

**IEP/IFSP HEALTH RELATED SERVICE PROCEDURE CODES & FEE SCHEDULE
EFFECTIVE 01/01/2019**

As a Maryland Medicaid provider, it is your responsibility to bill the Program appropriately for all school health related and early intervention health related services including service coordination and transportation services.

Procedure Code	Procedure Description	Qualified Provider	Unit of Service	Rate per Unit	Maximum Units of Service	
90791	Psychiatric Diagnostic Interview	Modifier AF	Licensed Psychiatrist	1	\$163.32	
		AH	Licensed Psychologist	1	\$132.99	
		AJ	Licensed CSW-C	1	\$116.44	
		AJ	LCPC	1	\$116.44	
		AJ	Licensed Nurse Psychotherapist	1	\$116.44	
90832	Individual psychotherapy	Licensed Psychiatrist, Licensed Psychologist, Licensed Certified Social Worker-Clinical, Licensed Professional Counselor, Licensed Nurse Psychotherapist	20-30 min	\$44.03	one per day; cannot bill 90834 on the same day	
90834	Individual psychotherapy	Licensed Psychiatrist, Licensed Psychologist, Licensed Certified Social Worker-Clinical, Licensed Professional Counselor, Licensed Nurse Psychotherapist	45-50 min	\$79.79	one per day; cannot bill 90832 on the same day	

90847	Family psychotherapy	Licensed Psychiatrist, Licensed Psychologist, Licensed Certified Social Worker-Clinical, Licensed Professional Counselor, Licensed Nurse Psychotherapist	1	\$83.93	
90853	Group psychotherapy	Licensed Psychiatrist, Licensed Psychologist, Licensed Certified Social Worker-Clinical, Licensed Professional Counselor, Licensed Nurse Psychotherapist	1	\$27.20	
92521	Evaluation of speech fluency	Licensed Speech Pathologist	1	\$91.35	maximum units: one time per 12 months; cannot bill 92507 or 92508 on the same day
92522	Evaluation of speech sound production	Licensed Speech Pathologist	1	\$74.00	maximum units: one time per 12 months; cannot bill 920507, 92508 or 92523 on the same day
92523	Evaluation of speech sound production with evaluation of language comprehension & expression	Licensed Speech Pathologist	1	\$153.97	maximum units: one time per 12 months; cannot bill 92507, 92508 or 92522 on the same day
92523 with 52 Modifier	Evaluation of language comprehension & expression	Licensed Speech Pathologist	1	\$79.97	maximum units: one time per 12 months; cannot bill 92507, 92508 or 92522 on the same day
92524	Behavioral & qualitative analysis of voice & resonance	Licensed Speech Pathologist or Licensed Speech Pathology Assistant	1	\$77.40	maximum units: one time per 12 months; cannot bill 92507, 92508 or 92522 on the same day

92507	Individual speech therapy	Licensed Speech Pathologist or Licensed Speech Pathology Assistant	1	\$63.99	one time per day; cannot bill 92508 on the same day
92508	Group speech therapy	Licensed Speech Pathologist or Licensed Speech Pathology Assistant	1	\$30.47	one time per day; cannot bill 92507 on the same day
92550	Tympanometry & Reflex Threshold Measurements	Licensed Audiologist	1	\$35.00	one time per day
92551	Screening Test Pure Tone, Air Only	Licensed Audiologist	1	\$9.72	one time per day
92552	Pure Tone Audiometry	Licensed Audiologist	1	\$25.40	one time per day; cannot bill 92557 on the same day
92557	Comprehensive audiology evaluation	Licensed Audiologist	1	\$36.60	one time per day; cannot bill 92552 on the same day
92567	Tympanometry	Licensed Audiologist	1	\$20.00	one time per day; cannot bill 92550 or 92570 on the same day
92568	Acoustic Reflex Testing	Licensed Audiologist	1	\$16.22	one time per day; cannot bill 92550 or 92570 on the same day
92570	Acoustic Immittance Testing	Licensed Audiologist	1	\$50.00	one time per day
92592	Hearing Aid Check, Monaural	Licensed Audiologist	1	\$42.00	one time per day
92593	Hearing Aid Check, Binaural	Licensed Audiologist	1	\$42.00	one time per day
96130	Psychological Testing, Evaluation, Treatment Planning and Report, and Interactive feedback to the student, family members, and caregivers.	Licensed Psychologist	First hour	\$124.31	One per 12 months
96131	Psychological Testing, Evaluation, Treatment Planning and Report, and Interactive feedback to the student, family members, and caregivers.	Licensed Psychologist	Each additional hour	\$94.47	Two per 12 months

