LOUISIANA MEDICAID SERVICES CHAPTER 44

* Procedure modifier UD (Wheelchair Seating evaluation (State assigned)) is required for procedure codes 97001 and 97003 when submitted for a wheelchair seating evaluation.

REHABILITATION CENTERS FEE SCHEDULE			
HIPAA Code	Description	HIPAA Rehab Center Rates	HIPAA Home Health Rates
92506	Speech, Language, Hear Evaluation	\$45.00	\$49.50
92507	Treatment of Speech, Language, Auditory	\$7.50	
92508	Treatment of Speech, Language, Auditory (group, two or more)	\$7.50	
97001	PT Evaluation	\$54.00	\$59.40
97003	OT Evaluation	\$51.00	\$56.10
97110	PT - One or more areas – Therapeutic – 15 Min	\$10.00	
97530	Therapeutic Activities - 15 Min	\$8.00	
97001 *	PT Evaluation	\$54.00	
97003 *	OT Evaluation		
G0151	Services of PT in HH setting, 15 Min		\$11.00
G0152	Services of OT in HH setting, 15 Min		\$8.80
G0153	Services of ST/L Pattern, each 15 Min		\$8.25

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