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State of California-Health and Human Services Agency

Department of Health Services

ARNOLD SCHWARZENEGGER
Governor

June 16, 2006 HRIF Program Letter: 01-0606

TO: MEDICAL DIRECTORS OF CALIFORNIA CHILDREN'S SERVICES PROGRAM (CCS) - APPROVED NEONATAL INTENSIVE CARE UNITS (NICU)

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM LETTER

I. Background

The Children's Medical Services (CMS) Branch/California Children's Services (CCS) Program is restructuring the NICU/HRIF Program effective July 1, 2006. This letter provides guidance on the program restructure, including information on patient eligibility, diagnostic services, provider responsibilities, reporting requirements, and procedures for billing authorized HRIF services provided to CCS HRIF eligible infants and children.

CCS Standards for NICUs require that each CCS-approved NICU shall ensure the follow-up of high risk infants discharged from the NICU. Each NICU shall either have an organized HRIF Program or a written agreement for the provision of these services by another CCS-approved NICU. The HRIF Program was begun in the 1970's to provide follow-up to infants who were discharged from the NICU without a CCS eligible medical condition in order to determine if they might develop a CCS eligible medical condition.

The CCS Program's goal of identifying infants and children who may develop a CCS eligible medical condition has not changed. To achieve this goal, the CCS HRIF Program provides for a number of diagnostic services for children up to three years of age.

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The following are reimbursable diagnostic services:

A. A comprehensive history and physical examination, including neurologic assessment, usually performed at approximately four to six months, nine to twelve months, and 18 to 36 months (adjusted or chronological age). Additional visits may be determined to be medically necessary by the HRIF Program. Examinations may be completed by one of the following: a CCS–approved (also known as CCS-paneled) physician (pediatrician or neonatologist), or a pediatric nurse practitioner (PNP). A PNP functioning in this role does not require CCS-approval and is practicing under the direction of a physician.

B. A developmental assessment, (Bayley Scales of Infant Development [BSID] or an equivalent test), usually performed at approximately four to six months, nine to twelve months, and 18 to 36 months. Additional assessments may be determined to be necessary by the HRIF Program. Each assessment during the child's three-year eligibility period may be performed by one of the following who has training in the evaluation of motor and sensory development of high-risk infants: a CCS-approved pediatrician or neonatologist, PNP, CCS-approved nurse specialist (registered nurse with a Bachelor's of Science Degree in Nursing), CCS-approved physical therapist, CCS-approved occupational therapist, or CCS-approved psychologist. The PNP functioning in this role does not need to be CCS-approved.

C. A family psychosocial assessment, to be performed during the child's three year eligibility period by a CCS-approved social worker, PNP or CCS-approved nurse specialist with expertise in family psychosocial assessment. Referral shall be made to a social worker upon identification of significant social issues by a PNP or nurse specialist. Additional assessments may be determined to be necessary by the social worker, PNP, or nurse specialist.

D. A hearing assessment, for infants:

1. Under six months of age who were not screened in the hospital- A referral shall be made to a Newborn Hearing Screening Program (NHSP)-certified Outpatient Infant Hearing Screening Provider for a hearing screen. A list of NHSP-certified screening providers is

available on the NHSP website: www.dhs.ca.gov/nhsp or by calling the NHSP toll-free number at 1-877-388-5301; or

2. Over six months of age who were not screened in the hospital – A referral shall be made to a CCS-approved Type C Communication Disorder Center (CDC) for a diagnostic hearing evaluation; or

3. Who did not pass the inpatient NICU hearing screen – A referral shall be made to a Type C CDC for a diagnostic hearing evaluation; or

4. Who passed an initial hearing screen but who are at risk for developing a progressive or late-onset hearing loss, [as per California Code of Regulations, Title 22, Section 41839.(a)(6)] – A referral shall be made to a Type C CDC for a diagnostic hearing evaluation every six months.

E. An ophthalmologic assessment, performed by a CCS-approved ophthalmologist with experience and expertise in the retinal examination of the preterm infant. The assessments are to be done in accordance with the American Academy of Pediatrics Policy Statement "*Screening Examination of Preterm Infants" Pediatrics, Vol. 117: Number 2, February 2006, P.572-576* and until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.

F. A home assessment for the purpose of evaluating the family for specific needs within the home environment and shall be provided by a Health Home Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment. The HHA visit is not to be utilized to conduct direct services.

Services by the designated HRIF Coordinator are also reimbursable, **IF** the HRIF coordinator's salary is not supported by Title V funding from the CMS Branch.

II. Eligibility

Entry into the HRIF Program is limited to those infants who meet the following medical eligibility requirements and who have met CCS medical eligibility criteria for NICU care or had a CCS eligible medical condition during their stay in a CCS-approved NICU, even if they were never CCS clients during their NICU stay. Also, the program is available to infants who have a CCS eligible medical condition on discharge.

An infant shall be medically eligible for the HRIF Program when the infant:

A. Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per Numbered Letter 05-0502, Medical Eligibility in a CCS-approved NICU),

Or

B. Had a CCS eligible medical condition in a CCS-approved NICU (regardless of length of stay), (as per California Code of Regulations, Title 22, Section 41800 through 41872, CCS Medical Eligibility Regulations).

And

C. The birth weight was less than 1500 grams or the gestational age at birth was less than 32 weeks.

Or

D. The birth weight was 1500 grams or more and the gestational age at birth was 32 weeks or more and one of the following criteria was met during the NICU stay:

1. Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes.

2. A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.

3. Persistent apnea which required medication (e.g. caffeine) for the treatment of apnea at discharge.

4. Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease.

5. Infants placed on extracorporeal membrane oxygenation.

6. Infants who received inhaled nitric oxide greater than four hours for persistent pulmonary hypertension of the newborn.

7. History of documented seizure activity.

8. Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), periventricular leukomalacia, cerebral thrombosis, cerebral infarction, developmental central nervous system (CNS) abnormality or “other CNS problems associated with adverse neurologic outcome”.

