LEA Medi-Cal Billing Option Program
Rebased Reimbursement Rates - SFY 2010/11 Through Current
Unique Procedure Code and Modifier Combinations

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1) LEAs are to bill the 100 percent SFY 2010/11 rebased maximum allowable rates on their LEA service claims. The Federal Medicaid Percentage (FMAP) reimbursable for LEA services is applied to the maximum allowable rates listed to determine the Medi-Cal LEA reimbursement rates.
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LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Practitioner Modifier	SFY 2010/11 REBASED MAXIMUM ALLOWABLE RATES	SFY 2010/11 Inflated Rebased Rates at 61.59% Allowable Rate (Effective 7/01/10-12/31/10)	SFY 2010/11 Inflated Rebased Rates at 58.77% Allowable Rate (Effective 1/1/11-3/31/11)	SFY 2010/11 Inflated Rebased Rates at 56.88% Allowable Rate (Effective 4/01/11-6/30/11)	SFY 2011/12 Rebased Rates at 50.00% Allowable Rate (Effective 7/01/11)
IFSP Audiological Assessment: Initial	92506		TL		**$ 168.82**	$ 103.98	$ 99.22	$ 96.02	$ 84.41
IEP Audiological Assessment: Initial/Triennial	92506		TM		**$ 168.82**	$ 103.98	$ 99.22	$ 96.02	$ 84.41
IFSP Audiological Assessment: Amended	92506	TS	TL		**$ 126.62**	$ 77.99	$ 74.41	$ 72.02	$ 63.31
IEP Audiological Assessment: Amended	92506	TS	TM		**$ 126.62**	$ 77.99	$ 74.41	$ 72.02	$ 63.31
IFSP Audiological Assessment: Annual	92506	52	TL		**$ 126.62**	$ 77.99	$ 74.41	$ 72.02	$ 63.31
IEP Audiological Assessment: Annual	92506	52	TM		**$ 126.62**	$ 77.99	$ 74.41	$ 72.02	$ 63.31
IFSP Speech/Language Assessment: Initial	92506		TL	GN	**$ 208.67**	$ 128.52	$ 122.64	$ 118.69	$ 104.34
IEP Speech/Language Assessment: Initial/Triennial	92506		TM	GN	**$ 208.67**	$ 128.52	$ 122.64	$ 118.69	$ 104.34
IFSP Speech/Language Assessment: Amended	92506	TS	TL	GN	**$ 113.82**	$ 70.10	$ 66.89	$ 64.74	$ 56.91
IEP Speech/Language Assessment: Amended	92506	TS	TM	GN	**$ 113.82**	$ 70.10	$ 66.89	$ 64.74	$ 56.91
IFSP Speech/Language Assessment: Annual	92506	52	TL	GN	**$ 113.82**	$ 70.10	$ 66.89	$ 64.74	$ 56.91
IEP Speech/Language Assessment: Annual	92506	52	TM	GN	**$ 113.82**	$ 70.10	$ 66.89	$ 64.74	$ 56.91
IFSP Speech Therapy, Individual Treatment - Initial	92507		TL	GN	**$ 63.23**	$ 38.94	$ 37.16	$ 35.97	$ 31.62
IEP Speech Therapy, Individual Treatment - Initial	92507		TM	GN	**$ 63.23**	$ 38.94	$ 37.16	$ 35.97	$ 31.62
Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507			GN	**$ 63.23**	$ 38.94	$ 37.16	$ 35.97	$ 31.62
IFSP Speech Therapy, Individual Treatment - Additional	92507	22	TL	GN	**$ 18.97**	$ 11.68	$ 11.15	$ 10.79	$ 9.49
IEP Speech Therapy, Individual Treatment - Additional	92507	22	TM	GN	**$ 18.97**	$ 11.68	$ 11.15	$ 10.79	$ 9.49
Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	22		GN	**$ 18.97**	$ 11.68	$ 11.15	$ 10.79	$ 9.49
IFSP Audiology, Individual Treatment - Initial	92507		TL		**$ 77.38**	$ 47.66	$ 45.48	$ 44.01	$ 38.69
IEP Audiology, Individual Treatment - Initial	92507		TM		**$ 77.38**	$ 47.66	$ 45.48	$ 44.01	$ 38.69
Non-IEP/IFSP Audiology, Individual Treatment - Initial	92507				**$ 77.38**	$ 47.66	$ 45.48	$ 44.01	$ 38.69
IFSP Audiology, Individual Treatment - Additional	92507	22	TL		**$ 21.10**	$ 13.00	$ 12.40	$ 12.00	$ 10.55
IEP Audiology, Individual Treatment - Additional	92507	22	TM		**$ 21.10**	$ 13.00	$ 12.40	$ 12.00	$ 10.55
Non-IEP/IFSP Audiology, Individual Treatment - Additional	92507	22			**$ 21.10**	$ 13.00	$ 12.40	$ 12.00	$ 10.55
IFSP Speech Therapy, Group Treatment - Initial	92508		TL	GN	**$ 23.19**	$ 14.28	$ 13.63	$ 13.19	$ 11.60
IEP Speech Therapy, Group Treatment - Initial	92508		TM	GN	**$ 23.19**	$ 14.28	$ 13.63	$ 13.19	$ 11.60
Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508			GN	**$ 23.19**	$ 14.28	$ 13.63	$ 13.19	$ 11.60
IFSP Speech Therapy, Group Treatment - Additional	92508	22	TL	GN	**$ 6.32**	$ 3.89	$ 3.71	$ 3.59	$ 3.16
IEP Speech Therapy, Group Treatment - Additional	92508	22	TM	GN	**$ 6.32**	$ 3.89	$ 3.71	$ 3.59	$ 3.16
Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	22		GN	**$ 6.32**	$ 3.89	$ 3.71	$ 3.59	$ 3.16
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			AG	**$ 14.26**	$ 8.78	$ 8.38	$ 8.11	$ 7.13
