

## LEA SERVICE CODES, UNITS AND MAXIMUM PAYMENT RATES\*

As of April 20, 2020

### Therapy Services

| CODE               | SERVICE DESCRIPTION   | UNIT                       | MAX. RATE |
|--------------------|---|----------------------------|-----------|
| 97163              | Physical Therapy Evaluation   | Per evaluation             | 115.32    |
| 97110              | Physical Therapy Individual Visit   | Per visit                  | 95.91     |
| 97150              | Physical Therapy Group Session  | Per individual/Per session | 31.91     |
| 97167              | Occupational Therapy Evaluation   | Per evaluation             | 115.32    |
| 97530              | Occupational Therapy Individual Visit   | Per visit                  | 95.91     |
| S9129              | Occupational Therapy Group Session  | Per individual/Per session | 31.91     |
| 92521              | Evaluation of speech fluency (e.g., stuttering, cluttering)   | Per evaluation             | 115.32    |
| 92522              | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)   | Per evaluation             | 115.32    |
| 92523 <sup>μ</sup> | Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) | Per evaluation             | 115.32    |
| 92524              | Behavioral and qualitative analysis of voice and resonance  | Per evaluation             | 115.32    |
| 92507              | Speech Therapy Individual Visit   | Per visit                  | 95.91     |
| 92508              | Speech Therapy Group Session  | Per individual/Per session | 31.91     |

<sup>μ</sup>The modifier “52” must be used with code 92523 if a patient is evaluated only for language, with no documentation of an assessment of speech (formal or informal). The “52” modifier, which is used when the services provided are reduced in comparison with the full description of the service.

### Nursing Services

| CODE  | SERVICE DESCRIPTION | UNIT       | MAX. RATE |
|-------|---------------------|------------|-----------|
| T1002 | RN or LPN Services  | 15 minutes | 9.00      |

### Personal Care Services

| CODE  | SERVICE DESCRIPTION                                  | UNIT               | MAX. RATE |
|-------|--|--------------------|-----------|
| T2027 | Personal Care Services - individual                  | 15 minutes or less | 3.58      |
| S5125 | Personal Care Services – group up to six individuals | 15 minutes or less | 3.58      |

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## Psychiatry, Psychology & Mental Health Services

| SERVICE DESCRIPTION<br>(One unit is per visit unless otherwise noted.)  | UNIT                                 | Code             | MAX.<br>RATE     |
|---|--------------------------------------|------------------|------------------|
| Psychiatric diagnostic interview examination  | Per exam                             | 90791            | 135.66           |
| Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication   | Per exam                             | 90791            | 135.66           |
|   |                                      | <i>add 90785</i> | <i>add 14.65</i> |
| Individual psychotherapy, insight oriented behavior modifying and/or supportive in an office or outpatient facility   | 30 minutes face-to-face with patient | 90832            | 66.26            |
| Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility  | 45 minutes face-to-face with patient | 90834            | 88.23            |
| Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility  | 60 minutes face-to-face with patient | 90837            | 132.52           |
| Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an office or outpatient facility  | 30 minutes face-to-face with patient | 90832            | 66.26            |
|   |                                      | <i>add 90785</i> | <i>Add 14.65</i> |
| Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility   | 45minutes face-to-face with patient  | 90834            | 88.23            |
|   |                                      | <i>add 90785</i> | <i>add 14.65</i> |
| Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in a office or outpatient facility   | 60 minutes face-to-face with patient | 90837            | 132.52           |
|   |                                      | <i>add 90785</i> | <i>Add 14.65</i> |
| Family Psychotherapy (without the patient present)  | Per session                          | 90846            | 106.61           |
| Family Psychotherapy (conjoint Psychotherapy with patient present)  | Per session                          | 90847            | 110.90           |
| Group Psychotherapy (Other than of a Multiple Family Group)   | Per session                          | 90853            | 12.67            |
|   |                                      | <i>add 90785</i> | <i>add 14.65</i> |
| Interactive Group Psychotherapy   | Per session                          | 90853            | 12.67            |
| Developmental screening, scoring and documentation  | Per instrument                       | 96110            | 8.17             |
| Developmental test administration, interpretation and report, first hour only   | Per 1 <sup>st</sup> hour             | 96112            | 133.56           |
| Developmental test administration, interpretation and report, each additional 30 min  | Per additional 30 min                | +96113           | 59.63            |
| Brief emotional/behavioral assessment, scoring and documentation  | Per instrument                       | 96127            | 5.23             |
| Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report, first hour only.  | Per 1 <sup>st</sup> hour             | 96116            | 94.16            |
| Neurobehavioral status exam, both face-to-face time with the patient and time interpreting test results and preparing the report, each additional hour  | Per additional hour                  | 96121            | 80.90            |
| Psychological testing evaluation services, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregivers when performed, first hour only | Per 1 <sup>st</sup> hour             | 96130            | 115.08           |

