LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
IFSP Audiological Assessment: Initial	92506		TL		$ 174.84	$ 87.42	$ 177.99	**$ 88.99**
IEP Audiological Assessment: Initial/Triennial	92506		TM		$ 174.84	$ 87.42	$ 177.99	**$ 88.99**
IFSP Audiological Assessment: Amended	92506	TS	TL		$ 131.14	$ 65.57	$ 133.49	**$ 66.75**
IEP Audiological Assessment: Amended	92506	TS	TM		$ 131.14	$ 65.57	$ 133.49	**$ 66.75**
IFSP Audiological Assessment: Annual	92506	52	TL		$ 131.14	$ 65.57	$ 133.49	**$ 66.75**
IEP Audiological Assessment: Annual	92506	52	TM		$ 131.14	$ 65.57	$ 133.49	**$ 66.75**
IFSP Speech/Language Assessment: Initial	92506		TL	GN	$ 216.12	$ 108.06	$ 220.00	**$ 110.00**
IEP Speech/Language Assessment: Initial/Triennial	92506		TM	GN	$ 216.12	$ 108.06	$ 220.00	**$ 110.00**
IFSP Speech/Language Assessment: Amended	92506	TS	TL	GN	$ 117.88	$ 58.94	$ 120.00	**$ 60.00**
IEP Speech/Language Assessment: Amended	92506	TS	TM	GN	$ 117.88	$ 58.94	$ 120.00	**$ 60.00**
IFSP Speech/Language Assessment: Annual	92506	52	TL	GN	$ 117.88	$ 58.94	$ 120.00	**$ 60.00**
IEP Speech/Language Assessment: Annual	92506	52	TM	GN	$ 117.88	$ 58.94	$ 120.00	**$ 60.00**
IFSP Speech Therapy, Individual Treatment - Initial	92507		TL	GN	$ 65.49	$ 32.74	$ 66.66	**$ 33.33**
IEP Speech Therapy, Individual Treatment - Initial	92507		TM	GN	$ 65.49	$ 32.74	$ 66.66	**$ 33.33**
Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507			GN	$ 65.49	$ 32.74	$ 66.66	**$ 33.33**
IFSP Speech Therapy, Individual Treatment - Additional	92507	22	TL	GN	$ 19.65	$ 9.82	$ 20.00	**$ 10.00**
IEP Speech Therapy, Individual Treatment - Additional	92507	22	TM	GN	$ 19.65	$ 9.82	$ 20.00	**$ 10.00**
Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507	22		GN	$ 19.65	$ 9.82	$ 20.00	**$ 10.00**
IFSP Audiology, Individual Treatment - Initial	92507		TL		$ 80.14	$ 40.07	$ 81.58	**$ 40.79**
IEP Audiology, Individual Treatment - Initial	92507		TM		$ 80.14	$ 40.07	$ 81.58	**$ 40.79**
Non-IEP/IFSP Audiology, Individual Treatment - Initial	92507				$ 80.14	$ 40.07	$ 81.58	**$ 40.79**
IFSP Audiology, Individual Treatment - Additional	92507	22	TL		$ 21.85	$ 10.93	$ 22.25	**$ 11.12**
IEP Audiology, Individual Treatment - Additional	92507	22	TM		$ 21.85	$ 10.93	$ 22.25	**$ 11.12**
Non-IEP/IFSP Audiology, Individual Treatment - Additional	92507	22			$ 21.85	$ 10.93	$ 22.25	**$ 11.12**
IFSP Speech Therapy, Group Treatment - Initial	92508		TL	GN	$ 24.02	$ 12.01	$ 24.45	**$ 12.22**
IEP Speech Therapy, Group Treatment - Initial	92508		TM	GN	$ 24.02	$ 12.01	$ 24.45	**$ 12.22**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508			GN	$ 24.02	$ 12.01	$ 24.45	**$ 12.22**
IFSP Speech Therapy, Group Treatment - Additional	92508	22	TL	GN	$ 6.55	$ 3.27	$ 6.66	**$ 3.33**
IEP Speech Therapy, Group Treatment - Additional	92508	22	TM	GN	$ 6.55	$ 3.27	$ 6.66	**$ 3.33**
Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508	22		GN	$ 6.55	$ 3.27	$ 6.66	**$ 3.33**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			AG	$ 14.77	$ 7.38	$ 15.03	**$ 7.52**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			AG	$ 13.53	$ 6.77	$ 13.77	**$ 6.89**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			GN	$ 14.77	$ 7.38	$ 15.03	**$ 7.52**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			GN	$ 13.53	$ 6.77	$ 13.77	**$ 6.89**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551			TD	$ 14.77	$ 7.38	$ 15.03	**$ 7.52**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551			TD	$ 13.53	$ 6.77	$ 13.77	**$ 6.89**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551				$ 14.77	$ 7.38	$ 15.03	**$ 7.52**
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551				$ 13.53	$ 6.77	$ 13.77	**$ 6.89**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air onl	92552			AG	$ 22.14	$ 11.07	$ 22.54	**$ 11.27**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air onl	92552			AG	$ 20.30	$ 10.15	$ 20.66	**$ 10.33**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air	92552			GN	$ 22.14	$ 11.07	$ 22.54	**$ 11.27**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air	92552			GN	$ 20.30	$ 10.15	$ 20.66	**$ 10.33**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air onl	92552			TD	$ 22.14	$ 11.07	$ 22.54	**$ 11.27**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air onl	92552			TD	$ 20.30	$ 10.15	$ 20.66	**$ 10.33**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air	92552				$ 22.14	$ 11.07	$ 22.54	**$ 11.27**
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air	92552				$ 20.30	$ 10.15	$ 20.66	**$ 10.33**
IFSP Psychological Assessment: Initial	96101		TL		$ 471.96	$ 235.98	$ 480.44	**$ 240.22**
IEP Psychological Assessment: Initial/Triennial	96101		TM		$ 471.96	$ 235.98	$ 480.44	**$ 240.22**
IFSP Psychological Assessment: Amended	96101	TS	TL		$ 157.32	$ 78.66	$ 160.15	**$ 80.07**
IEP Psychological Assessment: Amended	96101	TS	TM		$ 157.32	$ 78.66	$ 160.15	**$ 80.07**