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			AG	**$ 13.07**	$ 8.05	$ 7.68	$ 7.43	$ 6.53
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			GN	**$ 14.26**	$ 8.78	$ 8.38	$ 8.11	$ 7.13
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			GN	**$ 13.07**	$ 8.05	$ 7.68	$ 7.43	$ 6.53
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			TD	**$ 14.26**	$ 8.78	$ 8.38	$ 8.11	$ 7.13
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			TD	**$ 13.07**	$ 8.05	$ 7.68	$ 7.43	$ 6.53

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LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Practitioner Modifier	SFY 2010/11 REBASED MAXIMUM ALLOWABLE RATES	SFY 2010/11 Inflated Rebased Rates at 61.59% Allowable Rate (Effective 7/01/10-12/31/10)	SFY 2010/11 Inflated Rebased Rates at 58.77% Allowable Rate (Effective 1/1/11-3/31/11)	SFY 2010/11 Inflated Rebased Rates at 56.88% Allowable Rate (Effective 4/01/11-6/30/11)	SFY 2011/12 Rebased Rates at 50.00% Allowable Rate (Effective 7/01/11)
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551				**$ 14.26**	$ 8.78	$ 8.38	$ 8.11	$ 7.13
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551				**$ 13.07**	$ 8.05	$ 7.68	$ 7.43	$ 6.53
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552			AG	**$ 21.38**	$ 13.17	$ 12.56	$ 12.16	$ 10.69
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552			AG	**$ 19.60**	$ 12.07	$ 11.52	$ 11.15	$ 9.80
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552			GN	**$ 21.38**	$ 13.17	$ 12.56	$ 12.16	$ 10.69
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552			GN	**$ 19.60**	$ 12.07	$ 11.52	$ 11.15	$ 9.80
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552			TD	**$ 21.38**	$ 13.17	$ 12.56	$ 12.16	$ 10.69
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552			TD	**$ 19.60**	$ 12.07	$ 11.52	$ 11.15	$ 9.80
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552				**$ 21.38**	$ 13.17	$ 12.56	$ 12.16	$ 10.69
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552				**$ 19.60**	$ 12.07	$ 11.52	$ 11.15	$ 9.80
IFSP Psychological Assessment: Initial	96101		TL		**$ 455.70**	$ 280.67	$ 267.81	$ 259.20	$ 227.85
IEP Psychological Assessment: Initial/Triennial	96101		TM		**$ 455.70**	$ 280.67	$ 267.81	$ 259.20	$ 227.85
IFSP Psychological Assessment: Amended	96101	TS	TL		**$ 151.90**	$ 93.56	$ 89.27	$ 86.40	$ 75.95
IEP Psychological Assessment: Amended	96101	TS	TM		**$ 151.90**	$ 93.56	$ 89.27	$ 86.40	$ 75.95
IFSP Psychological Assessment: Annual	96101	52	TL		**$ 151.90**	$ 93.56	$ 89.27	$ 86.40	$ 75.95
IEP Psychological Assessment: Annual	96101	52	TM		**$ 151.90**	$ 93.56	$ 89.27	$ 86.40	$ 75.95
Non-IEP/IFSP Developmental Assessment	96110			GP	**$ 20.86**	$ 12.85	$ 12.26	$ 11.87	$ 10.43
Non-IEP/IFSP Developmental Assessment	96110			GO	**$ 19.35**	$ 11.92	$ 11.37	$ 11.01	$ 9.68
Non-IEP/IFSP Developmental Assessment	96110			GN	**$ 18.97**	$ 11.68	$ 11.15	$ 10.79	$ 9.49
IFSP Psychosocial status assessment: Initial	96150		TL	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IFSP Psychosocial status assessment: Initial	96150		TL		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IEP Psychosocial status assessment: Initial/Triennial	96150		TM	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IEP Psychosocial status assessment: Initial/Triennial	96150		TM		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IFSP Psychosocial status assessment: Annual	96150	52	TL	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IFSP Psychosocial status assessment: Annual	96150	52	TL		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IEP Psychosocial status assessment: Annual	96150	52	TM	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IEP Psychosocial status assessment: Annual	96150	52	TM		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
