

**LEA MEDI-Cal Billing Option Program**  
**Rate Inflation - SFY 2018/19 and Current Reimbursement Rates**  
**Unique Procedure Code and Modifier Combinations (sorted by procedure code)**

LEA Service	National Code	Modality Modifier	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	SFY 2018/19 MAX ALLOWABLE RATES (inflated)	SFY 2018/19 MAX ALLOWABLE RATES at 50% Allowable Rate (Effective 7/01/18-Current)
IFSP Audiology, Individual Treatment - Initial	92507			TL		\$ 87.49	\$ 43.75
IEP Audiology, Individual Treatment - Initial	92507			TM		\$ 87.49	\$ 43.75
Non-IEP/IFSP Audiology, Individual Treatment - Initial	92507					\$ 87.49	\$ 43.75
IFSP Audiology, Individual Treatment - Additional	92507		22	TL		\$ 23.86	\$ 11.93
IEP Audiology, Individual Treatment - Additional	92507		22	TM		\$ 23.86	\$ 11.93
Non-IEP/IFSP Audiology, Individual Treatment - Additional	92507		22			\$ 23.86	\$ 11.93
IFSP Speech Therapy, Individual Treatment - Initial	92507			TL	GN	\$ 71.50	\$ 35.75
IFSP Speech Therapy, Individual Treatment - Initial via Telehealth	92507	GT		TL	GN	\$ 71.50	\$ 35.75
IEP Speech Therapy, Individual Treatment - Initial	92507			TM	GN	\$ 71.50	\$ 35.75
IEP Speech Therapy, Individual Treatment - Initial via Telehealth	92507	GT		TM	GN	\$ 71.50	\$ 35.75
Non-IEP/IFSP Speech Therapy, Individual Treatment - Initial	92507				GN	\$ 71.50	\$ 35.75
IFSP Speech Therapy, Individual Treatment - Additional	92507		22	TL	GN	\$ 21.45	\$ 10.72
IFSP Speech Therapy, Individual Treatment - Additional via Telehealth	92507	GT	22	TL	GN	\$ 21.45	\$ 10.72
IEP Speech Therapy, Individual Treatment - Additional	92507		22	TM	GN	\$ 21.45	\$ 10.72
IEP Speech Therapy, Individual Treatment - Additional via Telehealth	92507	GT	22	TM	GN	\$ 21.45	\$ 10.72
Non-IEP/IFSP Speech Therapy, Individual Treatment - Additional	92507		22		GN	\$ 21.45	\$ 10.72
IFSP Speech Therapy, Group Treatment - Initial	92508			TL	GN	\$ 26.22	\$ 13.11
IFSP Speech Therapy, Group Treatment - Initial via Telehealth	92508	GT		TL	GN	\$ 26.22	\$ 13.11
IEP Speech Therapy, Group Treatment - Initial	92508			TM	GN	\$ 26.22	\$ 13.11

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IEP Speech Therapy, Group Treatment - Initial via Telehealth	92508	GT		TM	GN	\$ 26.22	\$ 13.11
Non-IEP/IFSP Speech Therapy, Group Treatment - Initial	92508				GN	\$ 26.22	\$ 13.11
IFSP Speech Therapy, Group Treatment - Additional	92508		22	TL	GN	\$ 7.14	\$ 3.57
IFSP Speech Therapy, Group Treatment - Additional via Telehealth	92508	GT	22	TL	GN	\$ 7.14	\$ 3.57
IEP Speech Therapy, Group Treatment - Additional	92508		22	TM	GN	\$ 7.14	\$ 3.57
IEP Speech Therapy, Group Treatment - Additional via Telehealth	92508	GT	22	TM	GN	\$ 7.14	\$ 3.57
Non-IEP/IFSP Speech Therapy, Group Treatment - Additional	92508		22		GN	\$ 7.14	\$ 3.57
IFSP Evaluation of Speech Fluency: Initial	92521			TL	GN	\$ 66.06	\$ 33.03
IFSP Evaluation of Speech Fluency: Initial via Telehealth	92521	GT		TL	GN	\$ 66.06	\$ 33.03
IEP Evaluation of Speech Fluency: Initial/Triennial	92521			TM	GN	\$ 66.06	\$ 33.03
IEP Evaluation of Speech Fluency: Initial/Triennial via Telehealth	92521	GT		TM	GN	\$ 66.06	\$ 33.03
IFSP Evaluation of Speech Fluency: Amended	92521		TS	TL	GN	\$ 36.04	\$ 18.02
IFSP Evaluation of Speech Fluency: Amended via Telehealth	92521	GT	TS	TL	GN	\$ 36.04	\$ 18.02
IEP Evaluation of Speech Fluency: Amended	92521		TS	TM	GN	\$ 36.04	\$ 18.02
IEP Evaluation of Speech Fluency: Amended via Telehealth	92521	GT	TS	TM	GN	\$ 36.04	\$ 18.02
IFSP Evaluation of Speech Fluency: Annual	92521		52	TL	GN	\$ 36.04	\$ 18.02
IFSP Evaluation of Speech Fluency: Annual via Telehealth	92521	GT	52	TL	GN	\$ 36.04	\$ 18.02
IEP Evaluation of Speech Fluency: Annual	92521		52	TM	GN	\$ 36.04	\$ 18.02
IEP Evaluation of Speech Fluency: Annual via Telehealth	92521	GT	52	TM	GN	\$ 36.04	\$ 18.02
IFSP Evaluation of Speech Sound Production: Initial	92522			TL	GN	\$ 56.63	\$ 28.31

