

Early Intervention Services Fee Schedule January 1, 2025

*Note: multidisciplinary evaluations are reimbursed up to the maximum allowable units per provider type listed (i.e., maximum units are limited to two hours per team member, per event).

Code	MOD 1	MOD 2	Description of Service and Limits	Maximum Fee	Maximum Allowable Units
T1023			Screening	\$53.98	3 per calendar year, per child
T1024	GP	UK	Initial Psychosocial and Developmental Evaluation rendered by a Physical Therapist	\$40.49	30-minute unit, 4 units per eval, 1 eval per child
T1024	GN	UK	Initial Psychosocial and Developmental Evaluation rendered by a Speech Therapist	\$40.49	30-minute unit, 4 units per eval, 1 eval per child
T1024	GO	UK	Initial Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	\$40.49	30-minute unit, 4 units per eval, 1 eval per child
T1024	TL		Initial Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional	\$40.49	30-minute unit, 4 units per eval, 1 eval per child
T1024	HN	UK	Initial Psychosocial and Developmental Evaluation rendered by an ITDS	\$29.96	30-minute unit, 4 units per eval, 1 eval per child
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist	\$40.49	30-minute unit, 4 units per eval, 3 evals per year
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist	\$40.49	30-minute unit, 4 units per eval, 3 evals per year
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist	\$40.49	30-minute unit, 4 units per eval, 3 evals per year
T1024	TS	TL	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional	\$40.49	30-minute unit, 4 units per eval, 3 evals per year
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	\$29.96	30-minute unit, 4 units per eval, 3 evals per year
T1027	SC		Early Intervention Individual Session Provided by an EIS professional	\$13.50	15-minute unit, 4 units per day
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional	\$6.75	15-minute unit, 4 units per day

Occupational Therapy Services					
Code	MOD 1	MOD 2	Description of Service and Limits	Maximum Fee	Maximum Allowable Units
97165			Occupational Therapy Evaluation, Low Complexity	\$58.11	1 per year
97166			Occupational Therapy Evaluation, Moderate Complexity	\$58.11	1 per year
97167			Occupational Therapy Evaluation, High Complexity	\$58.11	1 per year
97168			Occupational Therapy Re-Evaluation	\$58.11	1 per 5 months
97530			Occupational Therapy Treatment Visit	\$20.33	4 per day, 14 per week
97530	HM		Occupational Therapy Treatment Visit Provided by an Occupational Therapy Assistant	\$16.28	

Physical Therapy Services					
Code	MOD 1	MOD 2	Description of Service and Limits	Maximum Fee	Maximum Allowable Units
97161			Physical Therapy Evaluation, Low Complexity	\$58.11	1 per year
97162			Physical Therapy Evaluation, Moderate Complexity	\$58.11	1 per year
97163			Physical Therapy Evaluation, High Complexity	\$58.11	1 per year
97164			Physical Therapy Re-Evaluation	\$58.11	1 per 5 months
97110			Physical Therapy Treatment Visit	\$20.33	4 per day, 14 per week
97110	HM		Physical Therapy Treatment Visit Provided by a Physical Therapist Assistant	\$16.28	

Speech-Language Therapy Services					
Code	MOD 1	MOD 2	Description of Service and Limits	Maximum Fee	Maximum Allowable Units
92521			Evaluation/Re-evaluation of speech fluency (e.g., stuttering, cluttering)	\$58.11	1 per 5 months
92522			Evaluation/Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	\$58.11	1 per 5 months
92523			Evaluation/Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia,	\$58.11	1 per 5 months

			dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)		
92524			Evaluation/Re-evaluation of behavioral and qualitative analysis of voice and resonance	\$58.11	1 per 5 months
92610			Evaluation of oral and pharyngeal swallowing function	\$58.11	1 per 5 months
92526			Treatment of swallowing dysfunction and/or function for feeding	\$58.11	1 per day
92507			Speech Therapy Visit	\$20.33	4 per day, 14 per week
92507	HM		Speech Therapy Visit Provided by a Speech Therapy Assistant	\$16.28	
92508	HA		Group Speech Therapy per child in the group per 15 minutes	\$3.94	
92597			AAC Initial Evaluation Provided by a Speech-Language Pathologist	\$116.83	1 per 5 years
92597	GN		AAC Re-Evaluation Provided by a Speech-Language Pathologist	\$59.91	1 per 6 months
92609			AAC Fitting, Adjustment, and Training Visit	\$47.94	8 per year

Audiologist/Hearing Services					
Code	MOD 1	MOD 2	Description of Service and Limits	Maximum Fee	Maximum Allowable Units
92626			Eval of AUD Rehab Status	\$61.71	1 per 3 years
92630			AUD Rehab PRELING Hearing Loss	\$69.35	1 per 3 years
92633			AUD Rehab POSTLING Hearing Loss	\$69.35	1 per 3 years
92552			Pure Tone Audiometry - Air Only	\$21.46	1 per 3 years
92553			Pure Tone Audiometry - Air & Bone	\$26.04	1 per 3 years
92555			Speech AUD Threshold (Detection)	\$16.15	1 per 3 years
92557			Comp Audio Threshold Eval/SPCH RECOG	\$24.28	1 per 3 years
92567			Tympanometry (Impedance Testing)	\$7.92	1 per 3 years
92568			Acoustic Reflex Testing (MEMR)	\$10.88	1 per 3 years
92579			Visual Reinforcement Audiometry	\$31.81	1 per 3 years
92582			Conditioned Play Audiometry	\$49.59	1 per 3 years
92587			Otoacoustic Emissions (Limited)	\$15.19	1 per 3 years

92588			Otoacoustic Emissions (Comp)	\$23.14	1 per 3 years
92650			AEP SCR Auditory Potential	\$54.90	1 per 3 years
92651			AEP Hearing Status Deter I&R	\$78.25	1 per 3 years
92652			AEP THRESHLD Est MLT Freq I&R	\$81.24	1 per 3 years
V5010			Assessment for Hearing Aid	\$45.32	1 per 3 years
V5090			Dispensing Fee per Hearing Aid	\$115.81	1 per 3 years
V5160			Dispensing Fee Binaural	\$231.62	1 per 3 years
V5014			Hearing Aid Repair by Manufacturer	\$114.81	2 per year
V5014	TS		Hearing Aid Repair In-Office	\$15.11	2 per year
V5050			In Ear Monaural Hearing Aid	\$229.61	1 per 3 years
V5060			Behind Ear Hearing Aid	\$229.61	1 per 3 years
V5130			In Ear Binaural Hearing Aid	\$459.22	1 per 3 years
V5140			Behind Ear Binaural Hearing Aid	\$459.22	1 per 3 years
V5256			Hearing Aid, Digital, Monaural, In Ear	\$570.88	1 Device
V5257			Hearing Aid, Digital, Monaural, Behind the Ear	\$559.67	1 Device
V5260			Hearing Aid, Digital, Binaural, In the Ear	\$996.09	1 Device
V5261			Hearing Aid, Digital, Binaural, Behind the Ear	\$980.74	1 Device
V5264			Earmold	\$18.13	3 per year