



# Services Taxonomy

**ATTENTION:** When these CPT CODEs are entered in the billing portal, a descriptor will show that will not be familiar to you or make much sense. Please do not pay attention to these descriptors. If you have entered the correct CPT code and applicable modifiers, you will bill for the correct service associated with the CPT code for Early Steps.

FORMER EARLY STEPS CODE	DESCRIPTOR	CPT CODE	CPT MODIFIER if applicable	CPT BILLING MODIFIER if applicable	BILLING UNIT = One(1) unit for each increment reflected below	Maximum Fee per unit
AACFIT	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS EVALUATION (AAC) FITTING, ADJUSTMENT, TRAINING VISIT	92609			each eval	\$40.00
AACIO	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS EVALUATION (AAC) INITIAL EVALUATION BY LICENSED OCCUPATIONAL THERAPIST	92597	GO		each eval	\$97.50
AACIP	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS EVALUATION (AAC) INITIAL EVALUATION BY LICENSED PHYSICAL THERAPIST	92597	GP		each eval	\$97.50
AACIS	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS EVALUATION (AAC) INITIAL EVALUATION BY LICENSED SPEECH - LANGUAGE PATHOLOGIST	92597			each eval	\$97.50
AACRS	AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS EVALUATION (AAC) RE-EVALUATION BY LICENSED SPEECH - LANGUAGE PATHOLOGIST	92597	GN		each eval	\$50.00
ASST	ASSISTIVE TECHNOLOGY	T1999			each device	\$1,500.00
ASTE	ASSISTIVE TECHNOLOGY EVALUATION	97755			each eval	\$48.50
AUD	AUDIOLOGY SERVICES BIAURAL ( for Non-Medicaid)	92593	TS		each visit	\$50.00
AUD	EVALUATION OF AUDITORY REHABILITATION STATUS	92626			each eval	\$39.08
AUD	AUDITORY REHABILITATION PRELINGUAL HEARING LOSS	92630			each visit	\$68.86
AUD	AUDITORY REHABILITATION POSTLINGUAL HEARING LOSS	92633			each visit	\$68.86
AUD	AUDIOLOGY SERVICE MONAURAL (for Non-Medicaid)	92592	TS		each visit	\$50.00
AUDE	PURE TONE AUDIOMETRY -AIR ONLY	92552			each procedure	\$11.86
AUDE	PURE TONE AUDIOMETRY AIR & BONE	92553			each procedure	\$15.25
AUDE	SPEECH AUD THRESHOLD (DETECTION)	92555			each procedure	\$8.28
AUDE	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION & SPEECH RECOGNITION	92557			each procedure	\$26.06
AUDE	TYPMANOMETRY (IMPEDANCE TESTING)	92567			each procedure	\$10.38
AUDE	ACOUSTIC REFLEX TESTING (MIDDLE EAR MUSCLE REFLEX)	92568			each procedure	\$8.10
AUDE	VISUAL REINFORCEMENT AUDIOMETRY	92579			each procedure	\$21.08
AUDE	CONDITIONED PLAY AUDIOMETRY	92582			each procedure	\$22.96
AUDE	AUDITORY EVOKED RESPONSE (DIAGNOSTIC)	92585			each procedure	\$51.76
AUDE	AUDITORY EVOKED RESPONSE (SCREEN)	92586			each procedure	\$30.49
AUDE	OTOACOUSTIC EMISSIONS (LIMITED)	92587			each procedure	\$27.19
AUDE	OTOACOUSTIC EMISSIONS (COMPREHENSIVE)	92588			each procedure	\$30.31
AUDE	ASSESSMENT FOR HEARING AID	V5010			each assessment	\$45.00
AUDE	DISPENSING FEE PER HEARING AID	V5090			each aid	\$115.00
AUDE	UNSPECIFIED AUDIOLOGICAL EVALUATION PROCEDURES	V5299			each series	\$60.00
BEHV	BEHAVIORAL ASSESSMENT PERFORMED BY A LICENSED OR NON-LICENSED BEHAVIOR SPECIALIST	96150			each assessment	\$125.00