IFSP Psychological Assessment: Annual	96101	52	TL		$ 157.32	$ 78.66	$ 160.15	**$ 80.07**
IEP Psychological Assessment: Annual	96101	52	TM		$ 157.32	$ 78.66	$ 160.15	**$ 80.07**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Developmental Assessment	96110			GP	$ 21.60	$ 10.80	$ 21.99	**$ 11.00**
Non-IEP/IFSP Developmental Assessment	96110			GO	$ 20.04	$ 10.02	$ 20.40	**$ 10.20**
Non-IEP/IFSP Developmental Assessment	96110			GN	$ 19.65	$ 9.82	$ 20.00	**$ 10.00**
IFSP Psychosocial status assessment: Initial	96150		TL	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IFSP Psychosocial status assessment: Initial	96150		TL		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Initial/Triennial	96150		TM	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Initial/Triennial	96150		TM		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IFSP Psychosocial status assessment: Annual	96150	52	TL	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IFSP Psychosocial status assessment: Annual	96150	52	TL		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Annual	96150	52	TM	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Annual	96150	52	TM		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
Non-IEP/IFSP Psychosocial status assessment	96150			AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychosocial status assessment	96150			AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychosocial status assessment	96150				$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Health/Nutrition assessment: Initial	96150		TL	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IEP Health/Nutrition assessment: Initial/Triennial	96150		TM	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IFSP Health/Nutrition assessment: Annual	96150	52	TL	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IEP Health/Nutrition assessment: Annual	96150	52	TM	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Health/Nutrition assessment	96150			AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Health/Nutrition assessment	96150			TD	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IFSP Psychosocial status assessment: Amended	96151		TL	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IFSP Psychosocial status assessment: Amended	96151		TL		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Amended	96151		TM	AJ	$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IEP Psychosocial status assessment: Amended	96151		TM		$ 17.25	$ 8.63	$ 17.56	**$ 8.78**
IFSP Health/Nutrition assessment: Amended	96151		TL	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IEP Health/Nutrition assessment: Amended	96151		TM	AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Psychosocial status re-assessment	96151			AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychosocial status re-assessment	96151			AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychosocial status re-assessment	96151				$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Health/Nutrition re-assessment	96151			AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Health/Nutrition re-assessment	96151			TD	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AG	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AH	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL	AJ	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IFSP Psychology Counseling, Individual Treatment - Initial	96152		TL		$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AG	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AH	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM	AJ	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IEP Psychology Counseling, Individual Treatment - Initial	96152		TM		$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AG	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AH	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152			AJ	$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152				$ 72.41	$ 36.21	$ 73.72	**$ 36.86**
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AG	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL	AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Psychology Counseling, Individual Treatment - Additional	96152	22	TL		$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AG	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM	AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IEP Psychology Counseling, Individual Treatment - Additional	96152	22	TM		$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AG	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22		AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152	22			$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AG	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AH	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL	AJ	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IFSP Psychology Counseling, Group Treatment - Initial	96153		TL		$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AG	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AH	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IEP Psychology Counseling, Group Treatment - Initial	96153		TM	AJ	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IEP Psychology Counseling, Group Treatment - Initial	96153		TM		$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AG	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AH	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153			AJ	$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153				$ 15.95	$ 7.97	$ 16.24	**$ 8.12**
