

Indiana Services and Rates

As of 07/01/2019

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Audiologist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Audiologist	X1011	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92521	\$ 15.02
Audiologist	X1011	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92522	\$ 15.02
Audiologist	X1011	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92523	\$ 15.02
Audiologist	X1011	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92524	\$ 15.02
Audiologist	X1012	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92521	\$ 19.55
Audiologist	X1012	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92522	\$ 19.55
Audiologist	X1012	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92523	\$ 19.55
Audiologist	X1012	Audiology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92524	\$ 19.55
Audiologist	X1015	Audiology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Audiologist	X1016	Audiology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Audiologist	X1021	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92507	\$ 14.12
Audiologist	X1021	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Audiologist	X1022	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92507	\$ 18.38
Audiologist	X1022	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Audiologist	X1031	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Audiologist	X1031	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Audiologist	X1032	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Audiologist	X1032	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Audiologist	Z1000	Audiology	Eval/Assessment	Comprehensive audiometry threshold evaluation and speech recognition/discrimination	Episode	Individual	on-site	92557	\$ 31.44
Audiologist	Z1001	Audiology	Eval/Assessment	Hearing Aid Evaluation/examination and selection; monaural	Episode	Individual	on-site	92590	\$ 38.89

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Audiologist	Z1002	Audiology	Eval/Assessment	Hearing Aid Evaluation/examination and selection; binaural	Episode	Individual	on-site	92591	\$ 45.56
Audiologist	Z1003	Audiology	Eval/Assessment	Electroacoustic Evaluation for hearing aid; monaural	Episode	Individual	on-site	92594	\$ 5.00
Audiologist	Z1004	Audiology	Eval/Assessment	Electroacoustic Evaluation for hearing aid; binaural	Episode	Individual	on-site	92595	\$ 78.50
Audiologist	Z1005	Audiology	Eval/Assessment	Pure tone audiometry (threshold); air only	Episode	Individual	on-site	92552	\$ 11.47
Audiologist	Z1006	Audiology	Eval/Assessment	Pure tone audiometry (threshold); air & bone	Episode	Individual	on-site	92553	\$ 17.60
Audiologist	Z1007	Audiology	Eval/Assessment	SRT or SDT: Speech Audiometry Threshold	Episode	Individual	on-site	92555	\$ 9.91
Audiologist	Z1008	Audiology	Eval/Assessment	Tympanometry (impedance testing)	Episode	Individual	on-site	92567	\$ 14.09
Audiologist	Z1009	Audiology	Eval/Assessment	Acoustic reflex testing	Episode	Individual	on-site	92568	\$ 9.91
Audiologist	Z1010	Audiology	Eval/Assessment	Visual Reinforcement Audiometry (VRA)	Episode	Individual	on-site	92579	\$ 18.90
Audiologist	Z1011	Audiology	Eval/Assessment	Conditioning Play Audiometry	Episode	Individual	on-site	92582	\$ 19.16
Audiologist	Z1012	Audiology	Eval/Assessment	Select Picture Audiometry	Episode	Individual	on-site	92583	\$ 23.60
Audiologist	Z1013	Audiology	Eval/Assessment	ABR: Audiometry evoked potential for evoked response audiometry	Episode	Individual	on-site	92585	\$ 104.06
Audiologist	Z1014	Audiology	Eval/Assessment	Automated ABR: Automated Audiometry evoked potential for evoked response audiometry	Episode	Individual	on-site	92586	\$ 49.41
Audiologist	Z1015	Audiology	Eval/Assessment	OAE limited: Evoked otoacoustic emissions	Episode	Individual	on-site	92587	\$ 40.52
Audiologist	Z1016	Audiology	Service	Individual treatment of auditory processing disorder(aural rehabilitation)	Episode	Individual	on-site	92507	\$ 95.40
Audiologist	Z1017	Audiology	Eval/Assessment	Hearing aid check; monaural	Episode	Individual	on-site	92592	\$ 35.33
Audiologist	Z1018	Audiology	Eval/Assessment	Hearing aid check; binaural	Episode	Individual	on-site	92593	\$ 40.00
Audiologist	Z1019	Audiology	Eval/Assessment	OAE Complete: Comprehensive or Diagnostic Evaluation	Episode	Individual	on-site	92588	\$ 56.47

