



Part C Fee Schedule

UF Code	CPT Code	Mod	Descriptor	Fee	Unit
ASST	ASST		Assistive Technology	\$ 5,000.00	1 Equipment
ASTE	ASTE		Assistive Technology Eval	\$ 48.50	1 Evaluation
BEHV	BEHV		Behavioral Assessment	\$ 125.00	1 Assessment
CASE	CASE		Non-TCM Case Management	\$ 37.20	1 Hour
COIFF	COIFF		IFSP Consult, Prof, Face to Face	\$ 50.00	1 Hour
COIFF	COIFF	GT	IFSP Consult, Prof, Telemedicine	\$ 50.00	1 Hour
COIFP	COIFP		IFSP Consult, Prof, By Phone	\$ 25.00	1 Hour
CONIF	CONIF		Consult, ITDS Face to Face	\$ 50.00	1 Hour
CONIF	CONIF	GT	Consult, ITDS Telemedicine	\$ 50.00	1 Hour
CONIP	CONIP		Consult, ITDS Phone	\$ 25.00	1 Hour
CONOF	CONOF		Consult, OT, Face to Face	\$ 50.00	1 Hour
CONOF	CONOF	GT	Consult, OT, Telemedicine	\$ 50.00	1 Hour
CONOP	CONOP		Consult, OT, Phone	\$ 25.00	1 Hour
CONPF	CONPF		Consult, Pt, Face to Face	\$ 50.00	1 Hour
CONPF	CONPF	GT	Consult, Pt Telemedicine	\$ 50.00	1 Hour
CONPP	CONPP		Consult, Pt, Phone	\$ 25.00	1 Hour
CONSF	CONSF		Consult, SLP, Face to Face	\$ 50.00	1 Hour
CONSF	CONSF	GT	Consult, SLP, Face Telemedicine	\$ 50.00	1 Hour
CONSP	CONSP		Consult, SLP, Phone	\$ 25.00	1 Hour
DSTT	DSTT		Direct Service Coordinator Travel	\$ -	1 Hour
EIIF	96154		Health & Behavior Intervention	\$ 50.00	1 Hour
EVAL	96111		Developmental Evaluation	\$ 50.00	1 Hour
EVAL	96111	GT	Developmental Evaluation Telemedicine	\$ 50.00	1 Hour
EXIT	EXIT		Exit Assessment	\$ 50.00	1 Hour
INTR	T1013		Interpreter	\$ 50.00	1 Hour
NESF	99600		Natural Environment Support Fee	\$ 10.00	1 Visit
NURS	T1001		Nursing Assessment	\$ 50.00	1 Assessment
NUTR	97802		Nutritional Eval, Initial	\$ 50.00	1 Hour
NUTR	97803		Nutritional Eval, Follow-Up	\$ 50.00	1 Hour
RSPT	RSPT		Respite	\$ -	1 Hour
SCONLY	SCONLY		*Service Coordination Only	\$ -	1 Record
SCTT	SCTT		Service Coordinator Travel	\$ -	1 Hour
TRAV	TRAVS		Travel by Mile	\$ 0.445	1 Mile
-	-	-	SSIP Professional Development Support Fee	\$ 50.00	1 Hour



Part C Audiology Fee Schedule

UF Code	CPT Code	Mod	Descriptor	Fee	Unit
AUD	92626		Eval of AUD Rehab Status	\$ 56.10	1 Eval
AUD	92630		AUD Rehab PRELING Hearing Loss	\$ 69.35	1 Visit
AUD	92633		AUD Rehab POSTLING Hearing Loss	\$ 69.35	1 Visit
AUDE	92552		Pure Tone Audiometry -Air Only	\$ 19.51	1 Procedure
AUDE	92553		Pure Tone Audiometry Air & Bone	\$ 23.67	1 Procedure
AUDE	92555		Speech AUD Threshold (Detection)	\$ 14.68	1 Procedure
AUDE	92557		Comp Audio Threshold Eval/SPCH RECOG	\$ 22.07	1 Procedure
AUDE	92567		Tympanometry (Impedance Testing)	\$ 7.20	1 Procedure
AUDE	92568		Acoustic Reflex Testing (MEMR)	\$ 10.45	1 Procedure
AUDE	92579		Visual Reinforcement Audiometry	\$ 28.92	1 Procedure
AUDE	92582		Conditioned Play Audiometry	\$ 45.08	1 Procedure
AUDE	92587		Otoacoustic Emissions (Limited)	\$ 13.81	1 Procedure
AUDE	92588		Otoacoustic Emissions (Comp)	\$ 21.04	1 Procedure
AUDE	92650		AEP SCR Auditory Potential	\$ 61.00	1 Procedure
AUDE	92651		AEP Hearing Status Deter I&R	\$ 86.94	1 Procedure
AUDE	92652		AEP THRSILD Est MLT Freq I&R	\$ 75.13	1 Procedure
AUDE	V5010		Assessment for Hearing Aid	\$ 45.32	1 Assessment
AUDE	V5090		Dispensing Fee Per Hearing Aid	\$ 115.81	1 Aid
AUDE	V5160		Dispensing Fee Binaural	\$ 230.62	1 Evaluation
SENS	V5014		Hearing Aid Repair by Manufacturer	\$ 114.81	1 Repair
SENS	V5014	TS	Hearing Aid Repair In-Office	\$ 15.11	1 Repair
SENS	V5050		In Ear Monaural Hearing Aid	\$ 229.61	1 Aid
SENS	V5060		Behind Ear Hearing Aid	\$ 229.61	1 Aid
SENS	V5130		In Ear Binaural Hearing Aid	\$ 459.22	1 Aid
SENS	V5140		Behind Ear Binaural Hearing Aid	\$ 459.22	1 Aid
SENS	V5264		Earmold	\$ 18.13	1 Device