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AG	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AH	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL	AJ	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IFSP Psychology Counseling, Group Treatment - Additional	96153	22	TL		$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AG	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AH	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM	AJ	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IEP Psychology Counseling, Group Treatment - Additional	96153	22	TM		$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AG	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AH	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22		AJ	$ 3.27	$ 1.64	$ 3.33	**$ 1.67**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153	22			$ 3.27	$ 1.64	$ 3.33	**$ 1.67**
IFSP Physical therapy assessment: Initial	97001		TL		$ 248.88	$ 124.44	$ 253.36	**$ 126.68**
IEP Physical therapy assessment: Initial/Triennial	97001		TM		$ 248.88	$ 124.44	$ 253.36	**$ 126.68**
IFSP Physical therapy assessment: Annual	97001	52	TL		$ 172.83	$ 86.42	$ 175.94	**$ 87.97**
IEP Physical therapy assessment: Annual	97001	52	TM		$ 172.83	$ 86.42	$ 175.94	**$ 87.97**
IFSP Physical therapy assessment: Amended	97002		TL		$ 172.83	$ 86.42	$ 175.94	**$ 87.97**
IEP Physical therapy assessment: Amended	97002		TM		$ 172.83	$ 86.42	$ 175.94	**$ 87.97**
IFSP Occupational therapy assessment: Initial	97003		TL		$ 230.86	$ 115.43	$ 235.01	**$ 117.51**
IEP Occupational therapy assessment: Initial/Triennial	97003		TM		$ 230.86	$ 115.43	$ 235.01	**$ 117.51**
IFSP Occupational therapy assessment: Annual	97003	52	TL		$ 160.32	$ 80.16	$ 163.20	**$ 81.60**
IEP Occupational therapy assessment: Annual	97003	52	TM		$ 160.32	$ 80.16	$ 163.20	**$ 81.60**
IFSP Occupational therapy assessment: Amended	97004		TL		$ 160.32	$ 80.16	$ 163.20	**$ 81.60**
IEP Occupational therapy assessment: Amended	97004		TM		$ 160.32	$ 80.16	$ 163.20	**$ 81.60**
IFSP Physical Therapy Individual Treatment - Initial	97110		TL	GP	$ 69.13	$ 34.57	$ 70.37	**$ 35.19**
IEP Physical Therapy Individual Treatment - Initial	97110		TM	GP	$ 69.13	$ 34.57	$ 70.37	**$ 35.19**
Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110			GP	$ 69.13	$ 34.57	$ 70.37	**$ 35.19**
IFSP Physical Therapy Individual Treatment - Additional	97110	22	TL	GP	$ 21.60	$ 10.80	$ 21.99	**$ 11.00**
IEP Physical Therapy Individual Treatment - Additional	97110	22	TM	GP	$ 21.60	$ 10.80	$ 21.99	**$ 11.00**
Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110	22		GP	$ 21.60	$ 10.80	$ 21.99	**$ 11.00**
IFSP Occupational Therapy Individual Treatment - Initial	97110		TL	GO	$ 76.15	$ 38.08	$ 77.52	**$ 38.76**
IEP Occupational Therapy Individual Treatment - Initial	97110		TM	GO	$ 76.15	$ 38.08	$ 77.52	**$ 38.76**
Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110			GO	$ 76.15	$ 38.08	$ 77.52	**$ 38.76**
IFSP Occupational Therapy Individual Treatment - Additional	97110	22	TL	GO	$ 20.04	$ 10.02	$ 20.40	**$ 10.20**
IEP Occupational Therapy Individual Treatment - Additional	97110	22	TM	GO	$ 20.04	$ 10.02	$ 20.40	**$ 10.20**
Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110	22		GO	$ 20.04	$ 10.02	$ 20.40	**$ 10.20**
Non-IEP/IFSP Vision Assessment	99173			AG	$ 6.31	$ 3.15	$ 6.42	**$ 3.21**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
Non-IEP/IFSP Vision Assessment	99173			TD	$ 6.31	$ 3.15	$ 6.42	**$ 3.21**
Non-IEP/IFSP Vision Assessment	99173				$ 6.31	$ 3.15	$ 6.42	**$ 3.21**
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AG	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			TD	$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AH	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401			AJ	$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				$ 19.67	$ 9.83	$ 20.02	**$ 10.01**
IFSP Mileage	A0425		TL		$ 1.30	$ 0.65	$ 1.30	**$ 0.65**
IEP Mileage	A0425		TM		$ 1.30	$ 0.65	$ 1.30	**$ 0.65**
Non-IEP/IFSP Mileage	A0425				$ 1.30	$ 0.65	$ 1.30	**$ 0.65**
IFSP Health Assessment: Initial	T1001		TL		$ 132.47	$ 66.24	$ 134.85	**$ 67.43**
IEP Health Assessment: Initial/Triennial	T1001		TM		$ 132.47	$ 66.24	$ 134.85	**$ 67.43**
IFSP Health Assessment: Amended	T1001	TS	TL		$ 75.70	$ 37.85	$ 77.06	**$ 38.53**