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Audiologist	Z1020	Audiology	Eval/Assessment	Hearing aid - monaural digital behind the ear (BTE)	Episode	Individual	on-site	V5257	\$ 900.00
Audiologist	Z1021	Audiology	Eval/Assessment	Hearing aid - binaural digital behind the ear (BTE)	Episode	Individual	on-site	V5261	\$ 900.00
Clinical Social Worker	X7000	Service Coordination	Eval/Assessment	Financial Case Management	1/4 hour	none	none	T1016	\$ -
Clinical Social Worker	X7100	Service Coordination	Eval/Assessment	IFSP Development	1/4 hour	none	none	T1023	\$ -
Clinical Social Worker	X7200	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Clinical Social Worker	X7300	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Clinical Social Worker	X7400	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Common Carrier (Ambulatory)	X8500	Transportation	Transportation	One Way Trip	per R/T	none	none	T2003	\$ 8.75
Common Carrier (Ambulatory)	X8510	Transportation	Transportation	Assessment/Evaluation One Way Trip	per R/T	none	none	T2003	\$ 8.75
Developmental/Educational Spec	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Developmental/Educational Spec	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Developmental/Educational Spec	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
Developmental/Educational Spec	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
Developmental/Educational Spec	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Developmental/Educational Spec	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Developmental/Educational Spec	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Developmental/Educational Spec	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Developmental/Educational Spec	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99
Developmental/Educational Spec	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Developmental/Educational Spec	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
Developmental/Educational Spec	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
Developmental/Educational Spec	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
Developmental/Educational Spec	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
Developm'tl/Educat'l Associate	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Developm'tl/Educat'l Associate	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Developm'tl/Educat'l Associate	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
Developm'tl/Educat'l Associate	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
Developm'tl/Educat'l Associate	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Developm'tl/Educat'l Associate	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
Developm'tl/Educat'l Associate	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DME/Medical Supply Dealer	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
DT Assoc Behavior	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Behavior	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Behavior	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Behavior	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Behavior	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Assoc Behavior	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Assoc Behavior	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
DT Assoc Communication	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Communication	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Communication	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Communication	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Communication	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Assoc Communication	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Assoc Communication	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Assoc Hearing Impaired	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Hearing Impaired	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Hearing Impaired	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Hearing Impaired	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Hearing Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Assoc Hearing Impaired	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Assoc Hearing Impaired	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Assoc Vision Impaired	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Vision Impaired	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Vision Impaired	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Assoc Vision Impaired	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Assoc Vision Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
DT Assoc Vision Impaired	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Assoc Vision Impaired	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Ed Spec Behavior	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Behavior	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Behavior	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Behavior	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Behavior	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Behavior	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
DT Ed Spec Behavior	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Behavior	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Ed Spec Behavior	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99
DT Ed Spec Behavior	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99
DT Ed Spec Behavior	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
DT Ed Spec Behavior	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
DT Ed Spec Behavior	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Ed Spec Behavior	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Ed Spec Communication	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Communication	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Communication	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
DT Ed Spec Communication	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Communication	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Communication	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
DT Ed Spec Communication	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Communication	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Ed Spec Communication	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99
DT Ed Spec Communication	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99
DT Ed Spec Communication	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
DT Ed Spec Communication	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
DT Ed Spec Communication	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Ed Spec Communication	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Ed Spec Hearing Impaired	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Hearing Impaired	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Hearing Impaired	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Hearing Impaired	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Hearing Impaired	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Hearing Impaired	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
DT Ed Spec Hearing Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Hearing Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
DT Ed Spec Hearing Impaired	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99
DT Ed Spec Hearing Impaired	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99
DT Ed Spec Hearing Impaired	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
DT Ed Spec Hearing Impaired	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
DT Ed Spec Hearing Impaired	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
DT Ed Spec Hearing Impaired	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
DT Ed Spec Vision Impaired	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Vision Impaired	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Vision Impaired	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Vision Impaired	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Vision Impaired	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
DT Ed Spec Vision Impaired	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
DT Ed Spec Vision Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
DT Ed Spec Vision Impaired	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
DT Ed Spec Vision Impaired	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99
DT Ed Spec Vision Impaired	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99
DT Ed Spec Vision Impaired	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
DT Ed Spec Vision Impaired	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
DT Ed Spec Vision Impaired	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
DT Ed Spec Vision Impaired	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
Family Member	X8600	Transportation	Transportation	Mileage	Mile	none	none	A0090	\$ 0.40
Family Member	X8610	Transportation	Transportation	Assessment/Evaluation Mileage	Mile	none	none	A0090	\$ 0.40
Gen Internist (w/ subspec'ty)	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Gen Internist (w/ subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Gen Internist (w/ subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Gen Internist (w/ subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/ subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Gen Internist (w/ subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Gen Internist (w/ subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Gen Internist (w/ subspec'ty)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/ subspec'ty)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Gen Internist (w/ subspec'ty)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Gen Internist (w/ subspec'ty)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Gen Internist (w/ subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Gen Internist (w/ subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Gen Internist (w/ subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Gen Internist (w/ subspec'ty)	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/ subspec'ty)	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Gen Internist (w/o subspec'ty)	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Gen Internist (w/o subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Gen Internist (w/o subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Gen Internist (w/o subspec'ty)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/o subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Gen Internist (w/o subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Gen Internist (w/o subspec'ty)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Gen Internist (w/o subspec'ty)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/o subspec'ty)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Gen Internist (w/o subspec'ty)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Gen Internist (w/o subspec'ty)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Gen Internist (w/o subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Gen Internist (w/o subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Gen Internist (w/o subspec'ty)	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Gen Internist (w/o subspec'ty)	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Gen Internist (w/o subspec'ty)	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
General Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
General Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
General Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
General Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
General Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
General Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
General Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
General Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
General Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
General Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
General Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
General Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
General Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
General Practitioner	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
General Practitioner	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
General Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04
General Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
General Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
General Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04
General Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
General Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
General Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
General Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
General Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
Hearing Aid Dealer	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Interpreter	X9999	Other Related Svc.	Other Services	Special Processing required	none	none	none	99199	\$ -
Interpreter - Associate	X9911	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	on-site	T1013	\$ 8.83
Interpreter - Associate	X9912	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	off-site	T1013	\$ 12.01
Interpreter - Specialist	X9911	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	on-site	T1013	\$ 11.27
Interpreter - Specialist	X9912	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	off-site	T1013	\$ 14.91
Licensed Clinical Social Wrker	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90791	\$ 10.25
Licensed Clinical Social Wrker	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90792	\$ 10.25
Licensed Clinical Social Wrker	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96150	\$ 10.25
Licensed Clinical Social Wrker	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90791	\$ 17.00
Licensed Clinical Social Wrker	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90792	\$ 17.00
Licensed Clinical Social Wrker	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96150	\$ 17.00

