUPATIONAL THERAPY & PHYSICAL THERAPY | | | |
| Procedure Code | Code Description | Current Rates | Rates Effective 7/1/2023 |
| 97110 | **PT, one or more areas each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Therapeutic exercises in one or more areas, to develop strength and endurance, range of motion and flexibility. | $20.92 | $21.96 |
| 97112 | **Neuromuscular reeducation; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. | $24.28 | $25.49 |
| 97113 | **Aquatic therapy with therapeutic exercises; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $26.44 | $27.76 |
| 97116 | **Gait training (includes stair climbing); each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $20.92 | $21.96 |
| 97140 | **Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $19.23 | $20.19 |
| 97530 | **Dynamic activities to improve functional performance; each 15 minutes**.  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $27.17 | $28.52 |
| 97533 | **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes.**  Therapeutic procedure to effect change through the application of clinical skills and/or services that attempt to improve function. The therapist is required to have direct (one-on-one) patient contact. | $17.45 | $18.32 |
| 97750 | **Physical performance test or measurement (e.g., musculosketal, functional capacity), with written report; each 15 minutes.**  Requires direct one-on-one patient contact | $23.80 | $24.99 |
| 97760 | **Orthotic(s) management and training; first encounter; each 15 minutes.**  Including assessment and fitting when not otherwise reported. Upper extremity(s), lower extremity(s) and/or trunk | $34.62 | $36.35 |

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| SPEECH THERAPY | | | |
| Procedure Code | Code Description | Current Rates | Rates Effective 7/1/2023 |
| 92507 | **Speech/Hearing therapy – individual; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | $21.54 | $22.61 |
| 92508 | **Speech/Hearing therapy -group; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | $16.59 | $17.41 |

**24:14:04:16.  Services provided by assistants.** Certified occupational therapy assistants, physical therapy assistants, and speech language pathology assistants are reimbursed at 70 percent of the provider rate.

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| BIRTH TO THREE SERVICES NOT BILLABLE TO MEDICAID | | | |
|  | Code Description | Current Rates | Rates Effective 7/1/2023 |
| ARSD 24:14:04:12 | **Family training, counseling, and home visits; each 15 minutes.**  unless medical in nature and provided by a qualified mental health professional. In  those cases, the Medicaid rate applies | $17.23 | $18.09 |
| ARSD  24:14:04:12 | **Special Instruction; each 15 minutes.**  See ARSD 24:14:08:15 for complete definition | $17.23 | $18.09 |

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| ASSISTIVE TECHNOLOGY | | |
|  | Code Description | Rate |
| ARSD 24:14:08:19 | **Assistive Technology service and device**. This can be submitted to Medicaid and depending on their funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case-by-case situation | Usual and customary charge or Medicaid rate  if appropriate. |
| Medicaid  29000-29750 | There are many more codes in this service category that apply to splints and casting  of various extremities. |

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| TRAVEL | | | |
|  | Code Description | Current Rates | Rates Effective 7/1/2023 |
| ARSD 24:14:04:13 | **Reimbursement for travel.** Travel to and from service provision sites is reimbursed to the service provider at a flat rate based on actual miles traveled. | $1.00 | $1.05 |