

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

**Fees Effective 1/1/17**

Procedure Codes		Prov Types	Max Units	Regional Fees*				
Procedure Code	CPT Description	Auth Prov Types	IPSIDD Max Units	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
90791	Psy dx evaluation	LP (0580) / LCSW (0560)	1	\$159.45	\$161.46	\$151.17	\$161.81	\$144.15
90832	Psytx, 30 min	LP (0580) / LCSW (0560)	1	\$95.62	\$96.77	\$90.72	\$97.00	\$86.69
90834	Psytx, 45 min	LP (0580) / LCSW (0560)	1	\$127.47	\$128.85	\$121.03	\$129.18	\$115.90
90837	Psytx, 60 min	LP (0580) / LCSW (0560)	1	\$176.60	\$178.70	\$167.60	\$179.16	\$160.22
90846	Family psytx w/o patient	LP (0580) / LCSW (0560)	1	\$95.61	\$96.65	\$90.76	\$96.89	\$86.88
90847	Family psytx w/patient	LP (0580) / LCSW (0560)	1	\$191.26	\$193.73	\$181.41	\$194.19	\$173.07
90853	Group psychotherapy	LP (0580) / LCSW (0560)	1	\$49.44	\$50.07	\$46.86	\$50.17	\$44.68
92507	Speech/hearing therapy	SLP (0623)	1	\$102.61	\$104.54	\$96.42	\$104.44	\$89.93
92508	Speech/hearing therapy, group	SLP (0623)	1	\$29.99	\$30.62	\$28.09	\$30.56	\$25.99
92521	Eval of Speech Fluency	SLP (0623)	1	\$139.47	\$142.40	\$130.92	\$142.23	\$121.64
92522	Eval of Speech Sound Production	SLP (0623)	1	\$139.47	\$142.39	\$130.93	\$142.21	\$121.65
92523	Eval of Speech Sound Production w eval of lang comp and express	SLP (0623)	1	\$139.51	\$142.75	\$130.81	\$142.55	\$121.02
92524	Behavioral and qualitative analysis of voice and resonance	SLP (0623)	1	\$139.47	\$143.31	\$130.63	\$143.10	\$120.14
92526	Oral function therapy	SLP (0623)	1	\$102.68	\$104.68	\$96.38	\$104.54	\$89.66
92606	Use of non-speech device	SLP (0623)	1	\$102.85	\$105.02	\$96.29	\$104.78	\$88.99
92609	Use of speech device service	SLP (0623)	1	\$102.85	\$105.02	\$96.29	\$104.78	\$88.99
92610	Evaluate swallowing function	SLP (0623)	1	\$102.71	\$104.91	\$96.31	\$104.75	\$89.25
96101	Psycho testing by psych/phys	LP (0580) / LCSW (0560)	1	\$255.05	\$258.08	\$241.94	\$258.69	\$231.14
96102	Psycho testing by technician	LP (0580) / LCSW (0560)	1	\$193.76	\$199.62	\$179.77	\$198.62	\$161.89
96111	Developmental test, extend	LP (0580) / LCSW (0560)	1	\$191.82	\$195.42	\$180.92	\$195.54	\$169.97
97110	Therapeutic exercises, 15 min	OT (0621) / PT (0622)	3	\$37.27	\$38.15	\$34.87	\$38.07	\$33.21
97112	Neuromuscular reeducation, 15 min	OT (0621) / PT (0622)	3	\$37.47	\$38.23	\$35.09	\$38.15	\$32.62
97113	Aquatic therapy/exercises, 15 min	OT (0621) / PT (0622)	3	\$37.60	\$38.51	\$35.05	\$38.37	\$32.04
97116	Gait training therapy, 15 min	OT (0621) / PT (0622)	3	\$37.48	\$38.24	\$35.13	\$38.17	\$32.55
97124	Massage therapy, 15 min	OT (0621) / PT (0622)	3	\$37.52	\$38.52	\$35.04	\$38.41	\$32.08
97140	Manual therapy, 15 min	OT (0621) / PT (0622)	3	\$37.48	\$38.21	\$35.14	\$38.13	\$32.61
97150	Group therapeutic procedures	OT (0621) / PT (0622)	1	\$37.41	\$38.13	\$35.15	\$38.10	\$32.78
97161**	PT evaluation low complex 20 min	PT (0622)	1	\$84.14	\$85.81	\$79.01	\$85.71	\$75.53
97162**	PT evaluation, med complex 30 min	PT (0622)	1	\$112.19	\$114.41	\$105.35	\$114.28	\$98.04
97163**	PT evaluation, high complex 45 min	PT (0622)	1	\$140.24	\$143.01	\$131.68	\$142.85	\$122.55
97164**	PT re-eval est plan care	PT (0622)	1	\$84.26	\$86.07	\$78.93	\$85.91	\$73.02
97165**	OT evaluation low complex 30 min	OT (0621)	1	\$75.86	\$77.62	\$71.01	\$77.45	\$65.49
97166**	OT evaluation med complex 45 min	OT (0621)	1	\$101.15	\$103.49	\$94.67	\$103.27	\$87.31
97167**	OT evaluation high complex 60 min	OT (0621)	1	\$126.43	\$129.35	\$118.34	\$129.08	\$109.14
97168**	OT re-eval est plan care	OT (0621)	1	\$76.02	\$77.88	\$70.94	\$77.62	\$64.97
97530	Therapeutic activities, 15 min	OT (0621) / PT (0622)	3	\$37.53	\$38.34	\$35.11	\$38.23	\$32.97
97532	Cognitive skills development, 15 min	OT (0621) / PT (0622) / SLP (0623)	3	\$37.41	\$38.05	\$35.18	\$38.01	\$32.91
97533	Sensory integration, 15 min	OT (0621) / PT (0622) / SLP (0623)	3	\$37.46	\$38.15	\$35.15	\$38.10	\$32.72
97535	Self care mngmt training, 15 min	OT (0621) / PT (0622)	3	\$37.52	\$38.31	\$35.11	\$38.22	\$32.42
97537	Community/work reintegration, 15 min	OT (0621) / PT (0622)	3	\$38.15	\$38.87	\$35.81	\$38.81	\$29.94
97542	Wheelchair mngmt training, 15 min	OT (0621) / PT (0622)	8	\$40.39	\$41.17	\$37.90	\$41.10	\$35.23
97755	Assistive technology assess, 15 min	OT (0621) / PT (0622)	6	\$37.39	\$38.07	\$35.17	\$38.05	\$32.89

**\* 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)

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