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Licensed Clinical Social Wrker	X7515	Social Work	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Licensed Clinical Social Wrker	X7516	Social Work	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Licensed Clinical Social Wrker	X7521	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	on-site	H0004	\$ 9.63
Licensed Clinical Social Wrker	X7521	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Licensed Clinical Social Wrker	X7522	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	off-site	H0004	\$ 17.00
Licensed Clinical Social Wrker	X7522	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Licensed Clinical Social Wrker	X7531	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Licensed Clinical Social Wrker	X7531	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Licensed Clinical Social Wrker	X7532	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Licensed Clinical Social Wrker	X7532	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
LPN (Licensed Practical Nurse)	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
LPN (Licensed Practical Nurse)	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
LPN (Licensed Practical Nurse)	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
LPN (Licensed Practical Nurse)	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
LPN (Licensed Practical Nurse)	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
LPN (Licensed Practical Nurse)	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
LPN (Licensed Practical Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 11.00
LPN (Licensed Practical Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 11.00
LPN (Licensed Practical Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
LPN (Licensed Practical Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 14.58
LPN (Licensed Practical Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 14.58
LPN (Licensed Practical Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
LPN (Licensed Practical Nurse)	X4015	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
LPN (Licensed Practical Nurse)	X4016	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99381	\$ 11.00
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99382	\$ 11.00
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 11.00
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1002	\$ 11.00
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1003	\$ 11.00
LPN (Licensed Practical Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99381	\$ 14.58
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99382	\$ 14.58
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 14.58
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1002	\$ 14.58
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1003	\$ 14.58
LPN (Licensed Practical Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Marriage & Family Therapist	X6515	Psychology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Marriage & Family Therapist	X6516	Psychology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90832	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90834	\$ 23.00