9. Other problems that could result in a neurologic abnormality (e.g., history of CNS infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability, hypoxic ischemic encephalopathy, et cetera).

Medical eligibility for the HRIF Program is determined by the County CCS Program or Regional Office staff. The CCS Program is also required to determine residential eligibility. As the HRIF Program is a diagnostic service, there is no financial eligibility determination performed at the time of referral to CCS. However, insurance information shall be obtained by CCS. An infant or child is eligible for the HRIF Program from birth up to three years of age.

III. HRIF Program Responsibilities

Each CCS-approved NICU that has its own HRIF Program is required to have a multidisciplinary team of professionals that may include pediatricians or neonatologists, PNPs, nurse specialists, ophthalmologists, audiologists, social workers, psychologists, physical therapists, and occupational therapists. All professionals listed must be CCS-approved. The PNP is only required to be CCS-approved when functioning as an HRIF Coordinator.

As the HRIF Program is a CCS Special Care Center (SCC), the required team members include a CCS-approved: HRIF Program medical director (pediatrician or neonatologist), HRIF coordinator, ophthalmologist, audiologist, social worker, and an individual to perform the developmental assessment. See Section I.B. above for description of the healthcare professionals who perform developmental assessments. An individual provider may simultaneously serve in more than one role on the HRIF team.

Each program must designate one of its team members as the HRIF Coordinator. Each of these professionals may be reimbursed for the diagnostic services they provide.

All HRIF Programs shall develop policies and procedures, including job descriptions assigning function responsibilities, to ensure consistent implementation of the above policy regardless of staff changes. These documents shall be available for review during CCS site reviews.

A. HRIF Coordinator

The HRIF Coordinator shall be a CCS-approved: pediatrician or neonatologist, PNP, nurse specialist, psychologist, social worker, physical therapist, or occupational therapist. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as a HRIF Coordinator.

The Coordinator has the key role in follow-up and coordination of services for eligible infants and children. The specific responsibilities of the coordinator are:

1. Coordination

a. Serve as the primary person coordinating neonatal HRIF services among the County CCS Programs, other HRIF Programs located in CCS-approved Regional, Community, and Intermediate NICUs, State CMS Regional Offices, clients/families, and others in matters related to the client's HRIF services.

b. Participate in NICU discharge planning process or multidisciplinary rounds.

c. Ensure identification of HRIF eligible clients according to HRIF eligibility criteria, and request authorizations from County CCS Program or Regional Offices.

d. Ensure copies of the authorizations are distributed to HRIF team members and consultants.

e. Gather medical reports and assessments for review by team members, and prepare a summary report.

f. Ensure that a copy of the summary report is sent to the County CCS Program or Regional Office.

g. Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.

h. Assist families in establishing a Medical Home for the infant or child.

i. Assist clients/families in making linkages to necessary medical and social services.

j. Ensure there is a system in place to follow-up with families including those who have missed appointments. Collect documentation of the reason for missed appointments and develop a plan of action for improving HRIF Program adherence for evaluations and assessments.

k. Provide coordination between the HRIF Program and the infant's or child's (pediatric) primary care physician, specialists, and County CCS Program or Regional Office when appropriate.

l. Coordinate HRIF services with the County CCS Program and Regional Offices and other local programs.

m. Coordinate follow-up service needs among the CCS-approved Regional, Community and Intermediate NICUs within the community catchment area and with those NICUs that provide HRIF referrals to their agency.

2. Client Referral Services and Follow-Up

a. Ensure and document referrals are made to the Early Start (ES) Program for children who meet ES eligibility criteria.

b. Ensure referrals are made to the Regional Center when those services are appropriate.

c. Ensure referrals to HRIF diagnostic consultations and assessments are made with CCS-approved providers.

d. Provide referral and resource information for other social and developmental programs within the community, as required.

3. Education Services Program

a. Provide education and outreach about the HRIF Program and services, clinical care, required documentation on transfer, and referral options, including outreach to NICUs with which there is a NICU Regional Cooperation Agreement to CCS-approved Community and Intermediate NICU's and other community referral agencies, as appropriate.

b. Develop and provide education to parents and family members about the high risk infant's medical condition(s), care and treatment, special needs and expected outcomes of care.

c. Provide education to parents and family members about the system of care and services (including social services) available to help them nurture, support, and care for the high risk infant.

B. HRIF Program Reporting Requirements

As part of HRIF Program evaluation, quality improvement activities and program monitoring, HRIF Programs will be required to report outcome and service data to the CMS Branch.

1. Program Evaluation and Quality Improvement Reporting

In collaboration with the California Perinatal Quality Care Collaborative (CPQCC), and building on the model of submission of information on all infants receiving care in the NICU, the CMS Branch is developing reports on HRIF clients and services that will be submitted regularly to CPQCC. It is the intent of the CMS Branch that HRIF Programs will submit reports to CPQCC using an on-line, web-based reporting process. There will be two types of forms that will be completed and submitted to CPQCC.

a. The *Registration Client Identification Face Sheet* (see Enclosure A) will be collected once and may include information on the birth hospital, referring discharge hospital, gender, gestational age, birth weight, and caregiver information.

b. The *Health and Developmental Status Report* (see Enclosure B) will be submitted at the initial assessment, follow-up visits and final assessment. Information being considered for the report include, but not limited to, growth parameters at the time of visit; medical equipment or support needed by the child; vision and hearing status; and developmental testing information.

During the period in which the web-based forms are being developed and tested, HRIF Programs will be asked to send completed forms by fax to CMS. All reporting information will be Health Insurance Portability and Accountability Act of 1996 compliant. Detailed information as to how and when this reporting will commence will be described under separate cover.

2. Required Reports for Case Management

A summary report of the HRIF Team Visit is required to be submitted to the County CCS Program or Regional Office. This is in addition to the *Registration Client Identification Face Sheet* and/or the *Health and Developmental Status Report* which are faxed to CMS. A HRIF Program can either use a template HRIF Team Visit Report form (see Enclosure C) or submit its own team report which shall include the required summary reporting elements.

