

BABIES CAN'T WAIT PROGRAM Rate Schedule

INTRODUCTION

Babies Can't Wait (BCW) is Georgia's comprehensive, coordinated, statewide, interagency service delivery system for infants and toddlers, birth to three years of age, who have developmental delays, and their families. The program is established under Part C of the Individuals with Disabilities Education Act (IDEA), as amended. Babies Can't Wait early intervention services are to be family-centered, provided in natural environments and culturally competent. The purpose of this document is to define the authorized providers, settings and rates for Part C early intervention services in Georgia. Although service settings for natural and non-natural environments are listed below, please be advised it is essential that children should be receiving services in the natural environment. Non-natural service settings should be used only when necessary to appropriately deliver the related service.

The following describes the BCW methodology for providing reimbursement for services rendered and associated travel to eligible providers. This rate schedule shall be used in conjunction with the BCW Policy Manual, Fiscal Policies, and Provider Service Agreement.

REIMBURSEMENT METHODOLOGY

Reimbursement for eligible services shall be on a fee-for-service basis, in accordance with and as described in the applicable BCW fee schedule(s). The BCW rates may be consistent with the Medicaid fee schedule for applicable codes and the statewide travel reimbursement rate. Note: while the BCW program may elect to adopt the Medicaid rates, the Department, in its sole discretion, may elect NOT to adopt certain Medicaid code(s) or rate(s), in part or as a whole. In such cases, the Department shall describe the alternate code and associated BCW rate, denoted by an asterisk*.

The Department shall be the payor of last resort and shall ONLY provide reimbursement for eligible early intervention services, at the BCW rate, not otherwise covered by the primary payor (FFS Medicaid, Medicaid CMO, or private insurance), in accordance with the BCW Fiscal Policy manuals and Supporting Bulletin. The Department shall ONLY provide reimbursement for the difference between the private insurance payment and the BCW rate, where the private insurance rate is the lesser.

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ASSISTIVE TECHNOLOGY

The IDEA definition of assistive technology devices is broad and covers a wide range of technology devices. Assistive Technology for children with disabilities may include any of the following: 1. augmentative communication devices (i.e. single or multiple message devices with speech or picture output); 2. vision and hearing devices (i.e. magnifying glasses, backlit surfaces, amplification systems, and tape recorders) Does not include a medical device that is surgically implanted, or the replacement of such device. (34CFR§ 300.5); 3. mobility and positioning equipment (i.e. supports for seating, adapted tricycles/scooters, etc); 4. appliance control devices (i.e. electrical control units for switch activation. Note: In catalogs these devices are also referenced as “environmental control units”); 5. learning tools (i.e. built-up writing instruments, knobbed puzzles); 6. adaptive daily living tools (i.e. built-up spoons, bath supports); and 7. adaptive toys (i.e. switch activation, built-up handles, amplified sounds or actions).

ASSISTIVE TECHNOLOGY DEVICE	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Device*		NA	
Device – Rental borrowed from District BCW Office		NA	\$0

* To purchase a device that is over \$1000.00, approval from the state office must be received.

AUDIOLOGY SERVICES

Audiology includes 1) identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques; 2) determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures; 3) referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment; 4) provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services; 5) provision of services for prevention of hearing loss; and 6) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices. (Title 34 CFR 303.12(d) (2))

AUTHORIZED SETTING: Clinic or Hospital

AUTHORIZED PROVIDER: Licensed Audiologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING AUDIOLOGY SERVICES:

AUDIOLOGY SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Aural rehabilitation	92507	UC, HA	8 units per month; 1 unit per visit	\$62.53
Pure tone audiometry (threshold); air only.	92552	HA	2 units per year; 1 unit per visit	\$15.63
Speech audiometry; threshold only.	92555	HA	2 units per year 1 unit per visit	\$13.38
Basic comprehensive audiometry (Pure tone, air	92557	HA	2 units per year	\$42.04