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IFSP Evaluation of Speech Sound Production: Initial via Telehealth	92522	GT		TL	GN	\$ 56.63	\$ 28.31
IEP Evaluation of Speech Sound Production: Initial/Triennial	92522			TM	GN	\$ 56.63	\$ 28.31
IEP Evaluation of Speech Sound Production: Initial/Triennial via Telehealth	92522	GT		TM	GN	\$ 56.63	\$ 28.31
IFSP Evaluation of Speech Sound Production: Amended	92522		TS	TL	GN	\$ 30.89	\$ 15.44
IFSP Evaluation of Speech Sound Production: Amended via Telehealth	92522	GT	TS	TL	GN	\$ 30.89	\$ 15.44
IEP Evaluation of Speech Sound Production: Amended	92522		TS	TM	GN	\$ 30.89	\$ 15.44
IEP Evaluation of Speech Sound Production: Amended via Telehealth	92522	GT	TS	TM	GN	\$ 30.89	\$ 15.44
IFSP Evaluation of Speech Sound Production: Annual	92522		52	TL	GN	\$ 30.89	\$ 15.44
IFSP Evaluation of Speech Sound Production: Annual via Telehealth	92522	GT	52	TL	GN	\$ 30.89	\$ 15.44
IEP Evaluation of Speech Sound Production: Annual	92522		52	TM	GN	\$ 30.89	\$ 15.44
IEP Evaluation of Speech Sound Production: Annual via Telehealth	92522	GT	52	TM	GN	\$ 30.89	\$ 15.44
IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Initial	92523			TL	GN	\$ 113.25	\$ 56.63
IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Initial via Telehealth	92523	GT		TL	GN	\$ 113.25	\$ 56.63
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Initial/Triennial	92523			TM	GN	\$ 113.25	\$ 56.63
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Initial/Triennial via Telehealth	92523	GT		TM	GN	\$ 113.25	\$ 56.63

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IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Amended	92523		TS	TL	GN	\$ 61.78	\$ 30.89
IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Amended via Telehealth	92523	GT	TS	TL	GN	\$ 61.78	\$ 30.89
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Amended	92523		TS	TM	GN	\$ 61.78	\$ 30.89
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Amended via Telehealth	92523	GT	TS	TM	GN	\$ 61.78	\$ 30.89
IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Annual	92523		52	TL	GN	\$ 61.78	\$ 30.89
IFSP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Annual via Telehealth	92523	GT	52	TL	GN	\$ 61.78	\$ 30.89
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Annual	92523		52	TM	GN	\$ 61.78	\$ 30.89
IEP Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression: Annual via Telehealth	92523	GT	52	TM	GN	\$ 61.78	\$ 30.89
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Initial	92524			TL	GN	\$ 56.63	\$ 28.31
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Initial via Telehealth	92524	GT		TL	GN	\$ 56.63	\$ 28.31
IEP Behavioral and Qualitative Analysis of Voice and Resonance: Initial/Triennial	92524			TM	GN	\$ 56.63	\$ 28.31

