

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
22	90810	INTAC PSYTX, OFF, 20-30 MIN	42.00	X
27	90810	INTAC PSYTX, OFF, 20-30 MIN	36.00	X
28	90810	INTAC PSYTX, OFF, 20-30 MIN	34.50	X
22	90812	INTAC PSYTX, OFF, 45-50 MIN	84.00	
27	90812	INTAC PSYTX, OFF, 45-50 MIN	72.00	
28	90812	INTAC PSYTX, OFF, 45-50 MIN	69.00	
22	90846	FAMILY PSYTX W/O PATIENT	84.00	
27	90846	FAMILY PSYTX W/O PATIENT	72.00	
28	90846	FAMILY PSYTX W/O PATIENT	69.00	
22	90847	FAMILY PSYTX W/PATIENT	84.00	
27	90847	FAMILY PSYTX W/PATIENT	72.00	
28	90847	FAMILY PSYTX W/PATIENT	69.00	
22	90857	INTERACTIVE GROUP PSYCHOTHERAPY	28.00	
27	90857	INTERACTIVE GROUP PSYCHOTHERAPY	24.00	
28	90857	INTERACTIVE GROUP PSYCHOTHERAPY	23.00	
22	92506	SPEECH/HEARING EVALUATION	84.00	
27	92506	SPEECH/HEARING EVALUATION	72.00	
28	92506	SPEECH/HEARING EVALUATION	69.00	
22	92507	SPEECH/HEARING THERAPY	21.00	X
27	92507	SPEECH/HEARING THERAPY	18.00	X
28	92507	SPEECH/HEARING THERAPY	17.25	X
22	92508	SPEECH/HEARING THERAPY	21.00	X
27	92508	SPEECH/HEARING THERAPY	18.00	X
28	92508	SPEECH/HEARING THERAPY	17.25	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	

EFFECTIVE FOR DATES OF SERVICE JULY 7, 2003 TO JANUARY 31, 2005

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	96100	PSYCHOLOGICAL TESTING	84.00	
27	96100	PSYCHOLOGICAL TESTING	72.00	
28	96100	PSYCHOLOGICAL TESTING	69.00	
22	97001	PT EVALUATION	84.00	
27	97001	PT EVALUATION	72.00	
28	97001	PT EVALUATION	69.00	
22	97003	OT EVALUATION	84.00	
27	97003	OT EVALUATION	72.00	
28	97003	OT EVALUATION	69.00	
22	97032	ELECTRICAL STIMULATION	21.00	X

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
27	97032	ELECTRICAL STIMULATION	18.00	X
28	97032	ELECTRICAL STIMULATION	17.25	X
22	97110	THERAPEUTIC EXERCISES	21.00	X
27	97110	THERAPEUTIC EXERCISES	18.00	X
28	97110	THERAPEUTIC EXERCISES	17.25	X
22	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	21.00	X
27	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	18.00	X
28	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	17.25	X
22	97116	GAIT TRAINING THERAPY, EACH 15 MIN	21.00	X
27	97116	GAIT TRAINING THERAPY, EACH 15 MIN	18.00	X
28	97116	GAIT TRAINING THERAPY, EACH 15 MIN	17.25	X
22	97124	MASSAGE THERAPY	21.00	X
27	97124	MASSAGE THERAPY	18.00	X
28	97124	MASSAGE THERAPY	17.25	X
22	97504	ORTHOTIC TRAINING, EACH 15 MIN	21.00	X
27	97504	ORTHOTIC TRAINING, EACH 15 MIN	18.00	X
28	97504	ORTHOTIC TRAINING, EACH 15 MIN	17.25	X
22	97530	THERAPEUTIC ACTIVITIES 15 MIN	21.00	X
27	97530	THERAPEUTIC ACTIVITIES 15 MIN	18.00	X
28	97530	THERAPEUTIC ACTIVITIES 15 MIN	17.25	X
22	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	21.00	X
27	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	18.00	X
28	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	17.25	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.