and bone, and speech, threshold and discrimination).			1 unit per visit	
Tympanometry (impedance testing)	92567	UC, HA	4 units per year	\$18.46
Acoustic reflex testing.	92568	HA	2 units per year 1 unit per visit	\$13.38
Conditioning play audiometry.	92582	HA	2 units per year 1 unit per visit	\$25.19
Brainstem evoked response recording (evoked response (EEG) audiometry). Auditory evoked potentials for comprehensive evoked response audiometry and/or testing of the central nervous system.	92585	HA	2 units per year; 1 unit per visit	\$109.76
Diagnostic analysis of cochlear implant, patient under 7 yrs. of age with programming.	92601	UC, HA	Limited to 1 unit per calendar year.	\$116.23
Diagnostic analysis of cochlear implant, patient under 7 yrs. of age, subsequent re-programming.	92602	UC, HA	Limited to 7 units per calendar year. 1 unit = 1 visit.	\$81.09
Evoked Otoacoustic Emissions, Limited (OAE).	92587	HA	3 units per year 1 unit per visit	\$52.51
Evoked Otoacoustic Emissions. Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product of otoacoustic emissions at multiple levels and frequencies).	92588	HA	3 units per year 1 unit per visit	\$70.52
Visual Reinforcement Audiometry	92579	HA	4 units per year	\$25.19
Auditory evoked for evoked response audiometry and/or testing of the central nervous system; limited (AABR).	92586	HA	2 units per year 1 unit per visit	\$70.00
Hearing Aid Check	99212	HA	2 units per year 1 unit per visit	\$25.12
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

FAMILY, TRAINING, COUNSELING AND HOME SERVICES

Family Training, Counseling and Home Visits means services provided, as appropriate by social workers, psychologists, licensed professional counselors, licensed clinical social workers and other qualified personnel, to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development. (34 CFR 303.12(d) (3))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Clinical Social Worker, Speech and Language Pathologist, Licensed Professional Counselor, Social Worker, Licensed Psychologist, Early Interventionist, Registered Nurse

* Providers must maintain a contract with BCW to provide these services.

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING COUNSELING SERVICES:

FAMILY TRAINING, COUNSELING AND HOME VISITING SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation	96150	HA	Limited to 1 per year 1 visit = 1 unit	a: \$68.40 b: \$53.00*
Services Family training and counseling for child development, (onsite or offsite)	96151	HA, TS	1 unit = 15 minutes.	a. \$14.50 b. \$10.75*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

- a. Licensed Provider
- b. Non License Provider

HEALTH SERVICES

Health Services means services necessary to enable a child to benefit from the other early intervention services under this part during the time that the child is receiving the other early intervention services. (Title 34 CFR 303.13(a))

AUTHORIZED SETTING: Clinic, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Physician, Licensed Nurse Practitioner

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING HEALTH SERVICES:

HEALTH SERVICES	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Office or other outpatient visit	99213	1 unit = 15 minutes/visit	\$40.70
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>		1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*

MEDICAL SERVICES

Medical Services only for diagnostic or evaluation purposes means services provided by a licensed physician to determine a child's developmental status and need for early intervention services. (Title 34 CFR 303.12(d) (5))

AUTHORIZED SETTING: Clinic, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Physician, Licensed Nurse Practitioner

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING MEDICAL SERVICES:

MEDICAL SERVICES	PROCEDURE CODE	UNIT OF SERVICE	BCW RATE
Office consultation, new or existing patient, minor severity	99241	1 unit = 15 minutes/visit	\$48.05
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>		1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*

NURSING SERVICES

Nursing services include the assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems; provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and administration of

medications, treatments, and regimens prescribed by a licensed physician. (Title 34 CFR 303.12(d) (6))

AUTHORIZED SETTING: Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Registered Nurse, Licensed Practical Nurse, Physician Assistant

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING NURSING SERVICES:

NURSING SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Nursing Medication Administration - Limited to 8 units per calendar month. 1 unit = 15 minutes; may bill up to 4 units per day.	T1502	HA, TD		\$5.78
Nursing Treatment – includes assessments and teaching related to treatment.	T1002	HA	1 unit = 15 minutes/visit	\$5.78
IFSP Development/ Meeting (for multi-disciplinary team). Limited to 8 units per calendar month. 1 unit = 15 minutes. <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method)			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 15 minutes Must participate at least 30 minutes to bill.= 15 minutes	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

NUTRITION SERVICES

Nutrition Services includes conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences. (Title 34 CFR 303.12(d) (7))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Dietitian

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING NUTRITION SERVICES:

NUTRITION THERAPY	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Nutrition Therapy Evaluation-Limited	97802	HA	Limited to one	\$11.17 per

to 1 per year.			evaluation per year. 1 visit = 4 units of 15 minutes each	unit
Nutrition Therapy	97803	HA, TS	1 visit = 2 units of 15 minutes each	\$14.89 per unit
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) INITIAL ONLY			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

OCCUPATIONAL THERAPY

Occupational Therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings. Title CFR 303.12(d) (8)

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Occupational Therapist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING OCCUPATIONAL THERAPY:

OCCUPATIONAL THERAPY SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation	97003	HA	1 per year	\$52.99
Re-evaluation	97004	HA	1 every 180 days	\$24.74
Orthotic(s) Management and training (including assessment and fitting when not otherwise reported). Upper extremity(s), Lower Extremity (s) and/or trunk, each 15 minutes. Limited to 8 units per calendar month. 1 unit = 15 minutes	97760	HA	Limited to 8 units per calendar month or combination of 8 units per calendar month.	\$27.38
Prosthetic training, upper and/or lower extremity(s), each 15 minutes. 1 unit = 15	97761	GO, HA	Limited to 8 units per calendar month or	\$24.98

minutes.			combination of 8 units per calendar month.	
Therapeutic activities, Direct (one-on-one) member contact by the provider (use of dynamic activities to improve functional performance); 1 unit = 15 minutes	97530	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$19.76
Self care/home management training (e.g. activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of adaptive equipment) direct one-on-one contact by provider; 1 unit = 15 minutes	97535	HA	8 units per calendar month or combination of 8 units per calendar month	\$21.67
Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider, 1 unit = 15 minutes	97533	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$24.46
Community/work reintegration training (e.g. shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis). Direct one on one contact by the provider; 1 unit = 15minutes	97537	HA	8 units per calendar month or combination of 8 units per calendar month	\$21.37
Aquatic therapy with therapeutic exercises; 1 unit = 15 minutes	97113	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$22.32
Manual therapy techniques (e.g. mobilization/ manipulation manual traction) one or more regions; 1 unit = 15 minutes	97140	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$22.97
Wheelchair management/ prosthetic use, established member 1 unit = 15 minutes	97542	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$14.82
Checkout for ortho/prosthetic use, established patient, each 15 minutes, 1 unit = 15 minutes	97762	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$23.39
Physical performance test or measurement (e.g. musculoskeletal, functional capacity) with written report; 1 unit = 15 minutes	97750	GO, HA	8 units per calendar month or combination of 8 units per calendar month	\$22.31
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
	CPT Code			
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time			1 unit = 15 minutes Must participate at least	\$5.00*

method			30 minutes to bill.	
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

PHYSICAL THERAPY

Physical Therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual, and motor development, cardiopulmonary status, and effective environmental adaptation. (Title 34 CFR 303.12(d) (9))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Physical Therapist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING PHYSICAL THERAPY:

PHYSICAL THERAPY SERVICES	PROCEDURE CODES	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation - Limit 1 evaluation per calendar year	97001	HA	1 per year	\$52.99
Re-evaluation - Limit 1 reevaluation every 180 days	97002	HA	1 every 180 days	\$25.06
Therapeutic procedure, one or more areas, therapeutic exercises to develop strength and endurance, range of motion and flexibility; 1 unit = 15 minutes	97110	HA	8 units per calendar month or combination of 8 units per calendar month	\$20.07
Neuromuscular reeducation of movement, balance, coordination, kinesthetic senses, posture and proprioception; 1 unit = 15 minutes	97112	HA	8 units per calendar month or combination of 8 units per calendar month	\$21.03
Aquatic therapy with therapeutic exercises; 1 unit = 15 minutes	97113	GP, HA	8 units per calendar month or combination of 8 units per calendar month	\$22.32
Gait training (includes stair climbing) 1 unit = 15 minutes	97116	HA	8 units per calendar month or combination of 8 units per calendar month	\$18.85
Prosthetic training, upper and/or lower extremity(s), each 15 minutes.	97761	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$24.98