This information is necessary for the County CCS Program or Regional Office staff case management activities. A copy of the HRIF Team Visit Report and copy of the comprehensive physician report (either the template form or in lieu of this form, a dictated team report and physician report) should also be submitted to the child's designated Medical Home provider and NICU medical director (if the director is not directly involved with the HRIF Program) and other providers involved in the child's care.

IV. Authorization of HRIF Services

As part of the NICU discharge planning process, the NICU must identify and refer to the CCS Program infants identified as potentially eligible for the HRIF Program. This can be accomplished by submitting Service Authorization Requests (SARs) (see Enclosure D) to the appropriate County CCS Program or Regional Office. The forms are available online at the CCS website,

www.dhs.ca.gov/ccs. Locate and click on the "Forms and Publications" link, then click on form DHS 4488 (New Referral of CCS/GHPP client Service Authorization Request [SAR] or form DHS 4509, (Established CCS/Genetically Handicapped Persons Program client Service Authorization Request [SAR]). These forms can be filled in on-line, a copy printed and either mailed or faxed to the appropriate County CCS Program or Regional Office. The approved SARs for HRIF services will be sent to the HRIF Coordinator who is responsible for distributing copies of the authorization to all relevant HRIF team members and consultants responsible for the infant's follow-up care.

The HRIF Program will receive an authorization of services for Service Code Grouping (SCG) 06 for each infant or child determined eligible for the CCS HRIF Program. The SCG is a group of reimbursable procedure codes authorized to be delivered to a CCS client. The SCG allows the HRIF Program providers to render diagnostic services for a CCS client without the submission of a separate request for each service required. **This SCG 06 is for diagnostic services only**. Instructions on how to use a SAR for billing can be found in the Medi-Cal provider manual at http://www.medi-cal.ca.gov/. Locate Provider Manual and click on "Medical Services". In the search field, type in **cal child bil hcf** and click on "go". Click on the first reference to see the instructions.

The following four enclosures provide additional information about SCG 06 and describe specific billable diagnostic services that may be performed the by the HRIF team members:

- Enclosure E – SCG 06-HRIF Program Service Codes Listed by Provider Type.
- Enclosure F – SCG 06-HRIF Program Service Codes listed in Numeric Order of Billing Code.
- Enclosure G – Expanded Description and Guidelines for Billing HRIF Program Services.
- Enclosure H – Abbreviated Description and Guidelines for Billing HRIF Program Services.

At the time of the referral for HRIF authorization, an authorization for two home assessments by a Home Health Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment, can be separately authorized. The HRIF Program must indicate which HHA is to be authorized for provisions of HCPCS code Z6900 (skilled nursing service in home by HHA). The authorization will be for up to two home assessments during the first year. These visits are only to assess the home environment. They are not to be used as the venue for the provision of HRIF diagnostic services. Additional home assessments by a

HHA nurse requires medical necessity justification from the HRIF Program physician.

As listed, HRIF services authorizations are for diagnostic services only. When a CCS-eligible medical condition is discovered as part of the diagnostic assessments, this information is to be forwarded to the County CCS Program or Regional Office and the program eligibility will be determined, including financial eligibility for treatment of the CCS eligible medical condition by CCS Staff. If found to be eligible for the program, treatment services for the child will be separately authorized to the most appropriate CCS-approved provider. An overview of CCS eligible conditions can be found on the CCS web-site, at www.dhs.ca.gov/ccs.

V. Claims Submission

This section provides an overview of the HRIF Program billing guidelines. HRIF services are reimbursable to the HRIF Program when provided by CCS-approved HRIF providers listed in the CCS Special Care Center (SCC) HRIF directory. Providers listed in this directory have been authorized to provide services to the HRIF Program eligible child. Under separate cover you will receive a blank CCS/SCC/HRIF directory form to be filled out and returned. If there are subsequent changes to the HRIF Program SCC directory, go to www.dhs.ca.gov/ccs. Locate and click on the “Forms and Publications” link, then click on the Special Care Center Directory update form DHS 4507.

A. General Requirements

1. Each SAR authorized to a HRIF Program can only be used for reimbursement by other health care providers listed in a CCS/SCC/HRIF directory from which the HRIF Program has requested diagnostic services and/or a CCS-approved Type C Communication Disorder Center (CDC) center. **Note**: The SAR only covers reimbursement of services included in the SCG 06.

   a. Ophthalmology diagnostic services, as listed in the SCG, may be billed by the ophthalmologist using the SAR number.

   b. Audiology diagnostic services, as listed in the SCG, may be billed by the approved Type C CDC performing the services using the SAR number.

2. Providers must be enrolled in the Medi-Cal program and use their active Medi-Cal provider number on all authorized claims for all CCS HRIF clients.

   Exception: Allied healthcare providers (e.g. audiologists, physical/occupational therapists, and social workers) who are **employees** of a hospital or facility are exempt from the Medi-Cal provider number requirement since the facility bills for their services using the facility's Medi-Cal provider number.

3. If applicable, providers must request authorization from a client's other commercial third party health insurance carrier or Health Maintenance Organization (HMO) prior to providing services and bill the client's other commercial health insurance carrier or HMO plan **prior** to billing the CCS Program. A denial of benefits or an Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payor of last resort.

   NOTE: Electronic Data Systems will not honor a claim with an EOB that is denied because "out of network" or prior authorization requirements are not met.

4. At the same time as submitting a claim the required HRIF Team Visit Report (see Enclosure C) shall be sent to the appropriate County CCS Program or Regional Office staff case managing the child, the child's designated Medical Home provider and NICU Medical Director (if the director is directly involved with the HRIF Program) and other providers involved in the child's care.

5. Psychologists are only authorized to bill for the following diagnostic developmental assessment procedure codes: X9514, X9534, and X9542. (Procedures codes that represent intervention services are not payable with the SAR).

6. Developmental testing procedure codes 96110-96111 rendered by either a Nurse Specialist or a Physical or Occupational Therapist must be billed by the facility with the facility's outpatient Medi-Cal provider number.