IEP Health Assessment: Amended	T1001	TS	TM		$ 75.70	$ 37.85	$ 77.06	**$ 38.53**
IFSP Health Assessment: Annual	T1001	52	TL		$ 75.70	$ 37.85	$ 77.06	**$ 38.53**
IEP Health Assessment: Annual	T1001	52	TM		$ 75.70	$ 37.85	$ 77.06	**$ 38.53**
IFSP Nursing and Trained Health Care Aide Services	T1002		TL		$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IEP Nursing and Trained Health Care Aide Services	T1002		TM		$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002				$ 18.92	$ 9.46	$ 19.26	**$ 9.63**
IFSP Nursing and Trained Health Care Aide Services	T1003		TL		$ 9.55	$ 4.77	$ 9.72	**$ 4.86**
IEP Nursing and Trained Health Care Aide Services	T1003		TM		$ 9.55	$ 4.77	$ 9.72	**$ 4.86**
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1003				$ 9.55	$ 4.77	$ 9.72	**$ 4.86**
IFSP Nursing and Trained Health Care Aide Services	T1004		TL		$ 8.05	$ 4.02	$ 8.19	**$ 4.10**
IEP Nursing and Trained Health Care Aide Services	T1004		TM		$ 8.05	$ 4.02	$ 8.19	**$ 4.10**
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1004				$ 8.05	$ 4.02	$ 8.19	**$ 4.10**
IFSP TCM Low Cost Provider	T1017		TL	AH	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
IFSP TCM Low Cost Provider	T1017		TL	TD	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IFSP TCM Low Cost Provider	T1017		TL	AJ	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IFSP TCM Low Cost Provider	T1017		TL	TE	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IFSP TCM Low Cost Provider	T1017		TL	HO	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IFSP TCM Low Cost Provider	T1017		TL		$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM	AH	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM	TD	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM	AJ	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM	TE	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM	HO	$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IEP TCM Low Cost Provider	T1017		TM		$ 12.38	$ 6.19	$ 12.38	**$ 6.19**
IFSP TCM Medium Cost Provider	T1017		TL	AH	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM Medium Cost Provider	T1017		TL	TD	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM Medium Cost Provider	T1017		TL	AJ	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM Medium Cost Provider	T1017		TL	TE	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM Medium Cost Provider	T1017		TL	HO	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM Medium Cost Provider	T1017		TL		$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM	AH	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM	TD	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM	AJ	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM	TE	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM	HO	$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IEP TCM Medium Cost Provider	T1017		TM		$ 14.40	$ 7.20	$ 14.40	**$ 7.20**
IFSP TCM High Cost Provider	T1017		TL	AH	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IFSP TCM High Cost Provider	T1017		TL	TD	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IFSP TCM High Cost Provider	T1017		TL	AJ	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**

LEA Medi-Cal Billing Option Program
Rate inflation - SFY 2012/13 and Current Reimbursement Rates
Unique Procedure Code and Modifier Combinations

LEA Service	National Code	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	FOR QUALITY CONTROL USE SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated)	SFY 2011/12 REBASED MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/11-6/30/12)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated)	SFY 2012/13 MAX ALLOWABLE RATES (Inflated) at 50% Allowable Rate (Effective 7/01/12-Current)
IFSP TCM High Cost Provider	T1017		TL	TE	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IFSP TCM High Cost Provider	T1017		TL	HO	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IFSP TCM High Cost Provider	T1017		TL		$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM	AH	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM	TD	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM	AJ	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM	TE	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM	HO	$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IEP TCM High Cost Provider	T1017		TM		$ 16.42	$ 8.21	$ 16.42	**$ 8.21**
IFSP Medical Transportation	T2003		TL		$ 18.54	$ 9.27	$ 18.54	**$ 9.27**
IEP Medical Transportation	T2003		TM		$ 18.54	$ 9.27	$ 18.54	**$ 9.27**
Non-IEP/IFSP Medical Transportation	T2003				$ 18.54	$ 9.27	$ 18.54	**$ 9.27**
IFSP Hearing Check	V5011		TL		$ 51.00	$ 25.50	$ 51.91	**$ 25.96**
IEP Hearing Check	V5011		TM		$ 51.00	$ 25.50	$ 51.91	**$ 25.96**

Note:
Per SPA 03-024, Transportation and Targeted Case Management (procedure codes A0425, T1017 and T2003) are not inflated on an annual basis. The allowable rates are calculated based on the maximum allowable rate (SPA