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90837	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90846	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90847	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99510	\$ 23.00
Marriage & Family Therapist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90832	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90834	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90837	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90846	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90847	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99510	\$ 29.21
Marriage & Family Therapist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Marriage & Family Therapist	X6531	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Marriage & Family Therapist	X6531	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Marriage & Family Therapist	X6532	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Marriage & Family Therapist	X6532	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
MSW (Cert Clinical Soc Worker)	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90791	\$ 10.25
MSW (Cert Clinical Soc Worker)	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90792	\$ 10.25
MSW (Cert Clinical Soc Worker)	X7511	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96150	\$ 10.25
MSW (Cert Clinical Soc Worker)	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90791	\$ 17.00
MSW (Cert Clinical Soc Worker)	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90792	\$ 17.00
MSW (Cert Clinical Soc Worker)	X7512	Social Work	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96150	\$ 17.00
MSW (Cert Clinical Soc Worker)	X7515	Social Work	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
MSW (Cert Clinical Soc Worker)	X7516	Social Work	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
MSW (Cert Clinical Soc Worker)	X7521	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	on-site	H0004	\$ 9.63
MSW (Cert Clinical Soc Worker)	X7521	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
MSW (Cert Clinical Soc Worker)	X7522	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	off-site	H0004	\$ 17.00
MSW (Cert Clinical Soc Worker)	X7522	Social Work	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
MSW (Cert Clinical Soc Worker)	X7531	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
MSW (Cert Clinical Soc Worker)	X7531	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
MSW (Cert Clinical Soc Worker)	X7532	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
MSW (Cert Clinical Soc Worker)	X7532	Social Work	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Neonatologist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Neonatologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Neonatologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Neonatologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neonatologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Neonatologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Neonatologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Neonatologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neonatologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Neonatologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Neonatologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Neonatologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Neonatologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Neonatologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Neonatologist	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neonatologist	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Neurologist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Neurologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Neurologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Neurologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neurologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Neurologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Neurologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Neurologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neurologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Neurologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Neurologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Neurologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Neurologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Neurologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Neurologist	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Neurologist	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Nurse Practitioner	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Nurse Practitioner	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Nurse Practitioner	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Nurse Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Nurse Practitioner	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 15.61
Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 15.61
Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 15.61
Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99392	\$ 15.61
Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	T1001	\$ 15.61
Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 20.27
Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 20.27
Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 20.27
Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 20.27
Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	T1001	\$ 20.27

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Nurse Practitioner	X4015	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X4016	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99381	\$ 14.67
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99382	\$ 14.67
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1002	\$ 14.67
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1003	\$ 14.67
Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99381	\$ 19.06
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99382	\$ 19.06
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1002	\$ 19.06
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1003	\$ 19.06
Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Nurse Practitioner	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Nurse Practitioner	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Nurse Practitioner	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04
Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04
Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
Occupational Therapist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Occupational Therapist	X6015	Occupational Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Occupational Therapist	X6016	Occupational Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	95851	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97530	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97532	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97533	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97535	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97542	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97760	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97761	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97762	\$ 15.90
Occupational Therapist	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	95851	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97530	\$ 25.12
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97532	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97533	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97535	\$ 25.14
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97542	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97760	\$ 22.65

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97761	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97762	\$ 22.65
Occupational Therapist	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Occupational Therapist	X6031	Occupational Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Occupational Therapist	X6031	Occupational Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Occupational Therapist	X6032	Occupational Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Occupational Therapist	X6032	Occupational Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Occupational Therapist	X6041	Occupational Therapy	Eval/Assessment	Assessment/Evaluation Low Complex	1/4 hour	Individual	on-site	97165	\$ 16.92
Occupational Therapist	X6042	Occupational Therapy	Eval/Assessment	Assessment/Evaluation Low Complex	1/4 hour	Individual	off-site	97165	\$ 24.30
Occupational Therapist	X6043	Occupational Therapy	Eval/Assessment	Assessment/Evaluation Moderate Complex	1/4 hour	Individual	on-site	97166	\$ 16.92
Occupational Therapist	X6044	Occupational Therapy	Eval/Assessment	Assessment/Evaluation Moderate Complex	1/4 hour	Individual	off-site	97166	\$ 24.30
Occupational Therapist	X6045	Occupational Therapy	Eval/Assessment	Assessment/Evaluation High Complex	1/4 hour	Individual	on-site	97167	\$ 16.92
Occupational Therapist	X6046	Occupational Therapy	Eval/Assessment	Assessment/Evaluation High Complex	1/4 hour	Individual	off-site	97167	\$ 24.30
Occupational Therapy Assistant	X6015	Occupational Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Occupational Therapy Assistant	X6016	Occupational Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	95851	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97530	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97532	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97533	\$ 11.13