B. Claim Submissions

1. Providers billing for HRIF patients with a SAR issued to the SCC must adhere to the specific instructions described in the Medi-Cal Provider Manual when completing the claim form.

2. All HRIF services are approved with a unique SAR number beginning with a prefix “91” or “97”. The SAR number must be included on the claim form in the appropriate prior authorization field.

3. Proper and timely submission of claims is of the highest importance. Delayed or improperly prepared claims could result in delayed payment or possible denial.

4. Submit claims on the following claim forms, as appropriate for the provider type:

   a. CMS 1500 Claim Form (formally HCFA 1500)
   b. UB-92 Claim Form

5. Include the child’s Client Identification Number (CIN) in the appropriate field on the claim form as follows:

   a. CMS 1500, field 1a
   b. UB-92, field 60

6. Enter the 11 digit CCS SAR authorization number in the appropriate field on the claim form as follows:

   a. CMS 1500, field 23
   b. UB-92, field 63

7. Enter the Medi-Cal provider number of the provider rendering the service if the provider is billing using a group number on the claim form as follows:

   a. CMS 1500, field 24k
   b. UB92, not applicable

8. Use the Medi-Cal provider number in the appropriate field on the claim form as follows:

   a. CMS 1500, field 33 next to PIN#
   b. UB-92, field 51

9. For claim completion instructions, refer to the CCS Billing Examples section in the Medi-Cal Provider Manual at http://www.medi-cal.ca.gov/. Locate and click on Medical Services. Locate and click on Provider Manual. Locate and click on Medical. Type "CCS" in the "Enter your search below" box. Click on "CCS Program Billing Guidelines cal child bill guide".

10. Claims authorized with a SAR number must be sent directly to EDS for processing either by electronic or hard copy submission. Claims submitted without a valid SAR number will be denied. Computer Media Claims (CMC) submission is the most efficient method of billing. Unlike paper claims, these claims already exist on a computer medium. As a result, manual processing is eliminated. CMC submission offers additional efficiency to providers because these claims are submitted faster, entered into the claims processing system faster, and paid faster. For more information, refer to the CMC section of the Part 1 – Medi-Cal Program and Eligibility manual or call the Telephone Service Center at 1-800-541-5555.

11. Claims authorized for CCS/Medi-Cal children residing in San Mateo, Solano, Napa, Yolo, and Santa Barbara counties must be sent to the issuing county for approval and processing.

C. Billing Exceptions

This section provides an overview of the HRIF Program billing guidelines exceptions for HRIF clients residing in Sacramento, Orange, and Los Angeles counties.

1. A SAR number **is not** issued for HRIF services authorized for HRIF clients residing in Sacramento, Orange, and Los Angeles counties.

2. HRIF claims for services authorized by the CCS Program for clients residing in Sacramento, Orange, and Los Angeles counties must be

submitted in hard copy to the appropriate County CCS Program office for review and approval.

3. Sacramento, Orange, and Los Angeles County CCS Program offices are responsible for forwarding the claims to EDS for processing after approval.

4. For claim completion instructions, refer to the CCS Special Billing Examples section in the Medi-Cal Provider Manual at http://www.medi-cal.ca.gov/. Locate and click on Medical Services. Locate and click on Provider Manual. Locate and click on Medical. Type “CCS” in the “Enter your search below” box. Click on “CCS Program Billing Guidelines cal child bil guide”.

If you have any questions regarding HRIF services, please contact your designated State CMS Regional Office Staff.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief
Children’s Medical Services Branch

Enclosures

High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type

The following codes are included in SCG 06 for authorization of services provided by an audiologist:

Audiologist Codes	X4300	SP THER LANGUAGE EVAL
"	X4301	SP THER-SPEECH EVALUATION
"	X4500	SP HR DIAG AUDIOLOG EVALUATION
"	X4501	SP HR PURE TONE AUDIOMETRY
"	X4506	PEDIATRIC EVAL 0-7 YRS FIRST VISIT
"	X4508	PEDIATRIC EVAL 0-7 YRS FIRST DIAG FOLLOW
"	X4510	PEDIATRIC EVAL 0-7 YRS SECOND DIAG FOLLO
"	X4522	EVOKED RESP AUDIOMET TEST PHYSICIAN EVAL
"	X4530	IMPED AUD (BILAT) PART OF COMP AUD EVAL
"	X4536	WEBER TEST
"	X4538	IMPED AUDIO (UNILAT) PART OF COMP AUD EVAL
"	X4540	TY (IMP TST) PRT COMP AUD EVAL AUDIOLOGI
“	Z0316	TY (IMP TST) COMP AUDIO EVAL NON-SPE PHY
“	Z5900	EPSDT-AUDIO EVAL LESS THAN 2 YRS
"	Z5902	EPSDT-AUDIO EVAL 2-5 YRS
"	Z5906	EPSDT-SUBSEQUENT AUDIO EVAL UNDER 2 YRS
"	Z5908	EPSDT-SUBSEQUENT AUDIO EVAL 2-5 YRS
"	Z5912	EPSDT-EVAL DIFFICULT TEST PT UNDER 7 YRS
"	Z5914	EPSDT-AUDITORY BRAINSTEM RESPONSE (ABR)
"	Z5916	AUDIOMETRY/BEHAVIORAL OBSERVATION AUDIO
"	Z5918	EPSDT-SPEECH THRESHOLD TEST
"	Z5920	SPEECH DISCRIMINATION/WORD RECOGNI TEST
"	Z5922	EPSDT-ACOUSTIC IMMITANCE TST, MONAURAL
"	Z5924	EPSDT-ACOUSTIC IMMITANCE TST, BINAURAL
"	Z5934	EPSDT-EVOKED OTOACOUSTIC EMISSION, LTD
"	Z5936	EVOKED OTOACOUSTIC EMISSION CMPHSV/DGNTC
“	92551	PURE TONE HEARING TEST, AIR
"	92552	PURE TONE AUDIOMETRY, AIR
"	92553	AUDIOMETRY, AIR & BONE
"	92555	SPEECH AUDIOMETRY THRESHOLD
"	92556	SPEECH AUDIOMETRY THRESH, W/SPEECH REC
"	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL
"	92567	TYMPANOMETRY IMPEDANCE TESTING
"	92568	ACOUSTIC REFLEX TESTING THRESHOLD
"	92569	ACOUSTIC REFLEX DECAY TEST
"	92571	FILTERED SPEECH HEARING TEST
"	92572	STAGGERED SPONDAIC WORD TEST
"	92573	LOMBARD TEST
"	92575	SENSORINEURAL ACUITY TEST
"	92576	SYNTHETIC SENTENCE TEST
"	92577	STENGER TEST, SPEECH
"	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)
"	92582	CONDITIONING PLAY AUDIOMETRY
"	92585	AUDITOR EVOKE POTENT, COMPRE
"	92586	AUDITOR EVOKE POTENT, LIMIT
"	92587	EVOKED OTOACOUSTIC EMISSIONS LIMITED
"	92588	EVOKED OTOACOUSTIC EMISSIONS COMPRE/DX