96136	Psychological Test Administration and Scoring	Licensed Psychologist	First 30 minutes	\$51.27	One per 12 months
96137	Psychological Test Administration and Scoring	Licensed Psychologist	Each additional 30 minutes	\$47.79	Nine per 12 months
96152	Therapeutic Behavior Services	Therapeutic Behavior Aide	15 min	\$5.92	
97161	Physical therapy evaluation, Low complexity, 20 min	Licensed Physical Therapist	1	\$69.20	one time per 12 months, cannot bill with 97110
97162	Physical therapy evaluation, Moderate complexity, 30 min	Licensed Physical Therapist	1	\$69.20	one time per 12 months, cannot bill with 97110
97163	Physical therapy evaluation, High complexity, 45 min	Licensed Physical Therapist	1	\$69.20	one time per 12 months, cannot bill with 97110
97164	Physical therapy re-evaluation, Established plan of care	Licensed Physical Therapist	1	\$47.19	cannot bill 97161, 97162, 97163, or 97110 on the same day
97110	Physical therapy service	Licensed Physical Therapist or Licensed Physical Therapy Assistant	15 min	\$29.03	4 units per day; cannot bill 97161, 97162, 97163, or 97164 on the same day
97165	Occupational therapy evaluation, Low intensity, 30 min	Licensed Occupational Therapist	1	\$67.01	one time per 12 months, cannot bill 97530, or 97150 on the same day
97166	Occupational therapy evaluation, Moderate intensity 45 min	Licensed Occupational Therapist	1	\$67.01	one time per 12 months, cannot bill 97530, or 97150 on the same day
97167	Occupational therapy evaluation, High intensity 60 min	Licensed Occupational Therapist	1	\$67.01	one time per 12 months, cannot bill 97530, or 97150 on the same day
97168	Occupational Therapy re-evaluation	Licensed Occupational Therapist	1	\$44.34	cannot bill 97165, 97166, 97167, 97150, or 97530 on the same day

97150	Group occupational therapy service	Licensed Occupational Therapist or Licensed Occupational Therapy Assistant	1	\$18.25	cannot bill 97165, 97166, 97167, 97168, or 97530 on the same day
97530	Occupational therapy service	Licensed Occupational Therapist or Licensed Occupational Therapy Assistant	15 min	\$30.56	4 units per day; cannot bill 97165, 97166, 97167, 97168, or 97150 on the same day
T1000	Nursing services	Registered Nurse	15 min	\$13.57	8 units per day
T1000 with 52 Modifier	Nursing Services	Licensed Practical Nurse	15 min	\$8.80	8 units per day
97802	Nutrition assessment & intervention	Licensed Dietitian/Nutritionist	15 min	\$30.03	once per year; 4 units per day
97803	Nutrition re-assessment & intervention	Licensed Dietitian/ Nutritionist	15 min	\$26.35	2 units per day; cannot bill 97802 on the same day
T1023-TG	Initial IEP/IFSP	Qualified Service Coordinator per COMAR 10.09.40 or COMAR 10.09.52	1	\$500.00	once per lifetime, age 0-2; once per lifetime, age 3-20
T1023	Periodic IEP/IFSP Review	Qualified Service Coordinator per COMAR 10.09.40. or COMAR 10.09.52	1	\$275.00	3 per calendar year
T2022	Ongoing Service Coordination	Qualified Service Coordinator per COMAR 10.09.40 or COMAR 10.09.52	1	\$150.00	once a month; cannot bill T1023 or T1023-TG in the same month
T2003	Non-Emergency Transportation Services		1	\$12.50	2 units per day
W9322	Initial Autism Waiver Plan of Care	Qualified Service Coordinator per COMAR 10.09.52	1	\$500.00	Student must be enrolled in the Autism Waiver
W9323	Ongoing Autism Waiver Service Coordination	Qualified Service Coordinator per COMAR 10.09.52	1	\$150.00	Student must be enrolled in the Autism Waiver
W9324	Autism Waiver Plan of Care Reassessment; Risk Assessment	Qualified Service Coordinator per COMAR 10.09.52	1	\$275.00	Student must be enrolled in the Autism Waiver

PLEASE NOTE: MONITORING OF THE DELIVERY OF IEP/IFSP SERVICES WILL BE CONDUCTED ON A REGULAR BASIS. REIMBURSEMENT FOR SERVICES THAT DO NOT MEET THE REQUIREMENTS DESCRIBED IN THE IEP IFSP EARLY INTERVENTION AND SCHOOL HEALTH RELATED SERVICES MANUAL (LINKED [HERE](#)) WILL BE RECOVERED.