

## Exhibit F - Service Fee Schedule

EARLY STEPS CODE	CPT CODE/MODIFIER	BILLING UNIT = One(1) unit for each increment reflected below. Units: 15 min = .25 30 min = .50 45 min = .75 1 hour = 1.0	Maximum Fee per unit (1.0)
ASST	T1999	each device	\$1,500.00 \$5,000 MAX
ASTE	97755	each eval	\$51.05
COIFF (Face-to-Face)	COIFF	each hour	\$50.00
COIFP (Phone)	COIFP	each hour	\$25.00
CONIF – Consult, ITDS, Face- to-Face CONOF – Consult, OT, Face- to-Face CONSF – Consult, ST, Face- to-Face CONPF – Consult, PT, Face- to-Face	CONIF CONOF CONSF CONPF	each hour	\$50.00
CONIP – Consult, ITDS, Phone CONOP – Consult, OT, Phone CONSP – Consult, ST, Phone CONPP – Consult, PT, Phone	CONIP CONOP CONSP CONPP	each hour	\$25.00
COUN	H2019HR	each hour	\$76.20
EIGF Session	T1027TTSC	each hour	\$25.00
EIF Session	T1027SC	each hour	\$50.00
EXIT	EXIT	<b>\$50.00 per hour with 1 hour max unless EXIT completed by non-IFSP team members</b>	\$50.00
IPDEF -SPL	T1024GNTS	each hour <b>2-hour max .</b>	\$75.00
IPDEF -OT	T1024GOTS	each hour <b>2-hour max .</b>	\$75.00
IPDEF -PT	T1024GPTS	each hour <b>2-hour max .</b>	\$75.00
IPDEF –LCSW,LSP, RN	T1024TLTS	each hour <b>2-hour max .</b>	\$75.00
IPDEF -ITDS	T1024TS	each hour <b>2-hour max .</b>	\$55.50
IPDEI -SP	T1024GNUK	each hour <b>2-hour max .</b>	\$75.00
IPDEI -OT	T1024GOUK	each hour <b>2-hour max .</b>	\$75.00
IPDEI -PT	T1024GPUK	each hour <b>2-hour max .</b>	\$75.00
IPDEI -ITDS	T1024HNUK	each hour <b>2-hour max .</b>	\$55.50
IPDEI (LCSW,LSP,RN)	T1024TL	each hour <b>2-hour max .</b>	\$75.00
INTERPRETER	T1013	each hour	\$50.00
OCCT	97530	each hour	\$71.44
OCTH - LOW COMPLEXITY	97165	each eval	\$51.05
OCTH - MODERATE COMPLEXITY	97166	each eval	\$51.05
OCTH - HIGH COMPLEXITY	97167	each eval	\$51.05
OCTF - RE-EVAL EST PLAN CARE	97168	each eval	\$51.05
PHY	97110	each hour	\$71.44
PSTH - LOW COMPLEXITY	97161	each eval	\$51.05
PSTH - MODERATE COMPLEXITY	97162	each eval	\$51.05

PSTH - HIGH COMPLEXITY	97163	each eval	\$51.05
PSTF - RE-EVAL EST PLAN CARE	97164	each eval	\$51.05
SPCH – Evaluation of fluency	92521	each eval	\$51.05
SPCH – Evaluation of speech sound production	92522	each eval	\$51.05
SPCH – Evaluation of speech sound production and language comprehension and expression	92523	each eval	\$51.05
SPL	92507	each hour	\$71.44
Evaluation Travel	A0080	<p>Provider will be reimbursed for travel to a clinic and/or natural environment setting for an IPDEI/IPDEF only</p> <p>A0160 is not to be used with A0080</p> <p>Provider will be reimbursed for travel back to their home base</p> <p>If provider is traveling to home evaluations with service coordinator in a state vehicle, reimbursement to fall under natural environment support fee only</p> <p>When seeking reimbursement for mileage, State of Florida Voucher for Reimbursement of Travel Expenses Form (DFS-AA-15) must be submitted and include a detailed accounting of travel with map and vicinity mileage listed as applicable</p>	\$0.445/mile
TRAV	A0160	<p>To be used for ongoing services only</p> <p>When mileage exceeds 25 miles provider to use this code for excess mileage in addition to 99600 - \$10.00 (which covers up to 25 miles)</p> <p>May be used for travel to day care or other other setting when parent/guardian is not present with child.</p> <p>Provider will not be compensated for loss of professional time for a “no-show”</p> <p>Provider will not be reimbursed for travel back to their home base</p> <p>When seeking reimbursement for mileage, State of Florida Voucher for Reimbursement of Travel Expenses Form (DFS-AA-15) must be submitted and include a detailed accounting of travel with map and vicinity mileage listed as applicable</p>	\$0.445/mil
NATURAL ENVIRONMENT SUPPORT FEE	99600	Provider to be reimbursed for traveling to natural environment for therapy and/or EI service(s) when both child and parent/guardian are present.	FLAT RATE: \$10.00

Provider traveling to natural environment for therapy and/or EI services to be reimbursed up to 25 miles under the *Natural Environment Support Fee* . If travel exceeds 25 miles reimbursement will include both 99600 and Travel A0160 \$0.445/mile for mileage in excess of 25 miles

Provider will not be reimbursed with NESF for travel to childcare center or other location where parent/guardian is not present. Per mile travel (A0160) will be used instead for one way (to location) only