High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type

The following codes are included in SCG 06 for authorization of developmental assessment provided by a psychologist:

Psychologist Codes	X9514	TEST ADMIN., INCLUDES PRETES INTERVIEW-ON
"	X9534	TEST SCORING-PARTIAL HOUR-EACH 15 MINUTE
"	X9542	WRITTEN REPORT-PARTIAL HOUR-EACH 15 MINUTE

The following codes are included in SCG 06 for authorization of facility-related costs:

Facility Codes	Z7500	USE OF HOSP, EXAM. OR TREAT. RM.
"	Z7502	USE OF EMERGENCY ROOM
"	Z7504	USE OF CAST ROOM
"	Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR
"	Z7508	USE OF OP OR CYSTO RM 1ST SUBSEQ HALF HR
"	Z7510	USE OP OR CYSTO RM SEC SUBS HALF HOUR
"	Z7512	USE OF RECOVERY ROOM
"	Z7514	PAY FOR RM AND BOARD AND GEN NURSING CAR
"	Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT
"	Z7612	UNLISTED SEVICES

The following codes are included in SCG 06 for authorization of services provided by an Ophthalmologist:

Ophthalmologist Codes	92002	NEW EYE EXAM & EVAL - INTERMED
"	92004	NEW EYE EXAM & EVAL - COMPREHENS
"	92012	EYE EXAM ESTABLISHED PAT - INTERMED
"	92014	EYE EXAM ESTABLISHED PAT - COMPREHENS
"	92081	VISUAL FIELD EXAM, UNILAT OR BILAT; LIMITED
"	92082	VISUAL FIELD EXAM; INTERMEDIATE
"	92083	VISUAL FIELD EXAM; EXTENDED
"	92225	OPTHALMOSCOPY EXTEND RETINAL
"	92226	EXTENDED OPHTHALMOSCOPY SUBSEQ
"	92250	FUNDUS PHOTOGRAPHY
"	92499	EYE SERVICE OR PROCEDURE

High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type

The following codes are included in SCG 06 for authorization of services provided by “other allied health professionals”. The provider group, entitled “Other Allied Healthcare Professionals” includes pediatric nurse specialists, nurse specialists, psychologists, social workers, physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

SCC Specific Codes	Z4300	CENTER COORDINATOR
"	Z4301	ASSESSMENT, NURSE-PER HALF HOUR
"	Z4302	CASE CONF-ALLIED HEALTH-PER QT HR
"	Z4304	PATIENT REPORT-COMPLEX/COMPREHENSIVE
"	Z4305	EPSDT SVS: CENTER COORDINATION, PHYS
"	Z4306	EPSDT: CASE CONF, PHYS-PER .5 HR
"	Z4307	EVAL/INTERVEN, SOC WK-PER HALF HOUR
"	Z4309	ASSESS/INTERVEN, ALLD PROF-PER HALF HOUR
"	Z4310	MEDICAL CASE CONF, NURSE-PER 1/4 HR
"	Z4311	MEDICAL CASE, SOCIAL WK-PER 1/4 HOUR
"	**Z5406** *	ALLIED PROF. NEC-TELEP CONSULT -15 MIN
“	96110	DEVELOPMENTAL TESTING; LIMITED
"	96111	DEVELOPMENTAL TEST, EXTEND
"	99201	OFFICE VISIT, NEW, LEVEL 1
"	99202	OFFICE VISIT, NEW, LEVEL 2
"	99203	OFFICE VISIT, NEW, LEVEL 3
"	99204	OFFICE VISIT, NEW, LEVEL 4
"	99205	OFFICE VISIT, NEW, LEVEL 5
"	99211	OFFICE VISIT, EST., LEVEL 1
"	99212	OFFICE VISIT, EST., LEVEL 2
"	99213	OFFICE VISIT, EST., LEVEL 3
"	99214	OFFICE VISIT, EST., LEVEL 4
"	99215	OFFICE VISIT, EST., LEVEL 5
"	99241	OFFICE CONSULTATION, LEVEL 1
"	99242	OFFICE CONSULTATION, LEVEL 2
"	99243	OFFICE CONSULTATION, LEVEL 3
"	99244	OFFICE CONSULTATION, LEVEL 4
"	99245	OFFICE CONSULTATION, LEVEL 5

* Billing Code **Z5406** is an allied health professional telephone consultation code that is payable for medical case management and coordination of care. It is not payable for calls to families related to scheduling, or reminding families about, appointments. Nor, is It payable for calling pharmacies regarding the client’s new or refill prescriptions.