			month	
Application of a modality to one or more areas; electrical stimulation (manual); 1 unit = 15 minutes	97032	HA	8 units per calendar month or combination of 8 units per calendar month	\$14.50
Ultrasound, 1 unit = 15 minutes	97035	HA	8 units per calendar month or combination of 8 units per calendar month	\$10.69
Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion); 1 unit = 15	97124	HA	8 units per calendar month or combination of 8 units per calendar	\$17.29
Whirlpool, 1 unit = 15 minutes	97022	HA	8 units per calendar month or combination of 8 units per calendar month	\$12.97
Therapeutic activities, direct (one-on-one) member contact by the provider (use of dynamic activities to improve functional performance) 1 unit = 15 minutes	97530	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$19.76
Wheelchair management/prosthetic use established member 1 unit = 15 minutes	97542	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$14.82
Diathermy, 1 unit = 15 minutes	97024	HA	8 units per calendar month or combination of 8 units per calendar	\$9.22
Manual therapy techniques (e.g. mobilization/manipulation, manual traction) one or more regions 1 unit = 15 minutes	97140	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$22.97
Checkout for ortho/prosthetic use, established patient each 15 minutes. 1 unit = 15 minutes	97762	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$23.39
Physical performance test or measurement (e.g., musculoskeletal, functional capacity) with written report. 1 unit = 15 minutes	97750	GP, HA	8 units per calendar month or combination of 8 units per calendar	\$22.31
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

PSYCHOLOGICAL SERVICES

Administering psychological and developmental tests and other assessment procedures; interpreting assessment results; obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs. (Title 34 CFR 303.12(d) (10))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Psychologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING PSYCHOLOGICAL SERVICES:

PSYCHOLOGICAL SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Psychological Testing, per hour of psychologist's or physician's time, both face-to-face time for test administration and for interpretation of test results and report preparation	96101	U2, U6, U7 – based on location	1 unit = 1 episode, max of 5 units/day	\$155.87 – 187.04, based on location
Psychiatric Diagnostic Interview examination	90801	HA, U2, U6, U7 – based on location	1 unit = 1 episode, max of 2 units/day	\$116.90 - \$140.28, based on location
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is	\$40.00*

			greater than or equal to 30 minutes.	
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

SERVICE COORDINATION (CASE MANAGEMENT)

Service coordination services means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under Sec. 303.23. (Title 34 CFR 303.12(d) (11))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Intake Coordinator or Service Coordinator

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING CASE MANAGEMENT SERVICES:

CASE MANAGEMENT SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u> (only if Service Coordinator is unable to obtain the 3 ancillaries after the initial IFSP meeting)	T2003		1unit = 1 visit	\$67.50*
Intake Coordination (child moving forward with an evaluation)	T2003		1unit = 1 visit	\$67.50*
Evaluation Only (child not eligible for BCW/ closing)			1unit = 1 visit	\$25.00*
Screening completed via telephone family not moving forward with an evaluation			1unit = 1 visit	\$15.00*
Screening completed face to face not moving forward with an evaluation			1unit = 1 visit	\$25.00*
Intake completed (no screening) face to face child not moving forward to evaluation			1unit = 1 visit	\$22.00*
Face-To-Face Visit	T2022			\$135.00

SOCIAL WORK SERVICES

Social Work services include making home visits to evaluate a child's living conditions and patterns of parent-child interaction; preparing a social or emotional developmental assessment of the child within the family context; providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents; working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. (Title 34 CFR 303.12(d) (12))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Licensed Clinical Social Worker

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SOCIAL WORK SERVICES:

SOCIAL WORK SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation/assessment (onsite or offsite)	96150	HA	1unit = 1 visit	\$68.40
Counseling Services (onsite or offsite)	96151	HA, TS	1 unit = 15 minutes.	\$11.09
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

SPECIAL INSTRUCTION

The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan; providing families with information, skills, and support related to enhancing the skill development of the child; and working with the child to enhance the child's development. (Title 34 CFR 303.12 (d) (13))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Early Intervention Specialist, Early Interventionist, Early Intervention Assistant

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SPECIAL INSTRUCTION SERVICES:

SPECIAL INSTRUCTION	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Initial Evaluation	T2003		1unit = 1 visit	a)\$50.00* b)\$50.00*
Service	T2003		1unit = 15 minutes	a)\$8.75* b)\$ 7.50* c)\$ 6.25*
Coaching Visit	T2022		1 unit = 15 minutes	a)\$8.75* b)\$7.50* c)\$6.25*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
Group Instruction (Must be provided via contract with daycare centers)			1 unit = 1 hour	\$5.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

- a) Rate for Early Intervention Specialist
- b) Rate for Early Interventionist
- c) Rate for Early Intervention Assistant

SPEECH-LANGUAGE PATHOLOGY SERVICES

Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. (Title 34 CFR 303.12(d) (14))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Speech-Language Pathologist, CFY - Speech-Language Pathologist

AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING SPEECH-LANGUAGE PATHOLOGY THERAPY:

SPEECH THERAPY SERVICES	PROCEDURE CODES	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation of speech language, voice, and language communication, auditory processing, and/or aural rehabilitation status limited to 2 per calendar year. 1 unit = 1 visit; therefore, may only bill 1 unit per visit	92506*	HA	2 units per year; 1 unit per visit; 1 unit per 180 days	a)\$54.93* b)\$54.93*
Speech Language Therapy, (includes aural rehabilitation); individual treatment of speech, language, voice, communication, and/or auditory processing disorder limited to 8 visits per month	92507	GN, HA	8 visits per calendar month; 1 unit per visit	a)\$62.53 b)\$39.43*
Tympanometry, limited to 4 units per calendar year	92567	GN, HA	4 units per calendar year	a)\$18.46 b)\$15.35*
Developmental testing, limited to 2 units per calendar year	96110	HA	2 units per calendar year; 1 unit per visit	a)\$11.77 b)\$10.33*
Developmental testing extended, limited to 2 units per calendar year. 1 unit = 1 visit; therefore, may only bill 1 unit per visit	96111	HA	2 units per calendar year; 1 unit per visit	a)\$62.10 b)\$46.08*
Assessment of Aphasia, limited to 2 units per calendar year. 1 unit = 1 visit; therefore, may only bill 1 unit per visit	96105	HA	2 units per calendar year; 1 unit per visit; 1 unit/180 days	a)\$62.10 b)\$46.08*
Evaluation of oral and pharyngeal swallowing function, limited to 2 per calendar year. 1 unit = 1 visit; therefore, may only bill 1 unit per	92610	HA	Limited to 2 per year 1 unit per visit; 1 unit/180 days	a)\$117.54 b)\$96.25*

visit.				
Treatment of swallowing dysfunction and/or oral function for feeding, limited to 8 visits per month; 1 unit = 1 visit	92526	HA	8 visits per calendar month; 1 unit per visit	a)\$44.66 b)\$33.00*
Evaluation of voice prosthesis or augmentative communication, limited to 1 unit per calendar year	92597	HA	1 per calendar year; 1 unit per visit	a)\$85.57 b)\$61.00*
Therapeutic services for the use of speech-generating device, including programming and modification; 1 unit = 1visit	92609	HA	Limited to 8 visits per month; 1 unit per visit	a)\$54.75 b)\$39.06*
Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) member contact by the provider; 1 unit = 15 minutes	97532	HA	Limited to 8 units per calendar month or combination of 8 units per calendar month	a)\$22.43 b)\$16.32*
Diagnostic analysis of cochlear implant, patient under 7 yrs. Of age with programming	92601	GN, HA	Limited to 1 unit per calendar year.	a)\$116.23 b)\$86.50*
Diagnostic analysis of cochlear implant, patient under 7 yrs. subsequent reprogramming.	92602	GN, HA	Limited to 1 unit per calendar year.	a)\$81.09 b)\$60.32*
Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) member contact by the provider, 1 unit = 15 minutes	97533	GN, HA	Limited to 8 units per calendar month or combination of 8 units per calendar month	a)\$24.46 b)\$17.85*
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to	\$5.00*

			bill.	
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- a)Rate for a Speech-Language Pathologist
- b)Rate for a CFY-Speech-Language Pathologist

VISION SERVICES

Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities; Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and communication skills training, orientation, and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities. (Title 34 CFR 303.12(d) (16))

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: Ophthalmologist, Optometrist, **Parent Educator and Vision Teacher (for *Orientation and Mobility Services*)
 AUTHORIZED PROCEDURE CODES TO BE BILLED WHEN PROVIDING VISION SERVICES:

VISION SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Evaluation new patient intermediate	92002		1unit = 1 visit	\$54.28
Evaluation new patient comprehensive	92004		1unit = 1 visit	\$90.69
Evaluation established patient intermediate	92012		1unit = 1 visit	\$46.16
Evaluation established patient comprehensive	92014		1unit = 1 visit	\$66.56
New Patient Office Visit (problem focused)	99201		1unit = 1 visit	\$35.13
Office or other outpatient visit (expanded problem focused)	99202		1unit = 1 visit	\$54.57
Office or other outpatient visit (detailed)	99203		1unit = 1 visit	\$76.53
Office or other outpatient visit (comprehensive, moderate)	99204		1unit = 1 visit	\$110.51
Office or other outpatient visit (comprehensive, high)	99205		1unit = 1 visit	\$137.12
Office or other outpatient visit (minimal)	99211		1unit = 1 visit	\$17.46
Office or other outpatient visit (problem focused)	99212		1unit = 1 visit	\$29.67

Office or other outpatient visit (expanded)	99213		1unit = 1 visit	\$40.70
Office or other outpatient visit (detailed)	99214		1unit = 1 visit	\$62.71
Office or other outpatient visit (comprehensive, high)	99215		1unit = 1 visit	\$93.46
Coaching Visit	T2022		1 unit = 15 minutes	\$12.50*
IFSP Development/ Meeting (for multi-disciplinary team) <u>INITIAL ONLY</u>			1 unit = 1 visit 1 visit ≥ 30 minutes.	\$40.00*
**Orientation and Mobility Services (Parent Educator and Vision Teacher)			1 unit= 15 minutes	\$12.50* (evaluation) \$8.75* (services)
IFSP Development Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*
Six Month Review and Annual Review of the IFSP (face to face)			1 unit = 1 visit 1 visit is greater than or equal to 30 minutes.	\$40.00*
PSP Meeting by speaker phone, telehealth or other remote real time method			1 unit = 15 minutes Must participate at least 30 minutes to bill.	\$5.00*

OTHER RELATED SERVICES

AUTHORIZED SETTING: Child Care Center, Clinic, Community Setting, Home, Hospital, Residential Facility, Special Purpose Facility

AUTHORIZED PROVIDER: All Providers (Travel); Language Translators, Sign Language Interpreters for the Deaf

RELATED SERVICES	PROCEDURE CODE	MODIFIER	UNIT OF SERVICE	BCW RATE
Travel – Providers will be compensated at the state rate for each mile driven over 45 miles one way to a visit for that			1 unit = 1 mile	State rate (currently \$0.55/mile) *

day. No compensation will be provided for travel less than 45 miles one way to a visit.				
Spanish Language Translator	T2221		Face-to-face: 1 unit = 15 minutes 1 unit = \$12.50 Telephonic: 1 unit = 15 minutes 1 unit = \$6.25	Face-to-face: \$10.00 * Telephonic: \$5.00*
Non Spanish Foreign Language Translator	T2222		Face-to-face: 1 unit = 15 minutes Telephonic: 1 unit = 15 minutes 1 unit = \$11.88	Face-to-face: \$15.00* Telephonic: \$7.50*
Interpreters for the Deaf	T2223		Face-to-face: 1 unit = 15 minutes Telephonic: 1 unit = 15 minutes 1 unit = \$9.38	Face-to-face: \$15.00* Telephonic: \$7.50*

- If the interpreter has a contract with the state, the contractor must be paid at the state rate unless the provider enters into a separate contract with the district for the BCW/BIBS rate.
- Districts may use the Language Line for Telephonic Interpretation Services

APPENDIX A: MODIFIER CODES

(For use with CPT Codes)

MODIFIER	DETAIL/COMMENT
GN	Service delivered under an outpatient speech-language pathology plan of care
GO	Service delivered under an outpatient occupational therapy plan of care
GP	Service delivered under an outpatient physical therapy plan of care
HA	Child/adolescent program
TD	RN
TS	Follow-up service
U2	Medicaid level of care 2, as defined by each state
U6	Medicaid level of care 6, as defined by each state
U7	Medicaid level of care 7, as defined by each state
UC	Medicaid level of care 12, as defined by each state