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IEP Behavioral and Qualitative Analysis of Voice and Resonance: Initial/Triennial via Telehealth	92524	GT		TM	GN	\$ 56.63	\$ 28.31
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Amended	92524		TS	TL	GN	\$ 30.89	\$ 15.44
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Amended via Telehealth	92524	GT	TS	TL	GN	\$ 30.89	\$ 15.44
IEP Behavioral and Qualitative Analysis of Voice and Resonance: Amended	92524		TS	TM	GN	\$ 30.89	\$ 15.44
IEP Behavioral and Qualitative Analysis of Voice and Resonance: Amended via Telehealth	92524	GT	TS	TM	GN	\$ 30.89	\$ 15.44
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Annual	92524		52	TL	GN	\$ 30.89	\$ 15.44
IFSP Behavioral and Qualitative Analysis of Voice and Resonance: Annual via Telehealth	92524	GT	52	TL	GN	\$ 30.89	\$ 15.44
IEP Behavioral and Qualitative Analysis of Voice and Resonance: Annual	92524		52	TM	GN	\$ 30.89	\$ 15.44
IEP Behavioral and Qualitative Analysis of Voice and Resonance: Annual via Telehealth	92524	GT	52	TM	GN	\$ 30.89	\$ 15.44
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551				AG	\$ 16.12	\$ 8.06
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551				AG	\$ 14.77	\$ 7.39
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551				GN	\$ 16.12	\$ 8.06
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551				GN	\$ 14.77	\$ 7.39
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551				TD	\$ 16.12	\$ 8.06
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551				TD	\$ 14.77	\$ 7.39

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Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Under Age 18)	92551					\$ 16.12	\$ 8.06
Non-IEP/IFSP Hearing Assessment (Pure tone, air only) (Ages 18+)	92551					\$ 14.77	\$ 7.39
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552				AG	\$ 24.17	\$ 12.09
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552				AG	\$ 22.16	\$ 11.08
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552				GN	\$ 24.17	\$ 12.09
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552				GN	\$ 22.16	\$ 11.08
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552				TD	\$ 24.17	\$ 12.09
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552				TD	\$ 22.16	\$ 11.08
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Under Age 18)	92552					\$ 24.17	\$ 12.09
Non-IEP/IFSP Hearing Assessment (Pure tone audiometry -threshold, air only) (Ages 18+)	92552					\$ 22.16	\$ 11.08
IFSP Audiological Assessment: Initial	92557			TL		\$ 190.89	\$ 95.44
IEP Audiological Assessment: Initial/Triennial	92557			TM		\$ 190.89	\$ 95.44

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IFSP Audiological Assessment: Amended	92557		TS	TL		\$ 143.17	\$ 71.59
IEP Audiological Assessment: Amended	92557		TS	TM		\$ 143.17	\$ 71.59
IFSP Audiological Assessment: Annual	92557		52	TL		\$ 143.17	\$ 71.59
IEP Audiological Assessment: Annual	92557		52	TM		\$ 143.17	\$ 71.59
IFSP Psychological Assessment: Initial (billed under 96101 until 1/1/19)	96130			TL		\$ 515.27	\$ 257.63
IEP Psychological Assessment: Initial/Triennial (billed under 96101 until 1/1/19)	96130			TM		\$ 515.27	\$ 257.63
IFSP Psychological Assessment: Amended (billed under 96101 until 1/1/19)	96130		TS	TL		\$ 171.76	\$ 85.88
IEP Psychological Assessment: Amended (billed under 96101 until 1/1/19)	96130		TS	TM		\$ 171.76	\$ 85.88
IFSP Psychological Assessment: Annual (billed under 96101 until 1/1/19)	96130		52	TL		\$ 171.76	\$ 85.88
IEP Psychological Assessment: Annual (billed under 96101 until 1/1/19)	96130		52	TM		\$ 171.76	\$ 85.88
Non-IEP/IFSP Developmental Assessment	96110				GP	\$ 23.59	\$ 11.79
Non-IEP/IFSP Developmental Assessment	96110				GO	\$ 21.88	\$ 10.94
Non-IEP/IFSP Developmental Assessment	96110				GN	\$ 21.45	\$ 10.72
IFSP Psychosocial status assessment: Initial	96150			TL	AJ	\$ 18.84	\$ 9.42
IFSP Psychosocial status assessment: Initial	96150			TL		\$ 18.84	\$ 9.42
IEP Psychosocial status assessment: Initial/Triennial	96150			TM	AJ	\$ 18.84	\$ 9.42
IEP Psychosocial status assessment: Initial/Triennial	96150			TM		\$ 18.84	\$ 9.42
IFSP Psychosocial status assessment: Annual	96150		52	TL	AJ	\$ 18.84	\$ 9.42
IFSP Psychosocial status assessment: Annual	96150		52	TL		\$ 18.84	\$ 9.42
IEP Psychosocial status assessment: Annual	96150		52	TM	AJ	\$ 18.84	\$ 9.42