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|   |                                |       |        |
|---|--------------------------------|-------|--------|
| Psychological testing evaluation services by physician or other qualified health provider (QHP), each additional hour   | Per additional hour            | 96131 | 87.53  |
| Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, first 30 minutes only  | Per 1 <sup>st</sup> 30 minutes | 96136 | 46.38  |
| Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, each additional 30 min   | Per additional 30 minutes      | 96137 | 42.89  |
| Psychological or neuropsychological test admin & scoring by technician, 2 or more tests, any method, first 30 minutes only  | Per 1 <sup>st</sup> 30 minutes | 96138 | 37.66  |
| Psychological or neuropsychological test admin & scoring by technician, 2 or more tests, any method, each additional 30 minutes   | Per additional 30 minutes      | 96139 | 37.66  |
| Psychological or neuropsychological test admin, with single automated, standardized instrument via electronic platform, with automated result only  | Per single test administration | 96146 | 2.09   |
| Neuropsychological testing evaluation services by physician or other QHP, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family members(s) or caregiver(s) when performed, first hour only | Per 1 <sup>st</sup> hour       | 96132 | 129.38 |
| Neuropsychological testing evaluation services by physician or other QHP, each additional hour  | Per each additional hour       | 96133 | 98.69  |

\* Local education agencies must use a modifier below when billing for these services to identify the provider.

|    |  |  |
|----|--|--|
| U6 | Psychiatrist   |  |
| AH | Licensed Clinical Psychologist   |  |
| AJ | Licensed Clinical Social Workers<br>Licensed Professional Counselors<br>Licensed School Psychologist<br>Licensed School Psychologist-Limited | Psychiatric Clinical Nurse Specialist<br>Licensed Marriage and Family Therapists<br>School Social Worker |

† 96136 and 96138 may not both be billed for same student in the same day.

### Audiology

| CODE  | SERVICE DESCRIPTION   | MAX. RATE |
|-------|---|-----------|
| 92550 | Tympanometry and reflex threshold   | 18.09     |
| 92551 | Screening test, pure tone , air only  | 9.63      |
| 92552 | Pure tone audiometry (threshold); air only  | 25.97     |
| 92553 | Pure tone audiometry (threshold); Air and bone  | 31.52     |
| 92555 | Speech audiometry threshold   | 19.84     |
| 92556 | With speech recognition   | 31.22     |
| 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) | 31.52     |
| 92559 | Audiometric testing of groups   | 14.75     |
| 92560 | Bekesy audiometry; screening  | 24.33     |
| 92561 | Diagnostic  | 32.10     |
| 92562 | Loudness balance test, alternate binaural or monaural   | 37.35     |

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|       |   |        |
|-------|---|--------|
| 92563 | Tone decay test   | 25.39  |
| 92564 | Short increment sensitivity index (SISI)  | 20.72  |
| 92565 | Stenger test, pure tone   | 12.55  |
| 92567 | Tympanometry (impedance testing)  | 12.55  |
| 92568 | Acoustic reflex testing; threshold  | 13.13  |
| 92569 | Decay   | 11.30  |
| 92571 | Filtered speech test  | 22.18  |
| 92572 | Staggered spondaic word test  | 35.31  |
| 92575 | Sensorineural acuity level test   | 52.23  |
| 92576 | Synthetic sentence identification test  | 30.06  |
| 92577 | Stenger test, speech  | 11.38  |
| 92579 | Visual reinforcement audiometry (VRA)   | 38.23  |
| 92582 | Conditioning play audiometry  | 60.11  |
| 92583 | Select picture audiometry   | 39.39  |
| 92584 | Electrocochleography  | 60.99  |
| 92585 | Auditory Evoked Potentials for Evok   | 111.18 |
| 92586 | Auditory Evoked Potentials for Evok   | 76.17  |
| 92587 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)  | 18.09  |
| 92588 | Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) | 27.43  |
| 92589 | Central Auditory Function Test(s)   | 15.20  |
| 92592 | Hearing aid check; monaural   | 82.59  |
| 92593 | Binaural  | 82.59  |
| 92594 | Electroacoustic Evaluation for hear   | 300.00 |
| 92595 | Electroacoustic Evaluation for hear   | IC     |
| 92596 | Ear Protector Attenuation Measurement   | IC     |
| 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech  | 66.99  |
| 92601 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming  | 136.57 |
| 92602 | Subsequent programming  | 85.21  |
| 92603 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming   | 127.52 |
| 92604 | Subsequent programming  | 75.87  |
| 92620 | Evaluation of central auditory function with report; initial 60 minutes   | 77.91  |
| 92621 | Each additional 15 minutes  | 18.68  |
| 92625 | Assessment of tinnitus (including pitch, loudness matching, and masking)  | 58.07  |
| 92626 | Evaluation of auditory rehabilitation status; first hour  | 74.41  |
| 92627 | Each additional 15 minutes  | 18.68  |
| 92630 | Auditory rehabilitation; prelingual hearing loss  | 95.91  |
| 92633 | Postlingual hearing loss  | 95.91  |

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**Medical Evaluations**

| <b>CODE</b> | <b>SERVICE DESCRIPTION</b>   | <b>UNIT</b>   | <b>MAX. RATE</b> |
|-------------|--|---------------|------------------|
| T1024       | Medical Evaluation by Medical Doctor, Nurse Practitioner or Physician Assistant as part of IEP process | Per encounter | 96.51            |

**Specialized Transportation**

| <b>CODE</b> | <b>SERVICE DESCRIPTION</b> | <b>UNIT</b> | <b>MAX. RATE</b> |
|-------------|----------------------------|-------------|------------------|
| T2003       | Specialized Transportation | Per trip    | 7.00             |

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