HRIF

Service Code Grouping 06 Listed in Numeric Order of Billing Code

Audiologist Codes	X4300	SP THER LANGUAGE EVAL
"	X4301	SP THER-SPEECH EVALUATION
"	X4500	SP HR DIAG AUDIOLOG EVALUATION
"	X4501	SP HR PURE TONE AUDIOMETRY
"	X4506	PEDIATRIC EVAL 0-7 YRS FIRST VISIT
"	X4508	PEDIATRIC EVAL 0-7 YRS FIRST DIAG FOLLOW
"	X4510	PEDIATRIC EVAL 0-7 YRS SECOND DIAG FOLLO
"	X4522	EVOKED RESP AUDIOMET TEST PHYSICIAN EVAL
"	X4530	IMPED AUD (BILAT) PART OF COMP AUD EVAL
"	X4536	WEBER TEST
"	X4538	IMPED AUDIO (UNILAT) PART OF COMP AUD EVAL
"	X4540	TY (IMP TST) PRT COMP AUD EVAL AUDIOLOGI
Psychologist Codes	X9514	TEST ADMIN.,INCLUDES PRETES INTERVIEW-ON
"	X9534	TEST SCORING-PARTIAL HOUR-EACH 15 MINUTE
"	X9542	WRITTEN REPORT-PARTIAL HOUR-EACH 15 MINUTE
Audiologist Code	Z0316	TY (IMP TST) COMP AUDIO EVAL NON-SPE PHY
SCC Specific Codes	Z4300	CENTER COORDINATOR
"	Z4301	ASSESSMENT, NURSE-PER HALF HOUR
"	Z4302	CASE CONF-ALLIED HEALTH-PER QT HR
"	Z4304	PATIENT REPORT-COMPLEX/COMPREHENSIVE
"	Z4305	EPSDT SVS: CENTER COORDINATION, PHYS
"	Z4306	EPSDT: CASE CONF, PHYS-PER .5 HR
"	Z4307	EVAL/INTERVEN, SOC WK-PER HALF HOUR
"	Z4309	ASSESS/INTERVEN, ALLD PROF-PER HALF HOUR
"	Z4310	MEDICAL CASE CONF, NURSE-PER 1/4 HR
"	Z4311	MEDICAL CASE, SOCIAL WK-PER 1/4 HOUR
"	Z5406	ALLIED PROF. NEC-TELEP CONSULT -15 MIN
Audiologist Codes	Z5900	EPSDT-AUDIO EVAL LESS THAN 2 YRS
"	Z5902	EPSDT-AUDIO EVAL 2-5 YRS
"	Z5906	EPSDT-SUBSEQUENT AUDIO EVAL UNDER 2 YRS
"	Z5908	EPSDT-SUBSEQUENT AUDIO EVAL 2-5 YRS
"	Z5912	EPSDT-EVAL DIFFICULT TEST PT UNDER 7 YRS
"	Z5914	EPSDT-AUDITORY BRAINSTEM RESPONSE (ABR)
"	Z5916	AUDIOMETRY/BEHAVIORAL OBSERVATION AUDIO
"	Z5918	EPSDT-SPEECH THRESHOLD TEST
"	Z5920	SPEECH DISCRIMINATION/WORD RECOGNI TEST
"	Z5922	EPSDT-ACOUSTIC IMMITANCE TST, MONAURAL
"	Z5924	EPSDT-ACOUSTIC IMMITANCE TST, BINAURAL
"	Z5934	EPSDT-EVOKED OTOACOUSTIC EMISSION, LTD
"	Z5936	EVOKED OTOACOUSTIC EMISSION CMPHSV/DGNTC
Facility Codes	Z7500	USE OF HOSP,EXAM.OR TREAT.RM.
"	Z7502	USE OF EMERGENCY ROOM
"	Z7504	USE OF CAST ROOM
"	Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR
"	Z7508	USE OF OP OR CYSTO RM 1ST SUBSEQ HALF HR
"	Z7510	USE OP OR CYSTO RM SEC SUBS HALF HOUR
"	Z7512	USE OF RECOVERY ROOM
"	Z7514	PAY FOR RM AND BOARD AND GEN NURSING CAR
"	Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT
"	Z7612	UNLISTED SEVICES
Ophthalmologist Codes	92002	NEW EYE EXAM & EVAL - INTERMED
"	92004	NEW EYE EXAM & EVAL - COMPREHENS

HRIF

Service Code Grouping 06 Listed in Numeric Order of Billing Code

"	92012	EYE EXAM ESTABLISHED PAT - INTERMED
"	92014	EYE EXAM ESTABLISHED PAT - COMPREHENS
"	92081	VISUAL FIELD EXAM, UNILAT OR BILAT; LIMITED
"	92082	VISUAL FIELD EXAM; INTERMEDIATE
"	92083	VISUAL FIELD EXAM; EXTENDED
"	92225	OPTHALMOSCOPY EXTEND RETINAL
"	92226	EXTENDED OPHTHALMOSCOPY SUBSEQ
"	92250	FUNDUS PHOTOGRAPHY
"	92499	EYE SERVICE OR PROCEDURE
Audiologist Codes	92551	PURE TONE HEARING TEST, AIR
"	92552	PURE TONE AUDIOMETRY, AIR
"	92553	AUDIOMETRY, AIR & BONE
"	92555	SPEECH AUDIOMETRY THRESHOLD
"	92556	SPEECH AUDIOMETRY THRESH, W/SPEECH REC
"	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL
"	92567	TYMPANOMETRY IMPEDANCE TESTING
"	92568	ACOUSTIC REFLEX TESTING THRESHOLD
"	92569	ACOUSTIC REFLEX DECAY TEST
"	92571	FILTERED SPEECH HEARING TEST
"	92572	STAGGERED SPONDAIC WORD TEST
"	92573	LOMBARD TEST
"	92575	SENSORINEURAL ACUITY TEST
"	92576	SYNTHETIC SENTENCE TEST
"	92577	STENGER TEST, SPEECH
"	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)
"	92582	CONDITIONING PLAY AUDIOMETRY
"	92585	AUDITOR EVOKE POTENT, COMPRE
"	92586	AUDITOR EVOKE POTENT, LIMIT
"	92587	EVOKED OTOACOUSTIC EMISSIONS LIMITED
"	92588	EVOKED OTOACOUSTIC EMISSIONS COMPRE/DX
SCC Specific Codes	96110	DEVELOPMENTAL TESTING; LIMITED
"	96111	DEVELOPMENTAL TEST, EXTEND
"	99201	OFFICE VISIT, NEW, LEVEL 1
"	99202	OFFICE VISIT, NEW, LEVEL 2
"	99203	OFFICE VISIT, NEW, LEVEL 3
"	99204	OFFICE VISIT, NEW, LEVEL 4
"	99205	OFFICE VISIT, NEW, LEVEL 5
"	99211	OFFICE VISIT, EST., LEVEL 1
"	99212	OFFICE VISIT, EST., LEVEL 2
"	99213	OFFICE VISIT, EST., LEVEL 3
"	99214	OFFICE VISIT, EST., LEVEL 4
"	99215	OFFICE VISIT, EST., LEVEL 5
"	99241	OFFICE CONSULTATION, LEVEL 1
"	99242	OFFICE CONSULTATION, LEVEL 2
"	99243	OFFICE CONSULTATION, LEVEL 3
"	99244	OFFICE CONSULTATION, LEVEL 4
"	99245	OFFICE CONSULTATION, LEVEL 5