Non-IEP/IFSP Psychosocial status assessment	96150			AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychosocial status assessment	96150			AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychosocial status assessment	96150				**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IFSP Health/Nutrition assessment: Initial	96150		TL	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IEP Health/Nutrition assessment: Initial/Triennial	96150		TM	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IFSP Health/Nutrition assessment: Annual	96150	52	TL	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IEP Health/Nutrition assessment: Annual	96150	52	TM	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Health/Nutrition assessment	96150			AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Health/Nutrition assessment	96150			TD	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IFSP Psychosocial status assessment: Amended	96151		TL	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IFSP Psychosocial status assessment: Amended	96151		TL		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33

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IEP Psychosocial status assessment: Amended	96151		TM	AJ	**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IEP Psychosocial status assessment: Amended	96151		TM		**$ 16.66**	$ 10.26	$ 9.79	$ 9.48	$ 8.33
IFSP Health/Nutrition assessment: Amended	96151		TL	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IEP Health/Nutrition assessment: Amended	96151		TM	AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Psychosocial status re-assessment	96151			AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychosocial status re-assessment	96151			AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychosocial status re-assessment	96151				**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Health/Nutrition re-assessment	96151			AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Health/Nutrition re-assessment	96151			TD	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AG	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AH	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AJ	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL		**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AG	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AH	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AJ	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM		**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AG	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AH	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AJ	**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152				**$ 69.92**	$ 43.06	$ 41.09	$ 39.77	$ 34.96
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AG	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL		**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AG	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM		**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AG	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50

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IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AG	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AH	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AJ	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL		**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AG	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AH	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AJ	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IEP Psychology Counseling, Group Treatment - Initial	96153		TM		**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AG	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AH	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AJ	**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153				**$ 15.40**	$ 9.48	$ 9.05	$ 8.76	$ 7.70
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AG	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AH	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AJ	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL		**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AG	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AH	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AJ	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM		**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AG	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AH	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AJ	**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			**$ 3.16**	$ 1.95	$ 1.86	$ 1.80	$ 1.58
