Office of Child Development

Medical Assistance/Early Intervention Program Fee Schedule
With PROMISe Provider Type and Specialty that can bill for a specific procedural code

Name of Service	Provider Type	Provider Specialty	Previous Procedure Code	HIPAA Procedure Code	Place of Service	Maximum Unit Fee	Informational Modifier	Pricing Modifier	Maximum Limit	
Social Work	21	216	W0412	T1027	11	$20.72	TL. AJ		Evaluation units per year	1 unit of service equals 15 min. Location/Place of Service
			W1796	T1027	12/99	$27.48	TL. AJ	U7		
			W0415	T1027	11	$20.72	TL		96 units per month per service per procedure code	
			W1796	T1027	12/99	$27.48	TL	U7		
Audiology	20	572	W0416	V5008	11	$32.10	TL	U7	Evaluation 36 units per year	
			W1797	V5008	12/99	$39.35	TL	U8		
			W0416	V5299	11	$32.10	TL	U7	96 units per month	
			W1797	V5299	12/99	$39.35	TL	U8		
Nursing/Health Services	16	572	W0418	T1001	11	$20.14	TL		Evaluation 36 units per year	
			W1798	T1001	12/99	$26.90	TL	U7		
			W0419	G0154	11	$20.14	TL		96 units per month per service per procedure code	
			W1799	G0154	12/99	$26.90	TL	U7		
Nutrition Services	16	572	W0420	S9470	11	$20.14	TL,TD	U8	Evaluation 36 units per year	
			W1800	S9470	12/99	$26.90	TL,TD	U9		
			W0420	S9470	11	$20.14	TL	U8	96 units per month per service per procedure code	
			W1800	S9470	12/99	$26.90	TL	U9		
Occupational Therapy	17	177	W0421	97003	11	$23.64	TL		Evaluation 36 units per year	
			W1801	97003	12/99	$30.53	TL	U7		
			W0421	97004	11	$23.64	TL	U7		
			W1801	97004	12/99	$30.53	TL	U8		
			W0421	97530	11	$23.64	TL	UB	96 units per month per service per procedure code	
			W1801	97530	12/99	$30.53	TL	U9		
Physical Therapy	17	176	W0422	97001	11	$23.64	TL		Evaluation 36 units per year	
			W1802	97001	12/99	$30.53	TL	U7		
			W0422	97002	11	$23.64	TL	U7		
			W1802	97002	12/99	$30.53	TL	U8		
			W0422	97110	11	$23.64	TL	U9	96 units per month per service per procedure code	
			W1802	97110	12/99	$30.53	TL	UB		
Psychological Services	19	572	W0432	96150	11	$20.72	TL		Evaluation 36 units per year	
			W1803	96150	12/99	$27.48	TL	U7		
			WO423	96152	11	$20.72	TL		96 units per month per service per procedure code	
			W1803	96152	12/99	$27.48	TL	U7		
Speech Pathology	17	178	W0424	92506	11	$23.64	TL	U7	Evaluation 36 units per year	
			W1804	92506	12/99	$30.53	TL	U8		
			W0424	92507	11	$23.64	TL	U7	96 units per month per service per procedure code	
			W1804	92507	12/99	$30.53	TL	U8		
Service Coordination	21	213	Z9812	T1016	11	$18.57	TL	U7	80 units first 2 months; 60 units per month thereafter	
				T1016	12/99	$18.57	TL	U7		
				T1016	21	$18.57	TL	U7		

11 = Office or Center
12 = Child's Home
99 = Community
21 = Inpatient Hospital

TL = Early Intervention Services
AJ = Social Work Assessment & Evaluation
TD = Nutrition Assessment

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65753 Procedure Code Descriptors:

T1027 – Family Training and Counseling for Child Development (Social Work)
V5299 – Hearing Service (Audiology)
V5008 – Hearing Screening
G0154 – Services of a Skilled Nurse in a Home Health Setting
T1001 – Nursing Assessment/Evaluation
S9470 – Nutritional Counseling
97530 – Occupational Therapy Therapeutic Activities
97003 – Occupational Therapy Evaluation
97004 – Occupational Therapy Re-Evaluation
97110 – Physical Therapy Therapeutic Procedure
97001 – Physical Therapy Evaluation
97002 – Physical Therapy Re-Evaluation
96152 – Health and Behavior Intervention
96150 – Health/Behavior Assessment
92507 – Treatment of Speech, Language, Voice, Communication
92506 – Speech Evaluation
T1016 – Case Management (Service Coordination)