

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. Services can be provided via "teletherapy" specific POS/modifier combinations.
POS/modifier combination must be one of these choices:

POS 12 (Home) and Procedure Modifier U8, or
POS 99 (Other Place of Service) and Procedure Modifier U8, or
POS 02 (Teletherapy) and Procedure Modifiers 95 and 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.

LOUISIANA MEDICAID EPSDT EARLY INTERVENTION SERVICES (EARLYSTEPS) FEE SCHEDULE
EFFECTIVE FOR DATES OF SERVICE JULY 1, 2022 AND FORWARD

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
22	90846	FAMILY PSYTX W/O PATIENT	107.06	
27	90846	FAMILY PSYTX W/O PATIENT	70.20	
28	90846	FAMILY PSYTX W/O PATIENT	66.30	
22	90847	FAMILY PSYTX W/PATIENT	107.06	
27	90847	FAMILY PSYTX W/PATIENT	70.20	
28	90847	FAMILY PSYTX W/PATIENT	66.30	
22	92507	SPEECH/HEARING THERAPY	107.07	
27	92507	SPEECH/HEARING THERAPY	70.20	
28	92507	SPEECH/HEARING THERAPY	66.30	
22	92508	SPEECH/HEARING THERAPY	107.07	
27	92508	SPEECH/HEARING THERAPY	70.20	
28	92508	SPEECH/HEARING THERAPY	66.30	
22	92521	EVALUATION OF SPEECH FLUENCY	26.75	
27	92521	EVALUATION OF SPEECH FLUENCY	17.10	
28	92521	EVALUATION OF SPEECH FLUENCY	16.06	
22	92522	EVALUATION OF SPEECH SOUND PRODUCTIO	26.75	
27	92522	EVALUATION OF SPEECH SOUND PRODUCTIO	17.10	
28	92522	EVALUATION OF SPEECH SOUND PRODUCTIO	16.06	
22	92523	SPEECH SOUND LANG COMPREHENSION	80.29	
27	92523	SPEECH SOUND LANG COMPREHENSION	51.35	
28	92523	SPEECH SOUND LANGUAGE COMPREHENSION	48.17	
22	92524	BEHAVRAL QUALIT ANALYS VOICE	26.77	
27	92524	BEHAVRAL QUALIT ANALYS VOICE	17.10	
28	92524	BEHAVRAL QUALIT ANALYS VOICE	16.06	
22	92551	PURE TONE HEARING TEST, AIR	4.68	
27	92551	PURE TONE HEARING TEST, AIR	4.68	
28	92551	PURE TONE HEARING TEST, AIR	4.68	
22	92552	PURE TONE AUDIOMETRY, AIR ONLY	29.25	
27	92552	PURE TONE AUDIOMETRY, AIR ONLY	29.25	
28	92552	PURE TONE AUDIOMETRY, AIR ONLY	29.25	
27	92553	AUDIOMETRY, AIR & BONE	58.50	
27	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	11.70	
27	92556	SPEECH AUDIOMETRY; COMPLETE	29.25	
27	92557	COMPREHENSIVE HEARING TEST	70.20	
27	92563	TONE DECAY HEARING TEST	13.00	
27	92565	STENGER TEST, PURE TONE	15.00	
22	92567	TYPANOMETRY	29.25	
27	92567	TYPANOMETRY	29.25	
28	92567	TYPANOMETRY	29.25	
22	92568	ACOUSTIC REFLEX TESTING	29.25	
27	92568	ACOUSTIC REFLEX TESTING	29.25	
28	92568	ACOUSTIC REFLEX TESTING	29.25	
27	92571	FILTERED SPEECH TEST	32.50	
27	92572	STAGGERED SPONDAIC WORD TEST	97.50	
27	92575	SENSORINEURAL ACUITY TEST	26.00	
27	92576	SYNTHETIC SENTENCE TEST	32.50	
27	92577	STENGER TEST, SPEECH	17.55	