IFSP Physical therapy assessment: Initial	97001		TL		**$ 240.31**	$ 148.01	$ 141.23	$ 136.69	$ 120.16
IEP Physical therapy assessment: Initial/Triennial	97001		TM		**$ 240.31**	$ 148.01	$ 141.23	$ 136.69	$ 120.16
IFSP Physical therapy assessment: Annual	97001	52	TL		**$ 166.88**	$ 102.78	$ 98.08	$ 94.92	$ 83.44
IEP Physical therapy assessment: Annual	97001	52	TM		**$ 166.88**	$ 102.78	$ 98.08	$ 94.92	$ 83.44
IFSP Physical therapy assessment: Amended	97002		TL		**$ 166.88**	$ 102.78	$ 98.08	$ 94.92	$ 83.44
IEP Physical therapy assessment: Amended	97002		TM		**$ 166.88**	$ 102.78	$ 98.08	$ 94.92	$ 83.44
IFSP Occupational therapy assessment: Initial	97003		TL		**$ 222.91**	$ 137.29	$ 131.00	$ 126.79	$ 111.46
IEP Occupational therapy assessment: Initial/Triennial	97003		TM		**$ 222.91**	$ 137.29	$ 131.00	$ 126.79	$ 111.46
IFSP Occupational therapy assessment: Annual	97003	52	TL		**$ 154.80**	$ 95.34	$ 90.98	$ 88.05	$ 77.40
IEP Occupational therapy assessment: Annual	97003	52	TM		**$ 154.80**	$ 95.34	$ 90.98	$ 88.05	$ 77.40

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IFSP Occupational therapy assessment: Amended	97004		TL		**$ 154.80**	$ 95.34	$ 90.98	$ 88.05	$ 77.40
IEP Occupational therapy assessment: Amended	97004		TM		**$ 154.80**	$ 95.34	$ 90.98	$ 88.05	$ 77.40
IFSP Physical Therapy Individual Treatment - Initial	97110		TL	GP	**$ 66.75**	$ 41.11	$ 39.23	$ 37.97	$ 33.38
IEP Physical Therapy Individual Treatment - Initial	97110		TM	GP	**$ 66.75**	$ 41.11	$ 39.23	$ 37.97	$ 33.38
Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110			GP	**$ 66.75**	$ 41.11	$ 39.23	$ 37.97	$ 33.38
IFSP Physical Therapy Individual Treatment - Additional	97110	22	TL	GP	**$ 20.86**	$ 12.85	$ 12.26	$ 11.87	$ 10.43
IEP Physical Therapy Individual Treatment - Additional	97110	22	TM	GP	**$ 20.86**	$ 12.85	$ 12.26	$ 11.87	$ 10.43
Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110	22		GP	**$ 20.86**	$ 12.85	$ 12.26	$ 11.87	$ 10.43
IFSP Occupational Therapy Individual Treatment - Initial	97110		TL	GO	**$ 73.53**	$ 45.29	$ 43.21	$ 41.82	$ 36.77
IEP Occupational Therapy Individual Treatment - Initial	97110		TM	GO	**$ 73.53**	$ 45.29	$ 43.21	$ 41.82	$ 36.77
Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110			GO	**$ 73.53**	$ 45.29	$ 43.21	$ 41.82	$ 36.77
IFSP Occupational Therapy Individual Treatment - Additional	97110	22	TL	GO	**$ 19.35**	$ 11.92	$ 11.37	$ 11.01	$ 9.68
IEP Occupational Therapy Individual Treatment - Additional	97110	22	TM	GO	**$ 19.35**	$ 11.92	$ 11.37	$ 11.01	$ 9.68
Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	22		GO	**$ 19.35**	$ 11.92	$ 11.37	$ 11.01	$ 9.68
Non-IEP/IFSP Vision Assessment	99173			AG	**$ 6.09**	$ 3.75	$ 3.58	$ 3.46	$ 3.05
Non-IEP/IFSP Vision Assessment	99173			TD	**$ 6.09**	$ 3.75	$ 3.58	$ 3.46	$ 3.05
Non-IEP/IFSP Vision Assessment	99173				**$ 6.09**	$ 3.75	$ 3.58	$ 3.46	$ 3.05
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AG	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			TD	**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AH	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AJ	**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				**$ 18.99**	$ 11.70	$ 11.16	$ 10.80	$ 9.50
IFSP Mileage	A0425		TL		**$ 1.30**	$ 0.80	$ 0.76	$ 0.74	$ 0.65
IEP Mileage	A0425		TM		**$ 1.30**	$ 0.80	$ 0.76	$ 0.74	$ 0.65
Non-IEP/IFSP Mileage	A0425				**$ 1.30**	$ 0.80	$ 0.76	$ 0.74	$ 0.65
IFSP Health Assessment: Initial	T1001		TL		**$ 127.91**	$ 78.78	$ 75.17	$ 72.76	$ 63.96
IEP Health Assessment: Initial/Triennial	T1001		TM		**$ 127.91**	$ 78.78	$ 75.17	$ 72.76	$ 63.96
IFSP Health Assessment: Amended	T1001	TS	TL		**$ 73.09**	$ 45.02	$ 42.95	$ 41.57	$ 36.55
IEP Health Assessment: Amended	T1001	TS	TM		**$ 73.09**	$ 45.02	$ 42.95	$ 41.57	$ 36.55
IFSP Health Assessment: Annual	T1001	52	TL		**$ 73.09**	$ 45.02	$ 42.95	$ 41.57	$ 36.55
IEP Health Assessment: Annual	T1001	52	TM		**$ 73.09**	$ 45.02	$ 42.95	$ 41.57	$ 36.55