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97535	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97542	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97760	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97761	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97762	\$ 11.13
Occupational Therapy Assistant	X6021	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	95851	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97530	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97532	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97533	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97535	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97542	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97760	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97761	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97762	\$ 16.24
Occupational Therapy Assistant	X6022	Occupational Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Occupational Therapy Assistant	X6032	Occupational Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Ophthalmologist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Ophthalmologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Ophthalmologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Ophthalmologist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Ophthalmologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Ophthalmologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Ophthalmologist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Ophthalmologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Ophthalmologist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Ophthalmologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Ophthalmologist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Ophthalmologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Ophthalmologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Ophthalmologist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Ophthalmologist	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Ophthalmologist	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Ophthalmologist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92002	\$ 17.63
Ophthalmologist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92004	\$ 17.63
Ophthalmologist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92012	\$ 17.63
Ophthalmologist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92014	\$ 17.63
Ophthalmologist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92002	\$ 22.74
Ophthalmologist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92004	\$ 22.74
Ophthalmologist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92012	\$ 22.74
Ophthalmologist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92014	\$ 22.74
Ophthalmologist	X9015	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Ophthalmologist	X9016	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Ophthalmologist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92065	\$ 16.58
Ophthalmologist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Ophthalmologist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92065	\$ 21.38
Ophthalmologist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Optometrist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Optometrist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92002	\$ 17.63

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Optometrist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92004	\$ 17.63
Optometrist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92012	\$ 17.63
Optometrist	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92014	\$ 17.63
Optometrist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92002	\$ 22.74
Optometrist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92004	\$ 22.74
Optometrist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92012	\$ 22.74
Optometrist	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92014	\$ 22.74
Optometrist	X9015	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Optometrist	X9016	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Optometrist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92065	\$ 16.58
Optometrist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Optometrist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92065	\$ 21.38
Optometrist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Optometrist	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Optometrist	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Optometrist	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Optometrist	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Orientation/Mobility Spec'st	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Orientation/Mobility Spec'st	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92002	\$ 17.63
Orientation/Mobility Spec'st	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92004	\$ 17.63
Orientation/Mobility Spec'st	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92012	\$ 17.63
Orientation/Mobility Spec'st	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92014	\$ 17.63
Orientation/Mobility Spec'st	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92002	\$ 22.74
Orientation/Mobility Spec'st	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92004	\$ 22.74
Orientation/Mobility Spec'st	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92012	\$ 22.74
Orientation/Mobility Spec'st	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92014	\$ 22.74
Orientation/Mobility Spec'st	X9015	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Orientation/Mobility Spec'st	X9016	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Orientation/Mobility Spec'st	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92065	\$ 16.58

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Orientation/Mobility Spec'st	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Orientation/Mobility Spec'st	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92065	\$ 21.38
Orientation/Mobility Spec'st	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Orientation/Mobility Spec'st	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Orientation/Mobility Spec'st	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Orientation/Mobility Spec'st	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Orientation/Mobility Spec'st	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Other Prior Approved Services	X9911	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	on-site	T1013	\$ 8.83
Other Prior Approved Services	X9912	Interpreter Services	Eval/Assessment	Intake Activity	1/4 hour	Individual	off-site	T1013	\$ 12.01
Other Prior Approved Services	X9999	Other Related Svc.	Other Services	Special Processing required	none	none	none	99199	\$ -
Otologist/Laryngologist/Rhinol	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Otologist/Laryngologist/Rhinol	X1021	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92507	\$ 14.12
Otologist/Laryngologist/Rhinol	X1021	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Otologist/Laryngologist/Rhinol	X1022	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92507	\$ 18.38
Otologist/Laryngologist/Rhinol	X1022	Audiology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Otologist/Laryngologist/Rhinol	X1031	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Otologist/Laryngologist/Rhinol	X1031	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Otologist/Laryngologist/Rhinol	X1032	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Otologist/Laryngologist/Rhinol	X1032	Audiology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Otologist/Laryngologist/Rhinol	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Otologist/Laryngologist/Rhinol	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Otologist/Laryngologist/Rhinol	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Otologist/Laryngologist/Rhinol	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Otologist/Laryngologist/Rhinol	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Otologist/Laryngologist/Rhinol	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Otologist/Laryngologist/Rhinol	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Otologist/Laryngologist/Rhinol	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Otologist/Laryngologist/Rhinol	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Otologist/Laryngologist/Rhinol	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Otologist/Laryngologist/Rhinol	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Otologist/Laryngologist/Rhinol	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Otologist/Laryngologist/Rhinol	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Otologist/Laryngologist/Rhinol	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Otologist/Laryngologist/Rhinol	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Otologist/Laryngologist/Rhinol	Z1001	Audiology	Eval/Assessment	Hearing Aid Evaluation/examination and selection; monaural	Episode	Individual	on-site	92590	\$ 38.89
Otologist/Laryngologist/Rhinol	Z1002	Audiology	Eval/Assessment	Hearing Aid Evaluation/examination and selection; binaural	Episode	Individual	on-site	92591	\$ 45.56
Otologist/Laryngologist/Rhinol	Z1003	Audiology	Eval/Assessment	Electroacoustic Evaluation for hearing aid; monaural	Episode	Individual	on-site	92594	\$ 5.00
Otologist/Laryngologist/Rhinol	Z1004	Audiology	Eval/Assessment	Electroacoustic Evaluation for hearing aid; binaural	Episode	Individual	on-site	92595	\$ 78.50