Part C Behavior Analysis Fee Schedule

UF Code	CPT Code	Mod	Descriptor	Fee	Unit
BEHV	H2012	BA	Behavior Analysis - Assistant BA	\$ 60.96	1 Hour
BEHV	H2014	BA	Behavior Analysis - Technician	\$ 48.76	1 Hour



Part C Early Intervention Fee Schedule

UF Code	CPT Code	Mod			Descriptor	Fee	Unit
SCREEN	T1023				Screening	\$ 50.00	1 screen
IPDEF	T1024	GN	TS		F/U PSYCH & DEV EVAL by SPAT	\$ 75.00	1 Hour
IPDEF	T1024	GN	TS	GT	F/U PHYC & DEV EVAL by SPAT	\$ 75.00	1 Hour
IPDEF	T1024	GO	TS		F/U PSYCH & DEV EVAL by OT	\$ 75.00	1 Hour
IPDEF	T1024	GO	TS	GT	F/U PHYC & DEV EVAL by OT	\$ 75.00	1 Hour
IPDEF	T1024	GP	TS		F/U PSYCH & DEV EVAL by PT	\$ 75.00	1 Hour
IPDEF	T1024	GP	TS	GT	F/U PHYC & DEV EVAL by PT	\$ 75.00	1 Hour
IPDEF	T1024	TL	TS		F/U PSYCH & DEV EVAL by EI PROF	\$ 75.00	1 Hour
IPDEF	T1024	TL	TS	GT	F/U PHYC & DEV EVAL by EI PROF	\$ 75.00	1 Hour
IPDEF	T1024	TS			F/U PSYCH & DEV EVAL by ITDS	\$ 55.50	1 Hour
IPDEF	T1024	TS	GT		F/U PHYC & DEV EVAL by ITDS	\$ 55.50	1 Hour
IPDEI	T1024	GN	UK		Initial PSYCH & DEV EVAL by SPAT	\$ 75.00	1 Hour
IPDEI	T1024	GN	UK	GT	Initial PSYCH & DEV EVAL by SPAT	\$ 75.00	1 Hour
IPDEI	T1024	GO	UK		Initial PSYCH & DEV EVAL by OT	\$ 75.00	1 Hour
IPDEI	T1024	GO	UK	GT	Initial PSYCH & DEV EVAL by OT	\$ 75.00	1 Hour
IPDEI	T1024	GP	UK		Initial PSYCH & DEV EVAL by PT	\$ 75.00	1 Hour
IPDEI	T1024	GP	UK	GT	Initial PSYCH & DEV EVAL by PT	\$ 75.00	1 Hour
IPDEI	T1024	HN	UK		Initial PSYCH & DEV EVAL by ITDS	\$ 55.50	1 Hour
IPDEI	T1024	HN	UK	GT	Initial PSYCH & DEV EVAL by ITDS	\$ 55.50	1 Hour
IPDEI	T1024	TL			Initial PSYCH & DEV EVAL by EI PROF	\$ 75.00	1 Hour
IPDEI	T1024	TL	GT		Initial PSYCH & DEV EVAL by EI PROF	\$ 75.00	1 Hour
EIGF	T1027	TT	SC		EI Group Session by EI PROF	\$ 25.00	1 Hour
EIIF	T1027	SC			EI Individual Session by EI PROF	\$ 50.00	1 Hour
EIIF	T1027	SC	GT		EI Individual Session by EI PROF	\$ 50.00	1 Hour