Expanded Description and Guidelines for Billing HRIF Program Services

Physician

Z4304	Z4304 is utilized for development of an "extensive, comprehensive level" chart review (inpatient/outpatient) and preparation of the HRIF multidisciplinary team visit report per patient. To claim for this comprehensive code, the completed "*Health and Developmental Status Report*" form must be accompanied by the CCS HRIF Team Visit Report Form which includes a brief narrative, describing important team findings and recommendations. The form and narrative shall be maintained in the client's chart and a copy submitted to the authorizing CCS program. **An HRIF clinic can only bill for one report (from either the Physician or Nurse Specialist) per patient multidisciplinary team visit or case conference.**
Z4305	Z4305 is utilized for physician coordinating activities of the HRIF program per patient per date of service (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). **An HRIF clinic can only bill for the time of one coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a physician cannot bill for both serving as the coordinator for a patient and as a case conference participant (i.e., Z4305 and Z4306) per date of service.**
Z4306	Z4306 is utilized for physician participation in the HRIF comprehensive case conference per patient (per 0.5hrs). **Z4305 cannot be claimed in addition to Z4306 for the same patient on the same date of service.**
99201-99205	One of these codes is utilized by the physician or nurse practitioner per patient visit for the history and physical, including neurologic assessment, for new patients. The comprehensiveness and length of time spent determine the code billed.
99211-99215	One of these codes is utilized by the physician or nurse practitioner per patient visit for the history and physical, including neurologic assessment, for established patients. The comprehensiveness and length of time spent determine the code billed.
99211-99213	One of these codes is utilized by the physician or nurse practitioner per patient visit for focused diagnostic follow-up services as clinically indicated for established patients. The complexity and length of time spent determine the code billed.
96110-96111	One of these codes can be utilized by a physician per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended.

Expanded Description and Guidelines for Billing HRIF Program Services

Nurse Specialist

Z4300	Z4300 is utilized for non-physician coordinating activities for the HRIF program per patient per date of service (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). **An HRIF clinic can only bill for the time of one coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a nurse specialist cannot bill for both serving as the coordinator (which includes coordinating the case conference) and as a case conference participant (i.e., Z4300 and Z4310).**
Z4301	Z4301 is utilized for nursing assessment per patient and family (per 0.5 hrs), and instruction/education following any team recommendations.
Z4304	Z4304 is utilized for development of an "extensive, comprehensive level" chart review (inpatient/outpatient) and preparation of the HRIF multidisciplinary team visit report per patient. To claim for this comprehensive code, the completed "*Health and Developmental Status Report*" form must be accompanied by the CCS HRIF Team Visit Report Form which includes a brief narrative, describing important team findings and recommendations. The form and narrative shall be maintained in the client's chart and a copy submitted to the authorizing CCS program. **An HRIF clinic can only bill for one report (from either the Physician or Nurse Specialist) per patient multidisciplinary team visit or case conference.**
Z4310	Z4310 is utilized for nurse specialist participation in the HRIF comprehensive team case conference per patient (per 0.25hrs). **Z4300 cannot be claimed in addition to Z4310 for the same patient on the same date of service.**
Z5406	Z5406 is utilized for telephone consultation(s) for case management and coordination of care per patient per date of service (per 0.25hrs). **This code is not to be utilized for scheduling appointments or appointment-reminder notifications.**
96110-96111	One of these codes can be utilized by a nurse specialist per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended. The nurse specialist must have been trained in the developmental test administered.

Expanded Description and Guidelines for Billing HRIF Program Services

Ophthalmologist

92002, 92004	One of these codes is utilized for an eye examination and evaluation for a new patient per date of service depending on whether the visit is intermediate or comprehensive.
92012, 92014	One of these codes is utilized for an eye examination and evaluation for an established patient per date of service depending on whether the visit is intermediate or comprehensive.
92081-92083	One of these codes is utilized for a visual field examination, unilateral or bilateral, that is limited, intermediate or extended per patient per date of service.
92225-92226	One of these codes is utilized for either an initial or a subsequent visit for extended ophthalmoscopy with retinal drawing, with interpretation and report per patient per date of service.
92250	92250 is utilized for fundus photography with interpretation and report per patient per date of service.
92499	92499 is utilized for an unlisted diagnostic ophthalmologic service or procedure per patient per date of service.
99241-99245	One of these codes is utilized for an office consultation for a new or established patient per date of service. The comprehensiveness and length of time spent determine the code billed.

