

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
22	90810	INTAC PSYTX, OFF, 20-30 MIN	31.50	X
27	90810	INTAC PSYTX, OFF, 20-30 MIN	27.00	X
28	90810	INTAC PSYTX, OFF, 20-30 MIN	25.50	X
22	90812	INTAC PSYTX, OFF, 45-50 MIN	63.00	
27	90812	INTAC PSYTX, OFF, 45-50 MIN	54.00	
28	90812	INTAC PSYTX, OFF, 45-50 MIN	51.00	
22	90846	FAMILY PSYTX W/O PATIENT	63.00	
27	90846	FAMILY PSYTX W/O PATIENT	54.00	
28	90846	FAMILY PSYTX W/O PATIENT	51.00	
22	90847	FAMILY PSYTX W/PATIENT	63.00	
27	90847	FAMILY PSYTX W/PATIENT	54.00	
28	90847	FAMILY PSYTX W/PATIENT	51.00	
22	90857	INTERACTIVE GROUP PSYCHOTHERAPY	21.00	
27	90857	INTERACTIVE GROUP PSYCHOTHERAPY	18.00	
28	90857	INTERACTIVE GROUP PSYCHOTHERAPY	17.00	
22	92506	SPEECH/HEARING EVALUATION	63.00	
27	92506	SPEECH/HEARING EVALUATION	54.00	
28	92506	SPEECH/HEARING EVALUATION	51.00	
22	92507	SPEECH/HEARING THERAPY	15.75	X
27	92507	SPEECH/HEARING THERAPY	13.50	X
28	92507	SPEECH/HEARING THERAPY	12.75	X
22	92508	SPEECH/HEARING THERAPY	15.75	X
27	92508	SPEECH/HEARING THERAPY	13.50	X
28	92508	SPEECH/HEARING THERAPY	12.75	X
22	92551	PURE TONE HEARING TEST, AIR	3.60	
27	92551	PURE TONE HEARING TEST, AIR	3.60	
28	92551	PURE TONE HEARING TEST, AIR	3.60	
22	92552	PURE TONE AUDIOMETRY, AIR ONLY	22.50	
27	92552	PURE TONE AUDIOMETRY, AIR ONLY	22.50	
28	92552	PURE TONE AUDIOMETRY, AIR ONLY	22.50	
27	92553	AUDIOMETRY, AIR & BONE	45.00	
27	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	9.00	
27	92556	SPEECH AUDIOMETRY; COMPLETE	22.50	
27	92557	COMPREHENSIVE HEARING TEST	54.00	
27	92563	TONE DECAY HEARING TEST	10.00	
27	92564	SHORT INCREMENT SENSITIVITY INDEX	20.00	
27	92565	STENGER TEST, PURE TONE	15.00	
22	92567	TYPANOMETRY	22.50	
27	92567	TYPANOMETRY	22.50	
28	92567	TYPANOMETRY	22.50	
22	92568	ACOUSTIC REFLEX TESTING	22.50	
27	92568	ACOUSTIC REFLEX TESTING	22.50	
28	92568	ACOUSTIC REFLEX TESTING	22.50	
22	92569	ACOUSTIC REFLEX DECAY TEST	36.00	
27	92569	ACOUSTIC REFLEX DECAY TEST	36.00	
28	92569	ACOUSTIC REFLEX DECAY TEST	36.00	
27	92571	FILTERED SPEECH TEST	25.00	