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Otologist/Laryngologist/Rhinol	Z1016	Audiology	Service	Individual treatment of auditory processing disorder(aural rehabilitation)	Episode	Individual	on-site	92507	\$ 95.40
Otologist/Laryngologist/Rhinol	Z1017	Audiology	Eval/Assessment	Hearing aid check; monaural	Episode	Individual	on-site	92592	\$ 35.33
Otologist/Laryngologist/Rhinol	Z1018	Audiology	Eval/Assessment	Hearing aid check; binaural	Episode	Individual	on-site	92593	\$ 40.00
Pediatric Nurse Practitioner	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Pediatric Nurse Practitioner	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Pediatric Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Pediatric Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Pediatric Nurse Practitioner	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Pediatric Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Pediatric Nurse Practitioner	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Pediatric Nurse Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Pediatric Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Pediatric Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Pediatric Nurse Practitioner	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Pediatric Nurse Practitioner	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 15.61
Pediatric Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 15.61
Pediatric Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 15.61
Pediatric Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99392	\$ 15.61
Pediatric Nurse Practitioner	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	T1001	\$ 15.61
Pediatric Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 20.27
Pediatric Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 20.27
Pediatric Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 20.27
Pediatric Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 20.27
Pediatric Nurse Practitioner	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	T1001	\$ 20.27
Pediatric Nurse Practitioner	X4015	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X4016	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99381	\$ 14.67
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99382	\$ 14.67
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1002	\$ 14.67
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1003	\$ 14.67
Pediatric Nurse Practitioner	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99381	\$ 19.06
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99382	\$ 19.06
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1002	\$ 19.06
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1003	\$ 19.06
Pediatric Nurse Practitioner	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatric Nurse Practitioner	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Pediatric Nurse Practitioner	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatric Nurse Practitioner	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Pediatric Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04
Pediatric Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
Pediatric Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
Pediatric Nurse Practitioner	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04
Pediatric Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
Pediatric Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
Pediatric Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
Pediatric Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
Pediatric Nurse Practitioner	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
Pediatrician	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Pediatrician	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Pediatrician	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Pediatrician	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatrician	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Pediatrician	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Pediatrician	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatrician	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatrician	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Pediatrician	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatrician	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Pediatrician	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Pediatrician	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Pediatrician	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Pediatrician	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Pediatrician	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Pediatrician	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Pediatrician	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
Pediatrician	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
Pediatrician	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04
Pediatrician	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
Pediatrician	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
Pediatrician	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
Pediatrician	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
Pediatrician	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
Pediatrician	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92002	\$ 17.63
Pediatrician	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92004	\$ 17.63
Pediatrician	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92012	\$ 17.63
Pediatrician	X9011	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92014	\$ 17.63
Pediatrician	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92002	\$ 22.74
Pediatrician	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92004	\$ 22.74
Pediatrician	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92012	\$ 22.74
Pediatrician	X9012	Vision	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92014	\$ 22.74
Physical Therapist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Physical Therapist	X7015	Physical Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Physical Therapist	X7016	Physical Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97110	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97112	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97116	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97530	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97542	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97760	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97761	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97762	\$ 16.58
Physical Therapist	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97110	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97112	\$ 24.15
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97116	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97530	\$ 25.12