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BEHV	COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT BY A NON-PHYSICIAN MASTERS DEGREE PROFESSIONAL	H0031	HO		each assessment	\$125.00
CASE	NON-TCM CASE MANAGEMENT	T1016			each 15 minutes	\$9.25
COIFF	IFSP CONSULTATION, PROFESSIONAL, FACE TO FACE	T2024	TL		each 15 minutes	\$12.50
COIFP	IFSP CONSULTATION, PROFESSIONAL, BY PHONE	T2024	GQ	TL	each 15 minutes	\$6.25
CONIF	CONSULTATION, FACE TO FACE	99368			each 15 minutes	\$12.50
CONIP	CONSULTATION, PHONE	99368	TL		each 15 minutes	\$6.25
COUN	INDIVIDUAL/FAMILY THERAPY	H2019	HR		each 15 minutes	\$18.33
ECE	EARLY CHILDHOOD EDUCATION	T2027			each 15 minutes	\$3.13
EIGF	EARLY INTERVENTION GROUP SESSION BY NONMEDICAID PROFESSIONAL	T1027	TT	SC3P	each 15 minutes	\$6.25
EIGF	EARLY INTERVENTION GROUP SESSION BY EARLY INTERVENTION PROFESSIONAL	T1027	TT	SC	each 15 minutes	\$6.25
EIIF	INDIVIDUAL PSYCHOTHERAPY, 45-50 MINUTES	90812			each 30 minutes	\$25.00
EIIF	HEALTH AND BEHAVIOR INTERVENTION	96154			each 30 minutes	\$25.00
EIIF	EARLY INTERVENTION INDIVIDUAL SESSION BY NONMEDICAID PROFESSIONAL	T1027	SC	3P	each 15 minutes	\$12.50
EIIF	EARLY INTERVENTION INDIVIDUAL SESSION BY EARLY INTERVENTION PROFESSIONAL	T1027	SC		each 15 minutes	\$12.50
EVAL	DEVELOPMENTAL EVALUATION ADMINISTERED BY A LICENSED OR NON-LICENSED EARLY INTERVENTION PROFESSIONAL	96111			each 15 minutes	\$12.50
EXIT	EXIT ASSESSMENT	T1024			each 15 minutes	\$12.50
INTR	INTERPRETER	T1013			each 15 minutes	\$12.50
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY SPEECH-LANGUAGE PATHOLOGIST	T1024	GN	TS	each 30 minutes	\$37.50
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY OCCUPATIONAL THERAPIST	T1024	GO	TS	each 30 minutes	\$37.50
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY PHYSICAL THERAPIST	T1024	GP	TS	each 30 minutes	\$37.50
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY EARLY INTERVENTION PROFESSIONAL	T1024	TL	TS	each 30 minutes	\$37.50
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY NON-MEDICAID PROFESSIONAL	T1024	TS	3P	each 30 minutes	\$27.75
IPDEF	FOLLOW-UP PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY INFANT TODDLER DEVELOPMENTAL SPECIALIST	T1024	TS	TS	each 30 minutes	\$27.75
IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY SPEECH - LANGUAGE PATHOLOGIST	T1024	GN	UK	each 30 minutes	\$37.50
IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY OCCUPATIONAL THERAPIST	T1024	GO	UK	each 30 minutes	\$37.50
IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY PHYSICAL THERAPIST	T1024	GP	UK	each 30 minutes	\$37.50
IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY INFANT TODDLER DEVELOPMENTAL SPECIALIST	T1024	HN	UK	each 30 minutes	\$27.75