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IEP Psychosocial status assessment: Annual	96150		52	TM		\$ 18.84	\$ 9.42
Non-IEP/IFSP Psychosocial status assessment	96150				AH	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychosocial status assessment	96150				AJ	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychosocial status assessment	96150					\$ 21.47	\$ 10.74
IFSP Health/Nutrition assessment: Initial	96150			TL	AG	\$ 20.66	\$ 10.33
IEP Health/Nutrition assessment: Initial/Triennial	96150			TM	AG	\$ 20.66	\$ 10.33
IFSP Health/Nutrition assessment: Annual	96150		52	TL	AG	\$ 20.66	\$ 10.33
IEP Health/Nutrition assessment: Annual	96150		52	TM	AG	\$ 20.66	\$ 10.33
Non-IEP/IFSP Health/Nutrition assessment	96150				AG	\$ 20.66	\$ 10.33
Non-IEP/IFSP Health/Nutrition assessment	96150				TD	\$ 20.66	\$ 10.33
IFSP Psychosocial status assessment: Amended	96151			TL	AJ	\$ 18.84	\$ 9.42
IFSP Psychosocial status assessment: Amended	96151			TL		\$ 18.84	\$ 9.42
IEP Psychosocial status assessment: Amended	96151			TM	AJ	\$ 18.84	\$ 9.42
IEP Psychosocial status assessment: Amended	96151			TM		\$ 18.84	\$ 9.42
IFSP Health/Nutrition assessment: Amended	96151			TL	AG	\$ 20.66	\$ 10.33
IEP Health/Nutrition assessment: Amended	96151			TM	AG	\$ 20.66	\$ 10.33
Non-IEP/IFSP Psychosocial status re-assessment	96151				AH	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychosocial status re-assessment	96151				AJ	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychosocial status re-assessment	96151					\$ 21.47	\$ 10.74
Non-IEP/IFSP Health/Nutrition re-assessment	96151				AG	\$ 20.66	\$ 10.33



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Non-IEP/IFSP Health/Nutrition re-assessment	96151				TD	\$ 20.66	\$ 10.33
IFSP Psychology Counseling, Individual Treatment - Initial	96152			TL	AG	\$ 79.06	\$ 39.53
IFSP Psychology Counseling, Individual Treatment - Initial	96152			TL	AH	\$ 79.06	\$ 39.53
IFSP Psychology Counseling, Individual Treatment - Initial	96152			TL	AJ	\$ 79.06	\$ 39.53
IFSP Psychology Counseling, Individual Treatment - Initial	96152			TL		\$ 79.06	\$ 39.53
IEP Psychology Counseling, Individual Treatment - Initial	96152			TM	AG	\$ 79.06	\$ 39.53
IEP Psychology Counseling, Individual Treatment - Initial	96152			TM	AH	\$ 79.06	\$ 39.53
IEP Psychology Counseling, Individual Treatment - Initial	96152			TM	AJ	\$ 79.06	\$ 39.53
IEP Psychology Counseling, Individual Treatment - Initial	96152			TM		\$ 79.06	\$ 39.53
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152				AG	\$ 79.06	\$ 39.53
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152				AH	\$ 79.06	\$ 39.53
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152				AJ	\$ 79.06	\$ 39.53
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Initial	96152					\$ 79.06	\$ 39.53
IFSP Psychology Counseling, Individual Treatment - Additional	96152		22	TL	AG	\$ 21.47	\$ 10.74
IFSP Psychology Counseling, Individual Treatment - Additional	96152		22	TL	AH	\$ 21.47	\$ 10.74
IFSP Psychology Counseling, Individual Treatment - Additional	96152		22	TL	AJ	\$ 21.47	\$ 10.74
IFSP Psychology Counseling, Individual Treatment - Additional	96152		22	TL		\$ 21.47	\$ 10.74
IEP Psychology Counseling, Individual Treatment - Additional	96152		22	TM	AG	\$ 21.47	\$ 10.74
IEP Psychology Counseling, Individual Treatment - Additional	96152		22	TM	AH	\$ 21.47	\$ 10.74
IEP Psychology Counseling, Individual Treatment - Additional	96152		22	TM	AJ	\$ 21.47	\$ 10.74