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
27	92572	STAGGERED SPONDAIC WORD TEST	75.00	
27	92575	SENSORINEURAL ACUITY TEST	20.00	
27	92576	SYNTHETIC SENTENCE TEST	25.00	
27	92577	STENGER TEST, SPEECH	13.50	
22	92582	CONDITIONING PLAY AUDIOMETRY	45.00	
27	92582	CONDITIONING PLAY AUDIOMETRY	45.00	
28	92582	CONDITIONING PLAY AUDIOMETRY	45.00	
27	92583	SELECT PICTURE AUDIOMETRY	22.50	
22	92584	ELECTROCOCHLEOGRAPHY	200.00	
27	92584	ELECTROCOCHLEOGRAPHY	200.00	
28	92584	ELECTROCOCHLEOGRAPHY	200.00	
22	92585	AUDITOR EVOKE POTENT, COMPRE	180.00	
27	92585	AUDITOR EVOKE POTENT, COMPRE	180.00	
28	92585	AUDITOR EVOKE POTENT, COMPRE	180.00	
22	92586	AUDITORY EVOKED POTENT, LIMITED	50.00	
27	92586	AUDITORY EVOKED POTENT, LIMITED	50.00	
28	92586	AUDITORY EVOKED POTENT, LIMITED	50.00	
22	92587	EVOKED AUDITORY TEST, LIMITED	25.00	
27	92587	EVOKED AUDITORY TEST, LIMITED	25.00	
28	92587	EVOKED AUDITORY TEST, LIMITED	25.00	
22	92588	EVOKED AUDITORY TEST, COMPREHENSIVE	50.00	
27	92588	EVOKED AUDITORY TEST, COMPREHENSIVE	50.00	
28	92588	EVOKED AUDITORY TEST, COMPREHENSIVE	50.00	
27	92590	HEARING AID EXAM/SELECTION; MONAURAL	65.00	
27	92591	HEARING AID EXAM & SELECTION BINAURA	65.00	
22	92592	HEARING AID CHECK; MONAURAL	22.50	
27	92592	HEARING AID CHECK; MONAURAL	22.50	
28	92592	HEARING AID CHECK; MONAURAL	22.50	
22	92593	HEARING AID CHECK; BINAURAL	45.00	
27	92593	HEARING AID CHECK; BINAURAL	45.00	
28	92593	HEARING AID CHECK; BINAURAL	45.00	
22	92594	ELECTROACOUSTIC EVAL F HEAR AID;MON	22.50	
27	92594	ELECTROACOUSTIC EVAL F HEAR AID;MONA	22.50	
28	92594	ELECTROACOUSTIC EVAL F HEAR AID;MONA	22.50	
22	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAU	45.00	
27	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	45.00	
28	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	45.00	
22	96101	PSYCH TESTING BY PSYCH/PHYS	63.00	
27	96101	PSYCH TESTING BY PSYCH/PHYS	54.00	
28	96101	PSYCH TESTING BY PSYCH/PHYS	51.00	
22	97001	PT EVALUATION	63.00	
27	97001	PT EVALUATION	54.00	
28	97001	PT EVALUATION	51.00	
22	97003	OT EVALUATION	63.00	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
 LOUISIANA MEDICAID EPSDT EARLY INTERVENTION SERVICES (EARLYSTEPS) FEE SCHEDULE
 EFFECTIVE FOR DATES OF SERVICE FEBRUARY 1, 2005 - August 31, 2008

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
27	97003	OT EVALUATION	54.00	
28	97003	OT EVALUATION	51.00	
22	97032	ELECTRICAL STIMULATION	15.75	X
27	97032	ELECTRICAL STIMULATION	13.50	X
28	97032	ELECTRICAL STIMULATION	12.75	X
22	97110	THERAPEUTIC EXERCISES	15.75	X
27	97110	THERAPEUTIC EXERCISES	13.50	X
28	97110	THERAPEUTIC EXERCISES	12.75	X
22	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	15.75	X
27	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	13.50	X
28	97112	NEUROMUSCULAR REEDUCATION,EA 15 MIN	12.75	X
22	97116	GAIT TRAINING THERAPY, EACH 15 MIN	15.75	X
27	97116	GAIT TRAINING THERAPY, EACH 15 MIN	13.50	X
28	97116	GAIT TRAINING THERAPY,EACH 15 MIN	12.75	X
22	97124	MASSAGE THERAPY	15.75	X
27	97124	MASSAGE THERAPY	13.50	X
28	97124	MASSAGE THERAPY	12.75	X
22	97530	THERAPEUTIC ACTIVITIES 15 MIN	15.75	X
27	97530	THERAPEUTIC ACTIVITIES 15 MIN	13.50	X
28	97530	THERAPEUTIC ACTIVITIES 15 MIN	12.75	X
22	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	15.75	X
27	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	13.50	X
28	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	12.75	X
22	97760	ORTHOTIC MGMT AND TRAINING	15.75	X
27	97760	ORTHOTIC MGMT AND TRAINING	13.50	X
28	97760	ORTHOTIC MGMT AND TRAINING	12.75	X

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

ALL CLAIMS MUST CARRY A POS (PLACE OF SERVICE) AND A VALID PROCEDURE MODIFIER.

COLUMN 1. TOS (Type Of Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing, the POS (Place of Service) and by the modifier appended to the procedure code.

Listed below is an explanation of the Types of Service found on this schedule. A combination of a Place of Service (POS) Code and a valid Procedure Modifier determine the Type of Service.

TOS 22 - For services rendered in the Natural Environment (Home & Community). "Community": Environment where children of same age with no disabilities or Special needs participate such as childcare centers, agencies, libraries and other community settings.

POS/modifier combination must be one of these two choices:

POS 12 (Home) and Procedure Modifier U8, or

POS 99 (Other Place of Service) and Procedure Modifier U8

TOS 27 - For services rendered in a Special Purpose Facility/Inclusive Childcare: Childcare center, nursery schools, preschools with at least 50% with no disabilities or developmental delays.

POS/modifier combination must be:

POS 99 and Procedure Modifier TJ

TOS 28 - For services rendered in a Center Based Special Purpose Facility: Center where only children with disabilities or developmental delays are served.

POS/modifier combination must be:

POS 99 and Procedure Modifier SE

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Self-explanatory.

COLUMN 5. UVS>001: An 'X' in this column means more than one unit of service per day can be billed.