IFSP Nursing and Trained Health Care Aide Services	T1002		TL		**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
IEP Nursing and Trained Health Care Aide Services	T1002		TM		**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002				**$ 18.27**	$ 11.25	$ 10.74	$ 10.39	$ 9.14

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IFSP Nursing and Trained Health Care Aide Services	T1003		TL		**$ 9.22**	$ 5.68	$ 5.42	$ 5.24	$ 4.61
IEP Nursing and Trained Health Care Aide Services	T1003		TM		**$ 9.22**	$ 5.68	$ 5.42	$ 5.24	$ 4.61
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1003				**$ 9.22**	$ 5.68	$ 5.42	$ 5.24	$ 4.61
IFSP Nursing and Trained Health Care Aide Services	T1004		TL		**$ 7.77**	$ 4.79	$ 4.57	$ 4.42	$ 3.89
IEP Nursing and Trained Health Care Aide Services	T1004		TM		**$ 7.77**	$ 4.79	$ 4.57	$ 4.42	$ 3.89
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1004				**$ 7.77**	$ 4.79	$ 4.57	$ 4.42	$ 3.89
IFSP TCM Low Cost Provider	T1017		TL	AH	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Low Cost Provider	T1017		TL	TD	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Low Cost Provider	T1017		TL	AJ	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Low Cost Provider	T1017		TL	TE	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Low Cost Provider	T1017		TL	HO	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Low Cost Provider	T1017		TL		**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM	AH	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM	TD	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM	AJ	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM	TE	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM	HO	**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IEP TCM Low Cost Provider	T1017		TM		**$ 12.38**	$ 7.62	$ 7.28	$ 7.04	$ 6.19
IFSP TCM Medium Cost Provider	T1017		TL	AH	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM Medium Cost Provider	T1017		TL	TD	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM Medium Cost Provider	T1017		TL	AJ	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM Medium Cost Provider	T1017		TL	TE	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM Medium Cost Provider	T1017		TL	HO	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM Medium Cost Provider	T1017		TL		**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM	AH	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM	TD	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM	AJ	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM	TE	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM	HO	**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IEP TCM Medium Cost Provider	T1017		TM		**$ 14.40**	$ 8.87	$ 8.46	$ 8.19	$ 7.20
IFSP TCM High Cost Provider	T1017		TL	AH	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IFSP TCM High Cost Provider	T1017		TL	TD	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21

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IFSP TCM High Cost Provider	T1017		TL	AJ	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IFSP TCM High Cost Provider	T1017		TL	TE	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IFSP TCM High Cost Provider	T1017		TL	HO	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IFSP TCM High Cost Provider	T1017		TL		**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM	AH	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM	TD	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM	AJ	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM	TE	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM	HO	**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IEP TCM High Cost Provider	T1017		TM		**$ 16.42**	$ 10.11	$ 9.65	$ 9.34	$ 8.21
IFSP Medical Transportation	T2003		TL		**$ 18.54**	$ 11.42	$ 10.90	$ 10.55	$ 9.27
IEP Medical Transportation	T2003		TM		**$ 18.54**	$ 11.42	$ 10.90	$ 10.55	$ 9.27
Non-IEP/IFSP Medical Transportation	T2003				**$ 18.54**	$ 11.42	$ 10.90	$ 10.55	$ 9.27
IFSP Hearing Check	V5011		TL		**$ 49.24**	$ 30.33	$ 28.94	$ 28.01	$ 24.62
IEP Hearing Check	V5011		TM		**$ 49.24**	$ 30.33	$ 28.94	$ 28.01	$ 24.62