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97542	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97760	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97761	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97762	\$ 23.55
Physical Therapist	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Physical Therapist	X7031	Physical Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Physical Therapist	X7031	Physical Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Physical Therapist	X7032	Physical Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Physical Therapist	X7032	Physical Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Physical Therapist	X7041	Physical Therapy	Eval/Assessment	Assessment/Evaluation Low Complex	1/4 hour	Individual	on-site	97161	\$ 17.63
Physical Therapist	X7042	Physical Therapy	Eval/Assessment	Assessment/Evaluation Low Complex	Unit	Individual	off-site	97161	\$ 24.30
Physical Therapist	X7043	Physical Therapy	Eval/Assessment	Assessment/Evaluation Moderate Complex	1/4 hour	Individual	on-site	97162	\$ 17.63
Physical Therapist	X7044	Physical Therapy	Eval/Assessment	Assessment/Evaluation Moderate Complex	Unit	Individual	off-site	97162	\$ 24.30
Physical Therapist	X7045	Physical Therapy	Eval/Assessment	Assessment/Evaluation High Complex	1/4 hour	Individual	on-site	97163	\$ 17.63
Physical Therapist	X7046	Physical Therapy	Eval/Assessment	Assessment/Evaluation High Complex	Unit	Individual	off-site	97163	\$ 24.30
Physical Therapist Assistant	X7015	Physical Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Physical Therapist Assistant	X7016	Physical Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97110	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97112	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97116	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97530	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97542	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97760	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97761	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97762	\$ 11.60
Physical Therapist Assistant	X7021	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97110	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97112	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97116	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97530	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97542	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97760	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97761	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97762	\$ 16.86
Physical Therapist Assistant	X7022	Physical Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Physical Therapist Assistant	X7032	Physical Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Psychiatrist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
Psychiatrist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
Psychiatrist	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychiatrist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
Psychiatrist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
Psychiatrist	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychiatrist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychiatrist	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Psychiatrist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychiatrist	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Psychiatrist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99205	\$ 63.87
Psychiatrist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99215	\$ 63.87
Psychiatrist	X3501	Medical	Eval/Assessment	Assessment/Evaluation	Episode	Individual	on-site	99244	\$ 63.87
Psychiatrist	X3541	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychiatrist	X3542	Medical	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychologist	X6511	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90791	\$ 24.47
Psychologist	X6511	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	90792	\$ 24.47
Psychologist	X6511	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96101	\$ 24.47
Psychologist	X6511	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96150	\$ 24.47

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Psychologist	X6512	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90791	\$ 31.07
Psychologist	X6512	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	90792	\$ 31.07
Psychologist	X6512	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96101	\$ 31.07
Psychologist	X6512	Psychology	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96150	\$ 31.07
Psychologist	X6515	Psychology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychologist	X6516	Psychology	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90832	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90834	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90837	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90846	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	90847	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99510	\$ 23.00
Psychologist	X6521	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90832	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90834	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90837	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90846	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	90847	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99510	\$ 29.21
Psychologist	X6522	Psychology	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychologist	X6531	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Psychologist	X6531	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Psychologist	X6532	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Psychologist	X6532	Psychology	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Registered Dietitian	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04
Registered Dietitian	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
Registered Dietitian	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
Registered Dietitian	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Registered Dietitian	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
Registered Dietitian	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
Registered Dietitian	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
Registered Dietitian	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
Registered Dietitian	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
Registered Dietitian	X5015	Nutrition	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Registered Dietitian	X5016	Nutrition	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Registered Dietitian	X5021	Nutrition	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97803	\$ 13.20
Registered Dietitian	X5021	Nutrition	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Registered Dietitian	X5022	Nutrition	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97803	\$ 22.00
Registered Dietitian	X5022	Nutrition	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Registered Dietitian	X5031	Nutrition	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Registered Dietitian	X5031	Nutrition	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Registered Dietitian	X5032	Nutrition	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Registered Dietitian	X5032	Nutrition	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
RN (Registered Nurse)	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X2021	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X2022	Developmental Ther.	Service	Direct Child Treatment- Do Not Use	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X2031	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
RN (Registered Nurse)	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X2032	Developmental Ther.	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
RN (Registered Nurse)	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96112	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
RN (Registered Nurse)	X2040	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96113	\$ 11.99
RN (Registered Nurse)	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96112	\$ 16.70
RN (Registered Nurse)	X2041	Developmental Ther.	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96113	\$ 16.70
RN (Registered Nurse)	X2050	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	on-site	97127	\$ 11.27
RN (Registered Nurse)	X2051	Developmental Ther.	Service	Direct Child Treatment	1/4 hour	Individual	off-site	97127	\$ 16.70
RN (Registered Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	96152	\$ 14.67
RN (Registered Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
RN (Registered Nurse)	X3021	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	96152	\$ 19.06
RN (Registered Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
RN (Registered Nurse)	X3022	Health Services	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X3031	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
RN (Registered Nurse)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X3032	Health Services	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
RN (Registered Nurse)	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 15.61
RN (Registered Nurse)	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 15.61
RN (Registered Nurse)	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 15.61
RN (Registered Nurse)	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99392	\$ 15.61
RN (Registered Nurse)	X4011	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	T1001	\$ 15.61
RN (Registered Nurse)	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 20.27
RN (Registered Nurse)	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 20.27
RN (Registered Nurse)	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 20.27
RN (Registered Nurse)	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 20.27
RN (Registered Nurse)	X4012	Nursing	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	T1001	\$ 20.27
RN (Registered Nurse)	X4015	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
RN (Registered Nurse)	X4016	Nursing	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99381	\$ 14.67
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99382	\$ 14.67
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	99600	\$ 14.67
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1002	\$ 14.67
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1003	\$ 14.67
RN (Registered Nurse)	X4021	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99381	\$ 19.06
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99382	\$ 19.06
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	99600	\$ 19.06
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1002	\$ 19.06
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1003	\$ 19.06
RN (Registered Nurse)	X4022	Nursing	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
RN (Registered Nurse)	X4031	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
RN (Registered Nurse)	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
RN (Registered Nurse)	X4032	Nursing	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
RN (Registered Nurse)	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	97802	\$ 14.04
RN (Registered Nurse)	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99381	\$ 14.04
RN (Registered Nurse)	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99382	\$ 14.04
RN (Registered Nurse)	X5011	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	99391	\$ 14.04
RN (Registered Nurse)	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	97802	\$ 22.00
RN (Registered Nurse)	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99381	\$ 22.00
RN (Registered Nurse)	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99382	\$ 22.00
RN (Registered Nurse)	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99391	\$ 22.00
RN (Registered Nurse)	X5012	Nutrition	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	99392	\$ 22.00
RNC (Registr'd Nurse Clinical)	X2015	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
RNC (Registr'd Nurse Clinical)	X2016	Developmental Ther.	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Service Coordinator	X7000	Service Coordination	Eval/Assessment	Financial Case Management	1/4 hour	none	none	T1016	\$ -
Service Coordinator	X7100	Service Coordination	Eval/Assessment	IFSP Development	1/4 hour	none	none	T1023	\$ -
Service Coordinator	X7200	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Service Coordinator	X7300	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Service Coordinator	X7400	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Service Coordinator Associate	X7300	Service Coordination	Service	Direct Child Treatment	Monthly 4 contacts	Individual	none	G9002	\$ -
Speech Pathol/Audiologist Aide	X8015	Speech Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Speech Pathol/Audiologist Aide	X8016	Speech Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Speech Pathol/Audiologist Aide	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92507	\$ 9.88
Speech Pathol/Audiologist Aide	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92526	\$ 9.88
Speech Pathol/Audiologist Aide	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Speech Pathol/Audiologist Aide	X8022	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Speech Pathologist	X1000	Assistive Technology	Assistive Technology	Equipment	Unit	none	none		\$ -
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92521	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92522	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92523	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92524	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92597	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92605	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92607	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92608	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	92610	\$ 15.02
Speech Pathologist	X8011	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	on-site	96105	\$ 15.02
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92521	\$ 20.25