Social Worker

Z4300	Z4300 is utilized for non-physician coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). **An HRIF clinic can only bill for the time of one coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a social worker cannot bill for both serving as the coordinator (which includes coordinating the case conference) and as a case conference participant (i.e., Z4300 and Z4311).**
Z4307	Z4307 is utilized for social worker assessment, evaluation, counseling and/or referral per patient and family per date of service (per 0.5hrs).
Z4311	Z4311 is utilized for social worker participation in the HRIF comprehensive team case conference (per 0.25hrs). **Z4300 cannot be claimed in addition to Z4311 for the same patient on the same date of service.**
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). **This code is not to be utilized for scheduling appointments or appointment reminders.**

Expanded Description and Guidelines for Billing HRIF Program Services

Physical Therapist/Occupational Therapist (PT/OT)

Z4300	Z4300 is utilized for non-physician coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). **An HRIF clinic can only bill for the time of one coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a PT/OT cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).**
Z4302	Z4302 is utilized for PT/OT participation in the HRIF comprehensive team case conference (per 0.25hrs). **Z4300 cannot be claimed in addition to Z4302 for the same patient on the same date of service.**
Z4309	Z4309 is utilized by the PT/OT for a PT/OT assessment as clinically indicated per patient and family per date of service (per 0.5hrs).
96110-96111	One of these codes can be utilized by a PT/OT per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended. The PT/OT must have been trained in the developmental test administered.
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). **This code is not to be utilized for scheduling appointments or appointment reminders.**

Psychologist

Z4300	Z4300 is utilized for non-physician coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). **An HRIF clinic can only bill for the time of one coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a psychologist cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).**
Z4302	Z4302 is utilized for psychologist participation in the HRIF comprehensive team case conference (per 0.25hrs).

Expanded Description and Guidelines for Billing HRIF Program Services

Psychologist (continued)

X9514, X9534, and X9542	X9514, X9534, and X9542 are all utilized for psychologist billing for one of the standardized developmental tests per patient per visit. The 3 codes together include test administration, scoring, and written report.
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). **This code is not to be utilized for scheduling appointments or appointment reminders.**

Audiologist

X4300, X4301, X4500, X4501, X4506, X4508, X4510, X4522, X4530, X4536, X4538, X4540, Z0316, Z5900, Z5902, Z5906, Z5908, Z5912, Z5914, Z5916, Z5918, Z5620, Z5922, Z5924, Z5934, Z5936, 92551-53, 92555-57, 92567-69, 92571-73, 92575-77, 92579, 92582, 92585-88	One or more of these codes is utilized by the audiologist for a diagnostic audiology evaluation.

Hospital HRIF Program

Z7500	Z7500 is utilized by the hospital HRIF program facility, the hospital facility for the audiologist, or the hospital facility for the ophthalmologist for the examining room charge per patient per date of service.
Z7610	Z7610 is utilized by the hospital HRIF program facility, the hospital facility for the audiologist, or the hospital facility for the ophthalmologist for any miscellaneous medical supplies per patient per date of service.

Abbreviated Description and Guidelines for Billing HRIF Program Services

Provider Type	Type of Service	Procedure Code(s) and Description
Physician or Nurse Practitioner	History and physical, including neurologic assessment	**99201-99205** New patient office/other outpatient services Level 1-5 **99211-99215** Established patient office/other outpatient services Level 1-5
Physician or Nurse Practitioner	Follow-up as needed	**99211-99213** Established patient office/other outpatient services Level 1-3
Physician or Nurse Practitioner	Developmental testing	**96110-96111** Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Physician	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	**Z4305** HRIF clinic coordination, physician
Physician	Other HRIF services	**Z4306** Medical case conference, participant physician, per 0.5 hours **Z4304** Patient report, extensive, comprehensive level
Physician - Ophthalmologist	Ophthalmology services for diagnosing retinopathy of prematurity	**92002, 92004, 92012, 92014, 92081, 92082, 92083, 92225, 92226, 92250, 92499** Potential ophthalmology exam & evaluation codes **99241-99245** Office consultation, Level 1-5
Nurse Specialist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	**Z4300** HRIF clinic coordination, non-physician
Nurse Specialist	Developmental testing	**96110-96111** Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Nurse Specialist	Nursing assessment, instruction/education	**Z4301** Assessment, nurse, per 0.5 hours
Nurse Specialist	Other HRIF services	**Z4304** Patient report, extensive, comprehensive level **Z4310** Medical case conference, participant nurse, per 0.25 hours **Z5406** Telephone consultation, allied health, per 0.25 hours
Social Worker	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	**Z4300** HRIF clinic coordination, non-physician

Abbreviated Description and Guidelines for Billing HRIF Program Services

Provider Type	Type of Service	Procedure Code(s) and Description
Social Worker	Psychosocial assessment	**Z4307** Assessment, social worker, per 0.5 hours
Social Worker	Other HRIF services	**Z4311** Medical case conference, participant social worker, per 0.25 hours **Z5406** Telephone consultation, allied health, per 0.25 hours
Physical Therapist Occupational Therapist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	**Z4300** HRIF clinic coordination, non-physician
Physical Therapist Occupational Therapist	Physical Therapy Occupational Therapy assessment	**Z4309** Assessment, allied health professional, per 0.5 hours
Physical Therapist Occupational Therapist	Developmental testing	**96110-96111** Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Physical Therapist Occupational Therapist	Other HRIF services	**Z4302** Medical case conference, participant allied health professional, per 0.25 hours **Z5406** Telephone consultation, allied health, per 0.25 hours
Psychologist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	**Z4300** HRIF clinic coordination, non-physician
Psychologist	Developmental testing	**X9514** Test administration **X9534** Test scoring **X9542** Written report
Psychologist	Other HRIF services	**Z4302** Medical case conference, participant allied health professional, per 0.25 hours **Z5406** Telephone consultation, allied health, per 0.25 hours
Audiologist	Audiology evaluation	**X4300, X4301, X4500, X4501, X4506, X4508, X4510, X4522, X4530, X4536, X4538, X4540, Z0316, Z5900, Z5902, Z5906, Z5908, Z5912, Z5914, Z5916, Z5918, Z5620, Z5922, Z5924, Z5934, Z5936, 92551-53, 92555-57, 92567-69, 92571-73, 92575-77, 92579, 92582, 92585-88** Potential audiology evaluation codes
Other Billable Services		**Z7500** Use of facility examination room **Z7610** Miscellaneous medical supplies