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| **OCCUPATIONAL THERAPY & PHYSICAL THERAPY**  See ARSD 24:14:08:11 & 12 for complete definition. | | |
| **Procedure Code** | **Code Description** | **Effective 8/1/2025** |
| 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. | $26.51 |
| 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. | $30.45 |
| 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. | $33.18 |
| 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. | $26.51 |
| 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. | $24.38 |
| 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. | $33.18 |
| 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. | $56.54 |
| 97750 | **Physical performance test or measurement (e.g., musculosketal, functional capacity), with written report; each 15 minutes.**  Requires direct one-on-one patient contact | $30.76 |
| 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 | $43.19 |
| **SPEECH THERAPY**  **See ARSD 24:14:08:16 for complete definition** | | |
| **Procedure Code** | **Code Description** | **Rates Effective 8/1/2025** |
| 92507 | **Speech/Hearing therapy – individual; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | $33.50 |
| 92508 | **Speech/Hearing therapy -group; each 15 minutes.**  Treatment of speech, language, voice, communication, and/or auditory processing disorder. | B2T Co-therapy rates apply |

**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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| **Special Instruction/Family training**  **See ARSD 24:14:04:12 for complete definition** | | |
| SEIDS Code | Code Description | Rates Effective 8/1/2024 |
| B3C106 | **Special Instruction; each 15 minutes.**  See ARSD 24:14:08:15 for complete definition | $26.80 |
| B3C102 | **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 | $26.80 |

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| **ASSISTIVE TECHNOLOGY**  **See ARSD 24:14:08:07 for complete definition.** | | |
| Procedure Code | Code description | Medicaid Rate |
| ARSD 24:14:04:12 | **Assistive Technology service and device**. This should be submitted to Medicaid if child is eligible, depending on Medicaid’s funding decision, B-3 will pay but at the typical Medicaid reimbursement rate. This is a case-by-case situation. Providers must submit invoice | Usual and customary charge or Medicaid rate if appropriate |

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| **TRAVEL REIMBURSEMENT** | | |
| 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. | $1.11 |