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PROCEDURE CODES AND RATES

Louisiana Medicaid follows the current American Medical Association's Current Procedural Terminology (CPT) coding and guidelines. If nationally approved changes occur to CPT codes at a future date, providers are to follow the most accurate coding available for covered services for that particular date of service, unless otherwise directed.

The following chart lists the codes most commonly billed by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Health and Individuals with Disabilities Education Improvement Act (IDEA), Part C service providers:

Procedure Code	Description		
Psychology Services			
90846	Family psychotherapy(w/o patient)		
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)		
A	Audiology and Speech-Language Pathology Evaluation and Therapy		
92521	Evaluation of speech fluency		
92522	Evaluation of speech sound production		
92523	Evaluation of speech sound/language comprehension		
92524	Evaluation of behavioral qualitative analysis of the voice		
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual		
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals		
Hearing Te	Hearing Testing Codes for Audiology and/or Speech-Language Pathology for EarlySteps		
92551	Screening test, pure tone, air only		
92552	Pure tone audiometry (threshold), air only.		
92553	Pure tone audiometry (threshold), air and bone.		
92555	Speech audiometry threshold		
92556	Speech audiometry threshold; with speech recognition		
92557	Comprehensive audiometry, threshold evaluation and speech recognition		
92563	Tone decay test		
92565	Stenger test, pure tone		
92567	Tympanometry (impedance testing)		
92568	Acoustic reflex testing; threshold		
Hearing Te	Hearing Testing Codes for Audiology and/or Speech-Language Pathology for EarlySteps		

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Procedure Code	Description	
(cont'd)		
92571	Filtered speech test	
92572	Staggered spondaic word test	
92575	Sensorineural acuity level test	
92576	Synthetic sentence identification test	
92577	Stenger test, speech	
92582	Conditioning play audiometry	
92583	Select picture audiometry	
92584	Electrocochleography	
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	
92590	Hearing aid exam and selection, monaural	
92591	Hearing aid exam and selection, binaural	
92592	Hearing aid check, monaural	
92593	Hearing aid check, binaural	
92594	Electroacoustic evaluation for hearing aid, monaural	
92595	Electroacoustic evaluation for hearing aid, binaural	

Physical Therapy Codes for EarlySteps		
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes	
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities	
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion, etc.)	
97161	Physical therapy evaluation: low complexity	
Physical Therapy Codes for EarlySteps (cont'd)		

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Physical therapy evaluation: moderate complexity		
Physical therapy evaluation: high complexity		
Physical therapy re-evaluation		
Physical performance test		
Orthotic management and training		
Occupational Therapy Codes for EarlySteps		
Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes		
Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes		
Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), lower extremity(s) and/or trunk, each 15 minutes		
Occupational therapy evaluation: low complexity		
Occupational therapy evaluation: moderated complexity		
Occupational therapy evaluation: high complexity		
Re-evaluation of occupational therapy		
Physical performance test		
Orthotic management and training		

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For the most current reimbursement fees and a complete list of codes visit https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_Fee.htm Medicaid | Department of Health | State of Louisiana | (lamedicaid.com).

In addition to the procedure codes listed above, EarlySteps providers must also add the appropriate procedure modifier. Both *Type of Service* (TOS) and *Place of Service* (POS) modifiers apply. Listed below is an explanation of TOS modifiers found on this schedule. A combination of a POS code and a valid procedure modifier determine the TOS.

TOS 22

For services rendered in the natural environment (home and 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. Services can be provided via "teletherapy" specific POS/modifier combinations.

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

- 1. POS 12 (Home) and Procedure Modifier U8; or
- 2. POS 99 (Other Place of Service) and Procedure Modifier U8.
- 3: POS 02 (Teletherapy) and Procedure Modifiers 95 and U8.

TOS 27

For services rendered in a special purpose facility/inclusive childcare: childcare center, nursery schools, preschools with at least 50 percent with no disabilities or developmental delays.

POS/modifier combination must be:

1. 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:

1. POS 99 and Procedure Modifier SE.

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759 Denial Codes

The National Correct Coding Initiative (NCCI, also known as CCI) was implemented by the Centers for Medicare and Medicaid Services (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together for covered services by a single provider.

Modifier 59 indicates that a procedure or service was distinct or independent from other services performed on the same day by the same provider (local education agency (LEA)). Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or student encounter, a different type of therapy or procedure performed on the same day by the same LEA provider.