Part C Occupational Therapy Fee Schedule

UF Code	CPT Code	Mod			Descriptor	Fee	Unit
AACIO	92597	GO	GT	TL	AAC initial EVAL by licensed OT	\$ 103.36	1 Evaluation
OCTH	97165	GT	TL		OT EVAL Low Complexity	\$ 51.41	1 Evaluation
OCTH	97166	GT	TL		OT EVAL Moderate Complexity	\$ 51.41	1 Evaluation
OCTH	97167	GT	TL		OT EVAL High Complexity	\$ 51.41	1 Evaluation
OCTF	97168	GT	TL		OT RE-EVAL EST Plan Care	\$ 51.41	1 Evaluation
OCCT	97530	GT	TL		OT Session by Licensed OT	\$ 71.96	1 Evaluation
OCCT	97530	HM	GT	TL	OT Session by OT ASST	\$ 57.60	1 Evaluation



Part C Physical Therapy Fee Schedule

UF Code	CPT Code	Mod			Descriptor	Fee	Unit
PHY	97110				PT Session by Licensed PT	\$ 71.96	1 Hour
PSTH	97161				PT Eval Low Complexity	\$ 51.41	1 Evaluation
PSTH	97162				PT Eval Moderate Complexity	\$ 51.41	1 Evaluation
PSTH	97163				PT Eval High Complexity	\$ 51.41	1 Evaluation
PSTF	97164				PT Re-Eval Est Plan Care	\$ 51.41	1 Evaluation
AACIP	92597	GP	TL	GT	AAC Initial Eval By Licensed PT	\$ 103.36	1 Evaluation
PHY	97110	TL	GT		PT Session by Licensed PT	\$ 71.96	1 Hour
PHY	97110	HM	TL	GT	PT Session by PT Asst	\$ 57.56	1 Hour
PSTH	97161	TL	GT		PT Eval Low Complexity	\$ 51.41	1 Evaluation
PSTH	97162	TL	GT		PT Eval Moderate Complexity	\$ 51.41	1 Evaluation
PSTH	97163	TL	GT		PT Eval High Complexity	\$ 51.41	1 Evaluation
PSTF	97164	TL	GT		PT Re-Eval Est Plan Care	\$ 51.41	1 Evaluation



Part C Speech Language Pathology Fee Schedule

UF Code	CPT Code	Mod			Descriptor	Fee	Unit
SPL	92507	TL	GT		SPL Therapy Session by Licensed SLP	\$ 71.96	1 Hour
SPL	92507	HM	TL	GT	SPL Therapy Session by SLP Asst	\$ 57.60	1 Hour
SPL	92508	HA	TL	GT	Group SPL Session Per Child	\$ 13.96	1 Hour
SPCH	92521	TL	GT		Eval Of Speech Fluency	\$ 51.41	1 Evaluation
SPCH	92522	TL	GT		Eval Of SPCH Sound Prod	\$ 51.41	1 Evaluation
SPCH	92523	TL	GT		Eval Of SPCH Sound Prod; Eval Lang	\$ 51.41	1 Evaluation
SPCH	92524	TL	GT		BEHAV & Qual Analysis of Voice & Res	\$ 51.41	1 Evaluation
SPL	92526				Treatment of Swallowing Dysfunction	\$ 52.93	1 Evaluation
AACIS	92597	TL	GT		AAC Initial Eval By Licensed SLP	\$ 103.36	1 Evaluation
AACRS	92597	GN	TL	GT	AAC Re-Eval By Licensed SLP	\$ 53.00	1 Evaluation
AACFIT	92609	TL	GT		AAC Fitting, Adjust, Training Visit	\$ 42.41	1 Evaluation
SPCH	92610	TL	GT		Eval of Oral, Pharyngeal Swallowing	\$ 42.41	1 Evaluation



Part C Practitioner Fee Schedule

UF Code	CPT Code	Mod	Descriptor	Fee	Unit
MED	99202		Outpatient Visit, New, 20 Mins	\$ 51.85	1 Visit
MED	99203		Outpatient Visit, New, 30 Mins	\$ 76.15	1 Visit
MED	99204		Outpatient Visit, New, 45 Mins	\$ 111.92	1 Visit
MED	99205		Outpatient Visit, New, 60 Mins	\$ 142.23	1 Visit
MED	99211		Outpatient Visit, Est, 5 Mins	\$ 14.69	1 Visit
MED	99212		Outpatient Visit, Est, 10 Mins	\$ 25.82	1 Visit
MED	99213		Outpatient Visit, Est, 15 Mins	\$ 31.47	1 Visit
MED	99214		Outpatient Visit, Est, 25 Mins	\$ 49.03	1 Visit
MED	99215		Outpatient Visit, Est, 40 Mins	\$ 71.96	1 Visit

UF Code	CPT Code	Mod	Descriptor	Fee	Unit
TCM	T1017	TL	Target Case Management	\$ 37.20	1 Hour