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IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY EARLY INTERVENTION PROFESSIONAL	T1024	TL		each 30 minutes	\$37.50
IPDEI	INITIAL PSYCHOSOCIAL & DEVELOPMENTAL EVALUATION BY NON-MEDICAID PROFESSIONAL	T1024	UK	3P	each 30 minutes	\$27.75
MED	OUTPATIENT VISIT, NEW PATIENT, 10 MINS	99201			each visit	\$25.96
MED	OUTPATIENT VISIT, NEW PATIENT, 20 MINS	99202			each visit	\$27.22
MED	OUTPATIENT VISIT, NEW PATIENT, 30 MINS	99203			each visit	\$40.50
MED	OUTPATIENT VISIT, NEW PATIENT, 45 MINS	99204			each visit	\$57.27
MED	OUTPATIENT VISIT, NEW PATIENT, 60 MINS	99205			each visit	\$72.78
MED	OUTPATIENT VISIT, ESTABLISHED PATIENT, 5 MINS	99211			each visit	\$10.38
MED	OUTPATIENT VISIT, ESTABLISHED PATIENT, 10 MINS	99212			each visit	\$18.17
MED	OUTPATIENT VISIT, ESTABLISHED PATIENT, 15 MINS	99213			each visit	\$22.14
MED	OUTPATIENT VISIT, ESTABLISHED PATIENT, 25 MINS	99214			each visit	\$34.50
MED	OUTPATIENT VISIT, ESTABLISHED PATIENT, 40 MINS	99215			each visit	\$50.15
MED	PSYCHIATRIC DIAGNOSTIC INTERVIEW	90801	HA		each visit	\$88.64
MED	UNSPECIFIED MED OFFICE VISIT	T1015			each visit	\$150.00
NURS	NURSING ASSESSMENT	T1001			each assessment	\$50.00
NUTR	NUTRITIONAL EVALUATION, INITIAL (each 15 minutes)	97802			each 15 minutes	\$12.50
NUTR	NUTRITIONAL EVALUATION, FOLLOW-UP (each 15 minutes)	97803			each 15 minutes	\$12.50
OCCT	OCCUPATIONAL THERAPIST SESSION BY LICENSED OCCUPATIONAL THERAPIST	97530			each 15 minutes	\$16.97
OCCT	OCCUPATIONAL THERAPIST SESSION BY OCCUPATIONAL THERAPY ASSISTANT	97530	HM		each 15 minutes	\$13.58
OCTF	FOLLOW-UP EVALUATION BY LICENSED OCCUPATIONAL THERAPIST	97004			each eval	\$48.50
OCTH	INITIAL EVALUATION BY LICENSED OCCUPATIONAL THERAPIST	97003			each eval	\$48.50
PHY	PHYSICAL THERAPIST SESSION BY LICENSED PHYSICAL THERAPIST	97110			each 15 minutes	\$16.97
PHY	PHYSICAL THERAPIST SESSION BY PHYSICAL THERAPY ASSISTANT	97110	HM		each 15 minutes	\$13.58
PSTF	FOLLOW-UP EVALUATION BY LICENSED PHYSICAL THERAPIST	97002			each eval	\$48.50
PSTH	INITIAL EVALUATION BY LICENSED PHYSICAL THERAPIST	97001			each eval	\$48.50
RSPT	RESPIRE	T1005			each 15 minutes	\$6.25
SCREEN	SCREENING	T1023			each screen	\$50.00
SCTT	SERVICE COORDINATOR TRAVEL	A0160			each 15 minutes	\$9.25
SENS	HEARING AID REPAIR BY MANUFACTURER	V5014			each device	\$114.00
SENS	HEARING AID REPAIR IN-OFFICE	V5014	TS		each visit	\$15.00
SENS	IN EAR HEARING AID UP TO \$500 PER AID	V5050	SC		each device	\$500.00
SENS	EARMOLD	V5264			each device	\$18.00
SENS	FM RECEIVER HEARING AID	V5298			each device	\$1,650.00
SENS	SENSORY AID INSURANCE PER EAR	V5299	HA		each device	\$65.00
SENS	MED HEARING AID - ANALOG/DIGITAL	V5050			each device	\$228.00
SPCH	EVALUATION BY LICENSED SPEECH - LANGUAGE PATHOLOGIST	92506			each eval	\$48.50
SPL	SPEECH/LANGUAGE THERAPY SESSION BY LICENSED SPEECH - LANGUAGE PATHOLOGIST	92507			each 15 minutes	\$16.97
SPL	GROUP SPEECH/LANGUAGE THERAPY SESSION PER CHILD	92508			each 15 minutes	\$3.30

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SPL	SPEECH/LANGUAGE THERAPY SESSION BY SPEECH - LANGUAGE PATHOLOGY ASSISTANT	92507	HM		each 15 minutes	\$13.58
TCM	TARGETED CASE MANAGEMENT	T1017	TL		each 15 minutes	\$9.25
TRAV	PROVIDER TRAVEL TO NATURAL ENVIRONMENT PER MINUTE	A0160			minute	\$0.50
TRAV	PROVIDER TRAVEL TO NATURAL ENVIRONMENT \$10 PER CHILD	A0170			day	\$10.00
VISD	VISION DIAGNOSTIC EVALUATION (New Patient)	92004			each eval	\$100.00
VISD	VISION DIAGNOSTIC EVALUATION (SIMPLE)	99202	SC		each eval	\$27.22
VISD	VISION DIAGNOSTIC EVALUATION (LOW COMPLEXITY)	99203	SC		each eval	\$40.50
VISD	VISION DIAGNOSTIC EVALUATION (MODERATE COMPLEXITY)	99204	SC		each eval	\$57.27
VISF	VISION EVALUATION FUNCTIONAL	92499			each eval	\$50.00
WHEELO	WHEELCHAIR EVALUATION/ FITTING BY LICENSED OCCUPATIONAL THERAPIST	97003	TG		each eval	\$48.50
WHEELP	WHEELCHAIR EVALUATION/ FITTING BY LICENSED PHYSICAL THERAPIST	97001	TG		each eval	\$48.50
	PROVIDER TRAVEL FOR INITIAL EVALUATION PER MINUTE	A0080			minute	\$0.50
	PROVIDER TRAVEL FOR INITIAL EVALUATION \$10 PER CHILD	A0090			day	\$10.00