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
22	92582	CONDITIONING PLAY AUDIOMETRY	58.50	
27	92582	CONDITIONING PLAY AUDIOMETRY	58.50	
28	92582	CONDITIONING PLAY AUDIOMETRY	58.50	
27	92583	SELECT PICTURE AUDIOMETRY	29.25	
22	92584	ELECTROCOCHLEOGRAPHY	260.00	
27	92584	ELECTROCOCHLEOGRAPHY	260.00	
28	92584	ELECTROCOCHLEOGRAPHY	260.00	
22	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	32.50	
27	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	32.50	
28	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	32.50	
22	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	65.00	
27	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	65.00	
28	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	65.00	
27	92590	HEARING AID EXAM/SELECTION; MONAURAL	84.50	
27	92591	HEARING AID EXAM & SELECTION BINAURA	84.50	
22	92592	HEARING AID CHECK; MONAURAL	29.25	
27	92592	HEARING AID CHECK; MONAURAL	29.25	
28	92592	HEARING AID CHECK; MONAURAL	29.25	
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	58.50	
27	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	58.50	
28	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	58.50	
22	92953	HEARING AID CHECK; BINAURAL	58.50	X
27	92953	HEARING AID CHECK; BINAURAL	58.50	X
28	92953	HEARING AID CHECK; BINAURAL	58.50	X
22	92954	ELECTROACOUSTIC EVAL F HEAR AID;MON	29.25	X
27	92954	ELECTROACOUSTIC EVAL F HEAR AID;MON	29.25	X
28	92954	ELECTROACOUSTIC EVAL F HEAR AID;MON	29.25	X
27	92965	STENGER TEST, PURE TONE	19.50	X
22	97032	ELECTRICAL STIMULATION	26.77	X
27	97032	ELECTRICAL STIMULATION	17.55	X
28	97032	ELECTRICAL STIMULATION	16.58	X
22	97110	THERAPEUTIC EXERCISES	26.77	X
27	97110	THERAPEUTIC EXERCISES	17.55	X
28	97110	THERAPEUTIC EXERCISES	16.58	X
22	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	26.77	X
27	97112	NEUROMUSCULAR REEDUCATION, EA 15 MIN	17.55	X
28	97112	NEUROMUSCULAR REEDUCATION,EA 15 MIN	16.58	X
22	97116	GAIT TRAINING THERAPY, EACH 15 MIN	26.77	X
27	97116	GAIT TRAINING THERAPY, EACH 15 MIN	17.55	X
28	97116	GAIT TRAINING THERAPY,EACH 15 MIN	16.58	X
22	97124	MASSAGE THERAPY	26.77	X

COLUMN:

1	2	3	4	5
TOS	CODE	DESCRIPTION	FEE	UVS >001
27	97124	MASSAGE THERAPY	17.55	X
28	97124	MASSAGE THERAPY	16.58	X
22	97161	PHYSICAL THERAPY EVALUATION: LOW COM	107.06	
27	97161	PHYSICAL THERAPY EVALUATION: LOW COM	70.20	
28	97161	PHYSICAL THERAPY EVALUATION: LOW COM	66.30	
22	97162	PHYSICAL THERAPY EVALUATION: MODERAT	107.06	
27	97162	PHYSICAL THERAPY EVALUATION: MODERAT	70.20	
28	97162	PHYSICAL THERAPY EVALUATION: MODERAT	66.30	
22	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	107.06	
27	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	70.20	
28	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	66.30	
22	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	80.26	
27	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	52.65	
28	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	49.73	
22	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	107.06	
27	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	70.20	
28	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	66.30	
22	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	107.06	
27	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	70.20	
28	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	66.30	
22	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	107.06	
27	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	70.20	
28	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	66.30	
22	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	80.26	
27	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	52.65	
28	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	49.73	
22	97530	THERAPEUTIC ACTIVITIES 15 MIN	26.77	X
27	97530	THERAPEUTIC ACTIVITIES 15 MIN	17.55	X
28	97530	THERAPEUTIC ACTIVITIES 15 MIN	16.58	X
22	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	26.77	X
27	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	17.55	X
28	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	16.58	X
22	97760	ORTHOTIC MGMT AND TRAINING	26.77	X
27	97760	ORTHOTIC MGMT AND TRAINING	17.55	X
28	97760	ORTHOTIC MGMT AND TRAINING	16.58	X