Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) Fees Fees Effective 4/1/2025

Procedure Codes		Procedure Codes			Regional Fees*				
Procedure	Note			IPSIDD					
Code	Below	CPT Description	Authorized Provider Types	Max Units	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
90791		Psy dx evaluation	LP (0580)/ LCSW (0560)	1	\$186.26	\$188.61	\$176.59	\$189.02	\$168.39
90832		Psytx, 30 min	LP (0580)/ LCSW (0560)	1	\$111.70	\$113.04	\$105.98	\$113.31	\$101.27
90834		Psytx, 45 min	LP (0580)/ LCSW (0560)	1	\$148.91	\$150.52	\$141.38	\$150.90	\$135.39
90837		Psytx, 60 min	LP (0580)/ LCSW (0560)	1	\$206.30	\$208.75	\$195.78	\$209.29	\$187.16
90846		Family psytx w/o patient	LP (0580) / LCSW (0560)	1	\$111.69	\$112.90	\$106.02	\$113.18	\$101.49
90847		Family psytx w/patient	LP (0580) / LCSW (0560)	1	\$223.42	\$226.31	\$211.92	\$226.85	\$202.17
90853		Group psychotherapy	LP (0580) / LCSW (0560)	1	\$57.75	\$58.49	\$54.74	\$58.61	\$52.19
92507		Speech/hearing therapy	SLP (0623)	1	\$119.87	\$122.12	\$112.63	\$122.00	\$105.05
92508		Speech/hearing therapy	SLP (0623)	1	\$35.03	\$35.77	\$32.81	\$35.70	\$30.36
92521		Eval of Speech Fluency	SLP (0623)	1	\$162.92	\$166.35	\$152.94	\$166.15	\$142.10
92522		Eval of Speech Sound Production	SLP (0623)	1	\$162.92	\$166.34	\$152.95	\$166.12	\$142.11
92523		Eval of Speech Sound Production with eval of language comprehens	SLP (0623)	1	\$162.97	\$166.76	\$152.81	\$166.52	\$141.37
92524		Behavioral and qualitative analysis of voice and resonance	SLP (0623)	1	\$162.92	\$167.41	\$152.60	\$167.16	\$140.34
92526		Oral function therapy	SLP (0623)	1	\$119.95	\$122.28	\$112.59	\$122.12	\$104.74
92606		Use of non-speech device	SLP (0623)	1	\$120.15	\$122.68	\$112.48	\$122.40	\$103.96
92609		Use of speech device service	SLP (0623)	1	\$120.15	\$122.68	\$112.48	\$122.40	\$103.96
92610		Evaluate swallowing function	SLP (0623)	1	\$119.98	\$122.55	\$112.51	\$122.37	\$104.26
96112	(C)	Devel tst phys/qhp 1st hr	LP (0580) / LCSW (0560)	1	\$149.37	\$152.19	\$140.89	\$152.28	\$132.36
96113	(C)	Devel tst phys/qhp ea addl	LP (0580) / LCSW (0560)	1	\$74.69	\$76.11	\$70.45	\$76.15	\$66.19
96130	(C)	Psycl tst eval phys/qhp 1st	LP (0580) / LCSW (0560)	1	\$74.49	\$75.37	\$70.66	\$75.56	\$67.51
96136	(C)	Psycl/nrpsyc tst phy/qhp 1st	LP (0580) / LCSW (0560)	1	\$148.96	\$150.73	\$141.30	\$151.09	\$134.99
96137	(C)	Psycl/nrpsyc tst phy/qhp ea	LP (0580) / LCSW (0560)	1	\$74.49	\$75.37	\$70.66	\$75.56	\$67.51
96138	(C)	Psycl/nrpsyc tech 1st	LP (0580) / LCSW (0560)	1	\$150.89	\$155.46	\$139.99	\$154.68	\$126.07
96139	(C)	Psycl/nrpsyc tst tech ea	LP (0580) / LCSW (0560)	1	\$75.45	\$77.74	\$70.01	\$77.34	\$63.05
97110		Therapeutic exercises, 15 min	OT (0621) / PT (0622)	3	\$43.54	\$44.57	\$40.73	\$44.47	\$38.79
97112		Neuromuscular reeducation, 15 min	OT (0621) / PT (0622)	3	\$43.77	\$44.66	\$40.99	\$44.57	\$38.11
97113		Aquatic therapy/exercises, 15 min	OT (0621) / PT (0622)	3	\$43.92	\$44.99	\$40.94	\$44.82	\$37.43
97116		Gait training therapy, 15 min	OT (0621) / PT (0622)	3	\$43.78	\$44.67	\$41.04	\$44.59	\$38.02
97124		Massage therapy, 15 min	OT (0621) / PT (0622)	3	\$43.83	\$45.00	\$40.93	\$44.87	\$37.47
97129	(B)	Ther ivntj 1st 15 min	OT (0621) / PT (0622) / SLP (0623)	1	\$43.70	\$44.45	\$41.10	\$44.40	\$38.44
97130	(B)	Ther ivntj ea addl 15 min	OT (0621) / PT (0622) / SLP (0623)	2	\$43.70	\$44.45	\$41.10	\$44.40	\$38.44
97140		Manual therapy, 15 min	OT (0621) / PT (0622)	3	\$43.78	\$44.64	\$41.05	\$44.54	\$38.09
97150		Group therapeutic procedures	OT (0621) / PT (0622)	1	\$43.70	\$44.54	\$41.06	\$44.51	\$38.29
97161	(A)	Pt evaluation, low complexity	PT (0622)	1	\$98.29	\$100.24	\$92.30	\$100.12	\$85.90
97162	(A)	Pt evaluation, med complexity	PT (0622)	1	\$131.06	\$133.65	\$123.07	\$133.50	\$114.53
97163	(A)	Pt evaluation, high complexity	PT (0622)	1	\$163.82	\$167.06	\$153.82	\$166.87	\$143.16
97164	(A)	PT re-evaluation, re-defined	PT (0622)	1	\$98.43	\$100.54	\$92.20	\$100.36	\$85.30
97165	(A)	Ot evaluation, low complexity	OT (0621)	1	\$88.62	\$90.67	\$82.95	\$90.47	\$76.50
97166	(A)	Ot evaluation, med complexity	OT (0621)	1	\$118.16	\$120.89	\$110.59	\$120.64	\$101.99
97167	(A)	Ot evaluation, high complexity	OT (0621)	1	\$147.69	\$151.10	\$138.24	\$150.79	\$127.49
97168	(A)	OT re-evaluation, re-defined	OT (0621)	1	\$88.80	\$90.98	\$82.87	\$90.67	\$75.90
97530		Therapeutic activities, 15 min	OT (0621) / PT (0622)	3	\$43.84	\$44.79	\$41.01	\$44.66	\$37.81
97533		Sensory integration, 15 min	OT (0621) / PT (0622) / SLP (0623)	3	\$43.76	\$44.57	\$41.06	\$44.51	\$38.22
97535		Self care mngment training, 15 min	OT (0621) / PT (0622)	3	\$43.83	\$44.75	\$41.01	\$44.65	\$37.87

Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD) Fees

Fees	Effective	4/1/	2025
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Procedure Codes					Regional Fees*				
Procedure	Note			IPSIDD					
Code	Below	CPT Description	Authorized Provider Types	Max Units	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
97537		Community/work reintegration, 15 min	OT (0621) / PT (0622)	3	\$44.57	\$45.41	\$41.83	\$45.34	\$34.97
97542		Wheelchair mngment training, 15 min	OT (0621) / PT (0622)	8	\$47.18	\$48.09	\$44.27	\$48.01	\$41.15
97755		Assistive technology assess, 15 min	OT (0621) / PT (0622)	6	\$43.68	\$44.47	\$41.08	\$44.45	\$38.42

* Locality Breakdown

Locality 1 - Manhattan

Locality 2 - Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester

Locality 3 - Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster

Locality 4 - Queens

Locality 99 - Remainder of State

Authorized Provider Types

OT Occupational Therapist (PCOS: 0621)

PT Physical Therapist (PCOS: 0622)

SLP Speech and Lang Pathologist (PCOS: 0623)

LP Licensed Psychologist (PCOS: 0580)

LCSW Licensed Clinical Social Worker (PCOS: 0560)

(A) Effective 1/1/2017, the American Medical Association (AMA) replaced procedure codes 97001, 97002, 97003, 97004 with eight new procedure codes.

• New codes: 97161 through 97168

(B) Effective 1/1/2018, the American Medical Association (AMA) replaced procedure code 97532 with 97127.

Effective 1/1/2020, the American Medical Association (AMA) replaced procedure code 97127 with 97129 and 97130.

(C) Effective 1/1/2019, the American Medical Association (AMA) replaced procedure codes as follows:

- 96101 replaced with 96130, 96131, 96136 and 96137, however, 96131 is not reimbursable by Medicaid.
- 96102 replaced with 96138 & 96139.
- 96111 replaced with 96112 & 96113.