
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 DXC Technologies 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 child care 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 Child care: Child care 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.

Additional modifier to support claims billed using 92507 or 92508 CPT codes:

Modifier 52 can be used for a partially reduced procedure when documentation describing the service fully supports that the service furnished was less than usually required. When Modifier 52 is used, the claim will be paid at one-half the rate shown on the fee schedule.

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
22	90846	FAMILY PSYTX W/O PATIENT	82.35	
27	90846	FAMILY PSYTX W/O PATIENT	54.00	
28	90846	FAMILY PSYTX W/O PATIENT	51.00	
22	90847	FAMILY PSYTX W/PATIENT	82.35	
27	90847	FAMILY PSYTX W/PATIENT	54.00	
28	90847	FAMILY PSYTX W/PATIENT	51.00	
22	92507	SPEECH/HEARING THERAPY	82.36	
27	92507	SPEECH/HEARING THERAPY	54.00	
28	92507	SPEECH/HEARING THERAPY	51.00	
22	92508	SPEECH/HEARING THERAPY	82.36	
27	92508	SPEECH/HEARING THERAPY	54.00	
28	92508	SPEECH/HEARING THERAPY	51.00	
22	92521	EVALUATION OF SPEECH FLUENCY	20.58	
27	92521	EVALUATION OF SPEECH FLUENCY	13.15	
28	92521	EVALUATION OF SPEECH FLUENCY	12.35	
22	92522	EVALUATION OF SPEECH SOUND PRODUCTIO	20.58	
27	92522	EVALUATION OF SPEECH SOUND PRODUCTIO	13.15	
28	92522	EVAULATION OF SPEECH SOUND PRODUCTIO	12.35	
22	92523	SPEECH SOUND LANG COMPREHENSION	61.76	
27	92523	SPEECH SOUND LANG COMPREHENSION	39.50	
28	92523	SPEECH SOUND LANGUAGE COMPREHENSION	37.05	
22	92524	BEHAVRAL QUALIT ANALYS VOICE	20.58	
27	92524	BEHAVRAL QUALIT ANALYS VOICE	13.15	
28	92524	BEHAVRAL QUALIT ANALYS VOICE	12.35	
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	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	
27	92571	FILTERED SPEECH TEST	25.00	
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	

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
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	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	25.00	
27	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	25.00	
28	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	25.00	
22	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	50.00	
27	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	50.00	
28	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	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	97032	ELECTRICAL STIMULATION	20.59	X
27	97032	ELECTRICAL STIMULATION	13.50	X
28	97032	ELECTRICAL STIMULATION	12.75	X
22	97110	THERAPEUTIC EXERCISES	20.59	X
27	97110	THERAPEUTIC EXERCISES	13.50	X
28	97110	THERAPEUTIC EXERCISES	12.75	X
22	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	20.59	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	20.59	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	20.59	X
27	97124	MASSAGE THERAPY	13.50	X
28	97124	MASSAGE THERAPY	12.75	X
22	97161	PHYSICAL THERAPY EVALUATION: LOW COM	82.35	
27	97161	PHYSICAL THERAPY EVALUATION: LOW COM	54.00	
28	97161	PHYSICAL THERAPY EVALUATION: LOW COM	51.00	
22	97162	PHYSICAL THERAPY EVALUATION: MODERAT	82.35	
27	97162	PHYSICAL THERAPY EVALUATION: MODERAT	54.00	

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
28	97162	PHYSICAL THERAPY EVALUATION: MODERAT	51.00	
22	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	82.35	
27	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	54.00	
28	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	51.00	
22	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	61.74	
27	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	40.50	
28	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	38.25	
22	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	82.35	
27	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	54.00	
28	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	51.00	
22	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	82.35	
27	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	54.00	
28	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	51.00	
22	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	82.35	
27	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	54.00	
28	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	51.00	
22	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	61.74	
27	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	40.50	
28	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	38.25	
22	97530	THERAPEUTIC ACTIVITIES 15 MIN	20.59	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	20.59	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	20.59	X
27	97760	ORTHOTIC MGMT AND TRAINING	13.50	X
28	97760	ORTHOTIC MGMT AND TRAINING	12.75	X