Specialty	EI Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92522	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92523	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92524	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92597	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92605	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92607	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92608	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	92610	\$ 20.25
Speech Pathologist	X8012	Speech Therapy	Eval/Assessment	Assessment/Evaluation	1/4 hour	Individual	off-site	96105	\$ 20.25
Speech Pathologist	X8015	Speech Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Speech Pathologist	X8016	Speech Therapy	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Speech Pathologist	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92507	\$ 14.12
Speech Pathologist	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92526	\$ 14.12
Speech Pathologist	X8021	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Speech Pathologist	X8022	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92507	\$ 20.25
Speech Pathologist	X8022	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92526	\$ 20.25
Speech Pathologist	X8022	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Speech Pathologist	X8023	Speech Therapy	Service	Direct Child Treatment	1/4 hour	Group	on-site	92508	\$ 4.92
Speech Pathologist	X8031	Speech Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99
Speech Pathologist	X8031	Speech Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Speech Pathologist	X8032	Speech Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Speech Pathologist	X8032	Speech Therapy	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00
Vision Specialist	X9015	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	on-site	T1023	\$ 11.99
Vision Specialist	X9016	Vision	Eval/Assessment	IFSP Team Meeting	1/4 hour	Individual	off-site	T1023	\$ 15.86
Vision Specialist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	92065	\$ 16.58
Vision Specialist	X9021	Vision	Service	Direct Child Treatment	1/4 hour	Individual	on-site	T1023	\$ 11.99
Vision Specialist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	92065	\$ 21.38
Vision Specialist	X9022	Vision	Service	Direct Child Treatment	1/4 hour	Individual	off-site	T1023	\$ 15.86
Vision Specialist	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1023	\$ 11.99

Specialty	El Code	Service Type	Auth Type	Procedure	Service Duration	Service Setting	Service Location	CPT	Rate
Vision Specialist	X9031	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	on-site	T1027	\$ 11.27
Vision Specialist	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1023	\$ 15.86
Vision Specialist	X9032	Vision	Service	Family Trng., Couns. & Home Visits	1/4 hour	Individual	off-site	T1027	\$ 16.00