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IEP Psychology Counseling, Individual Treatment - Additional	96152		22	TM		\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152		22		AG	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152		22		AH	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152		22		AJ	\$ 21.47	\$ 10.74
Non-IEP/IFSP Psychology Counseling, Individual Treatment - Additional	96152		22			\$ 21.47	\$ 10.74
IFSP Psychology Counseling, Group Treatment - Initial	96153			TL	AG	\$ 17.41	\$ 8.71
IFSP Psychology Counseling, Group Treatment - Initial	96153			TL	AH	\$ 17.41	\$ 8.71
IFSP Psychology Counseling, Group Treatment - Initial	96153			TL	AJ	\$ 17.41	\$ 8.71
IFSP Psychology Counseling, Group Treatment - Initial	96153			TL		\$ 17.41	\$ 8.71
IEP Psychology Counseling, Group Treatment - Initial	96153			TM	AG	\$ 17.41	\$ 8.71
IEP Psychology Counseling, Group Treatment - Initial	96153			TM	AH	\$ 17.41	\$ 8.71
IEP Psychology Counseling, Group Treatment - Initial	96153			TM	AJ	\$ 17.41	\$ 8.71
IEP Psychology Counseling, Group Treatment - Initial	96153			TM		\$ 17.41	\$ 8.71
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153				AG	\$ 17.41	\$ 8.71
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153				AH	\$ 17.41	\$ 8.71
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153				AJ	\$ 17.41	\$ 8.71
Non-IEP/IFSP Psychology Counseling, Group Treatment - Initial	96153					\$ 17.41	\$ 8.71
IFSP Psychology Counseling, Group Treatment - Additional	96153		22	TL	AG	\$ 3.57	\$ 1.79
IFSP Psychology Counseling, Group Treatment - Additional	96153		22	TL	AH	\$ 3.57	\$ 1.79
IFSP Psychology Counseling, Group Treatment - Additional	96153		22	TL	AJ	\$ 3.57	\$ 1.79

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IFSP Psychology Counseling, Group Treatment - Additional	96153		22	TL		\$ 3.57	\$ 1.79
IEP Psychology Counseling, Group Treatment - Additional	96153		22	TM	AG	\$ 3.57	\$ 1.79
IEP Psychology Counseling, Group Treatment - Additional	96153		22	TM	AH	\$ 3.57	\$ 1.79
IEP Psychology Counseling, Group Treatment - Additional	96153		22	TM	AJ	\$ 3.57	\$ 1.79
IEP Psychology Counseling, Group Treatment - Additional	96153		22	TM		\$ 3.57	\$ 1.79
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153		22		AG	\$ 3.57	\$ 1.79
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153		22		AH	\$ 3.57	\$ 1.79
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153		22		AJ	\$ 3.57	\$ 1.79
Non-IEP/IFSP Psychology Counseling, Group Treatment - Additional	96153		22			\$ 3.57	\$ 1.79
IFSP Physical Therapy Individual Treatment - Initial	97110			TL	GP	\$ 75.48	\$ 37.74
IEP Physical Therapy Individual Treatment - Initial	97110			TM	GP	\$ 75.48	\$ 37.74
Non-IEP/IFSP Physical Therapy Individual Treatment - Initial	97110				GP	\$ 75.48	\$ 37.74
IFSP Physical Therapy Individual Treatment - Additional	97110		22	TL	GP	\$ 23.59	\$ 11.79
IEP Physical Therapy Individual Treatment - Additional	97110		22	TM	GP	\$ 23.59	\$ 11.79
Non-IEP/IFSP Physical Therapy Individual Treatment - Additional	97110		22		GP	\$ 23.59	\$ 11.79
IFSP Occupational Therapy Individual Treatment - Initial	97110			TL	GO	\$ 83.14	\$ 41.57
IEP Occupational Therapy Individual Treatment - Initial	97110			TM	GO	\$ 83.14	\$ 41.57
Non-IEP/IFSP Occupational Therapy Individual Treatment - Initial	97110				GO	\$ 83.14	\$ 41.57
IFSP Occupational Therapy Individual Treatment - Additional	97110		22	TL	GO	\$ 21.88	\$ 10.94
IEP Occupational Therapy Individual Treatment - Additional	97110		22	TM	GO	\$ 21.88	\$ 10.94

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Non-IEP/IFSP Occupational Therapy Individual Treatment - Additional	97110		22		GO	\$ 21.88	\$ 10.94
IFSP Physical therapy assessment: Initial	97163			TL		\$ 271.72	\$ 135.86
IEP Physical therapy assessment: Initial/Triennial	97163			TM		\$ 271.72	\$ 135.86
IFSP Physical therapy assessment: Annual	97163		52	TL		\$ 188.69	\$ 94.35
IEP Physical therapy assessment: Annual	97163		52	TM		\$ 188.69	\$ 94.35
IFSP Physical therapy assessment: Amended	97164			TL		\$ 188.69	\$ 94.35
IEP Physical therapy assessment: Amended	97164			TM		\$ 188.69	\$ 94.35
IFSP Occupational therapy assessment: Initial	97167			TL		\$ 252.05	\$ 126.02
IEP Occupational therapy assessment: Initial/Triennial	97167			TM		\$ 252.05	\$ 126.02
IFSP Occupational therapy assessment: Annual	97167		52	TL		\$ 175.03	\$ 87.52
IEP Occupational therapy assessment: Annual	97167		52	TM		\$ 175.03	\$ 87.52
IFSP Occupational therapy assessment: Amended	97168			TL		\$ 175.03	\$ 87.52
IEP Occupational therapy assessment: Amended	97168			TM		\$ 175.03	\$ 87.52
Non-IEP/IFSP Vision Assessment	99173				AG	\$ 6.89	\$ 3.44
Non-IEP/IFSP Vision Assessment	99173				TD	\$ 6.89	\$ 3.44
Non-IEP/IFSP Vision Assessment	99173					\$ 6.89	\$ 3.44
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				AG	\$ 20.66	\$ 10.33
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				TD	\$ 20.66	\$ 10.33
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				AH	\$ 21.47	\$ 10.74
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401				AJ	\$ 21.47	\$ 10.74

**LEA MEDI-Cal Billing Option Program**  
**Rate Inflation - SFY 2018/19 and Current Reimbursement Rates**  
**Unique Procedure Code and Modifier Combinations (sorted by procedure code)**

LEA Service	National Code	Modality Modifier	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	SFY 2018/19 MAX ALLOWABLE RATES (inflated)	SFY 2018/19 MAX ALLOWABLE RATES at 50% Allowable Rate (Effective 7/01/18-Current)
Non-IEP/IFSP Health Education/Anticipatory Guidance	99401					\$ 21.47	\$ 10.74
IFSP Mileage	A0425			TL		\$ 1.30	\$ 0.65
IEP Mileage	A0425			TM		\$ 1.30	\$ 0.65
IFSP Health Assessment: Initial	T1001			TL		\$ 144.63	\$ 72.31
IEP Health Assessment: Initial/Triennial	T1001			TM		\$ 144.63	\$ 72.31
IFSP Health Assessment: Amended	T1001		TS	TL		\$ 82.64	\$ 41.32
IEP Health Assessment: Amended	T1001		TS	TM		\$ 82.64	\$ 41.32
IFSP Health Assessment: Annual	T1001		52	TL		\$ 82.64	\$ 41.32
IEP Health Assessment: Annual	T1001		52	TM		\$ 82.64	\$ 41.32
IFSP Nursing and Trained Health Care Aide Services	T1002			TL		\$ 20.66	\$ 10.33
IEP Nursing and Trained Health Care Aide Services	T1002			TM		\$ 20.66	\$ 10.33
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1002					\$ 20.66	\$ 10.33
IFSP Nursing and Trained Health Care Aide Services	T1003			TL		\$ 10.43	\$ 5.21
IEP Nursing and Trained Health Care Aide Services	T1003			TM		\$ 10.43	\$ 5.21
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1003					\$ 10.43	\$ 5.21
IFSP Nursing and Trained Health Care Aide Services	T1004			TL		\$ 8.79	\$ 4.39
IEP Nursing and Trained Health Care Aide Services	T1004			TM		\$ 8.79	\$ 4.39
Non-IEP/IFSP Nursing and Trained Health Care Aide Services	T1004					\$ 8.79	\$ 4.39
IFSP TCM Low Cost Provider	T1017			TL	AH	\$ 12.38	\$ 6.19
IFSP TCM Low Cost Provider	T1017			TL	TD	\$ 12.38	\$ 6.19

**LEA MEDI-Cal Billing Option Program**  
**Rate Inflation - SFY 2018/19 and Current Reimbursement Rates**  
**Unique Procedure Code and Modifier Combinations (sorted by procedure code)**

LEA Service	National Code	Modality Modifier	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	SFY 2018/19 MAX ALLOWABLE RATES (inflated)	SFY 2018/19 MAX ALLOWABLE RATES at 50% Allowable Rate (Effective 7/01/18-Current)
IFSP TCM Low Cost Provider	T1017			TL	AJ	\$ 12.38	\$ 6.19
IFSP TCM Low Cost Provider	T1017			TL	TE	\$ 12.38	\$ 6.19
IFSP TCM Low Cost Provider	T1017			TL	HO	\$ 12.38	\$ 6.19
IFSP TCM Low Cost Provider	T1017			TL		\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM	AH	\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM	TD	\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM	AJ	\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM	TE	\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM	HO	\$ 12.38	\$ 6.19
IEP TCM Low Cost Provider	T1017			TM		\$ 12.38	\$ 6.19
IFSP TCM Medium Cost Provider	T1017			TL	AH	\$ 14.40	\$ 7.20
IFSP TCM Medium Cost Provider	T1017			TL	TD	\$ 14.40	\$ 7.20
IFSP TCM Medium Cost Provider	T1017			TL	AJ	\$ 14.40	\$ 7.20
IFSP TCM Medium Cost Provider	T1017			TL	TE	\$ 14.40	\$ 7.20
IFSP TCM Medium Cost Provider	T1017			TL	HO	\$ 14.40	\$ 7.20
IFSP TCM Medium Cost Provider	T1017			TL		\$ 14.40	\$ 7.20
IEP TCM Medium Cost Provider	T1017			TM	AH	\$ 14.40	\$ 7.20
IEP TCM Medium Cost Provider	T1017			TM	TD	\$ 14.40	\$ 7.20
IEP TCM Medium Cost Provider	T1017			TM	AJ	\$ 14.40	\$ 7.20
IEP TCM Medium Cost Provider	T1017			TM	TE	\$ 14.40	\$ 7.20

**LEA MEDI-Cal Billing Option Program**  
**Rate Inflation - SFY 2018/19 and Current Reimbursement Rates**  
**Unique Procedure Code and Modifier Combinations (sorted by procedure code)**

LEA Service	National Code	Modality Modifier	Intensity of Service Modifier	IDEA Service Modifier	Pract. Modifier	SFY 2018/19 MAX ALLOWABLE RATES (inflated)	SFY 2018/19 MAX ALLOWABLE RATES at 50% Allowable Rate (Effective 7/01/18-Current)
IEP TCM Medium Cost Provider	T1017			TM	HO	\$ 14.40	\$ 7.20
IEP TCM Medium Cost Provider	T1017			TM		\$ 14.40	\$ 7.20
IFSP TCM High Cost Provider	T1017			TL	AH	\$ 16.42	\$ 8.21
IFSP TCM High Cost Provider	T1017			TL	TD	\$ 16.42	\$ 8.21
IFSP TCM High Cost Provider	T1017			TL	AJ	\$ 16.42	\$ 8.21
IFSP TCM High Cost Provider	T1017			TL	TE	\$ 16.42	\$ 8.21
IFSP TCM High Cost Provider	T1017			TL	HO	\$ 16.42	\$ 8.21
IFSP TCM High Cost Provider	T1017			TL		\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM	AH	\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM	TD	\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM	AJ	\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM	TE	\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM	HO	\$ 16.42	\$ 8.21
IEP TCM High Cost Provider	T1017			TM		\$ 16.42	\$ 8.21
IFSP Medical Transportation	T2003			TL		\$ 18.54	\$ 9.27
IEP Medical Transportation	T2003			TM		\$ 18.54	\$ 9.27
IFSP Hearing Check	V5011			TL		\$ 55.68	\$ 27.84
IEP Hearing Check	V5011			TM		\$ 55.68	\$ 27.84

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 implementation) multiplied by the appropriate FMAP).