UF Department of Pediatrics - North Central Early Steps

Fee Schedule

Codes and rates effective as of July 1, 2022*

As of 4/1/20, therapists must use additional TL modifier (in first place) when billing MMA's.

UF NCES Codes	Category	Service Description	CPT / HCPCS Code	NCES Billing Code	Authorizing Unit [1		NCES Rate		ES Max	Billing Unit [1 unit for]	Payer and Billing Information	Note or Additional Information
ASST	AT	ASSISTIVE TECHNOLOGY	T1999	T1999	EACH ITEM	N/A		\$ 5	5,000.00	EACH ITEM	TPIN and/or MED. If EOB or no coverage, CONT	Rate TBD, not auto calculated
ASTE	AT	ASSISTIVE TECHNOLOGY EVAL	97755	97755	1 EVAL	\$	48.50	\$	48.50	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
COIFF	All	IFSP CONSULT, PROF, FACE-TO-FACE	n/a	COIFF	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
COIFF	All	IFSP CONSULT, PROF, FACE-TO-FACE via Telemedicine	n/a	COIFFGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
COIFP	All	IFSP CONSULT, PROF, BY PHONE	n/a	COIFP	1 HOUR	\$	25.00	\$	25.00	1 HOUR	CONT	
CONIF	EI	CONSULT FACE-TO-FACE, ITDS	n/a	CONIF	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONIF	EI	CONSULT FACE-TO-FACE, ITDS via Telemedicine	n/a	CONIFGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONIP	EI	CONSULT, PHONE, ITDS	n/a	CONIP	1 HOUR	\$	25.00	\$	25.00	1 HOUR	CONT	
EIGF	EI	EI GROUP SESSION BY EI PROF	T1027TT	T1027TTSC	1 HOUR	\$	25.00	\$	25.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
EIIF	EI	EI INDIVIDUAL SESSION BY EI PROF	T1027SC	T1027SC	1 HOUR	\$	50.00	\$	50.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
EIIF	EI	EI INDIVIDUAL SESSION BY EI PROF via Telemedicine	T1027SCGT	T1027SCGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
CONOF	ОТ	CONSULT FACE-TO-FACE, OT	n/a	CONOF	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONPF	PT	CONSULT FACE-TO-FACE, PT	n/a	CONPF	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONSF	Speech	CONSULT FACE-TO-FACE, ST	n/a	CONSF	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONOF	ОТ	CONSULT FACE-TO-FACE, OT via Telemedicine	n/a	CONOFGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONPF	PT	CONSULT FACE-TO-FACE, PT via Telemedicine	n/a	CONPFGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONSF	Speech	CONSULT FACE-TO-FACE, ST via Telemedicine	n/a	CONSFGT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
CONOP	ОТ	CONSULT, PHONE, OT	n/a	CONOP	1 HOUR	\$	25.00	\$	25.00	1 HOUR	CONT	
CONPP	PT	CONSULT, PHONE, PT	n/a	CONPP	1 HOUR	\$	25.00	\$	25.00	1 HOUR	CONT	
CONSP	Speech	CONSULT, PHONE, ST	n/a	CONSP	1 HOUR	\$	25.00	\$	25.00	1 HOUR	CONT	
EXIT	All	EXIT ASSESSMENT	n/a	EXIT	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
INTR	Interpreter	INTERPRETER	T1013	T1013	1 HOUR	\$	50.00	\$	50.00	1 HOUR	CONT	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY EI PROF	T1024TLTS	T1024TLTS	1 HOUR	\$	75.00	\$	150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY EI PROF via Telemedicine	T1024TLTSGT	T1024TLTSG	1 HOUR	\$	75.00	\$	150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	FI	F/U PSYCH AND DEV EVAL BY ITDS	T1024TS	T1024TS	1 HOUR	Ś	55.50		111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	FI	F/U PSYCH AND DEV EVAL BY ITDS via Telemedicine	T1024TSGT	T1024TSGT	1 HOUR	Ś	55.50		111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY EI PROF	T1024TL	T1024TL	1 HOUR	\$	75.00	Ś	150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY EI PROF via Telemedicine	T1024TLGT	T1024TLGT	1 HOUR	\$	75.00	-	150.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY ITDS	T1024HNUK	T1024HNUK	1 HOUR	Ś	55.50	Ś	111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEI	EI	INITIAL PSYCH AND DEV EVAL BY ITDS via Telemedicine	T1024HNUKGT	T1024HNUK	1 HOUR	Ś	55.50		111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	OT	F/U PSYCH AND DEV EVAL BY OT	T1024GOTS	T1024GOTS	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	ОТ	F/U PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOTSGT	T1024GOTS0	1 HOUR	Ś	75.00	-	150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	PT	F/U PSYCH AND DEV EVAL BY PT	T1024GPTS	T1024GPTS	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	PT	F/U PSYCH AND DEV EVAL BY PT via Telemedicine	T1024GPTSGT	T1024GPTSG	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	Speech	F/U PSYCH AND DEV EVAL BY SLP	T1024GNTS	T1024GNTS	1 HOUR	Ś	75.00	-	150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	Speech	F/U PSYCH AND DEV EVAL BY SLP via Telemedicine	T1024GNTSGT	T1024GNTS0	1 HOUR	Ś	75.00	-	150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	ОТ	INITIAL PSYCH AND DEV EVAL BY OT	T1024GOUK	T1024GOUK	1 HOUR	\$	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	ОТ	INITIAL PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOUKGT	T1024GOUK	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	PT	INITIAL PSYCH AND DEV EVAL BY PT	T1024GPUK	T1024GPUK	1 HOUR	\$	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	PT	INITIAL PSYCH AND DEV EVAL BY PT via Telemedicine	T1024GPUKGT	T1024GPUK	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	Speech	INITIAL PSYCH AND DEV EVAL BY SLP	T1024GNUK	T1024GNUK	1 HOUR	Ś	75.00		150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	Speech	INITIAL PSYCH AND DEV EVAL BY SLP via Telemedicine	T1024GNUKGT	T1024GNUK	1 HOUR	ς .	75.00	-	150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
NESF	Travel	NATURAL ENVIRONMENT SUPPORT FEE	99600	99600	FLAT RATE	Ś	10.00		10.00	FLAT RATE	CONT	
OCCT	OT	OT SESSION BY LICENSED OT	97530	97530	1 HOUR	Ś	71.96		71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
OCCT	ОТ	OT SESSION BY LICENSED OT OT SESSION BY LICENSED OT via Telemedicine	97530GT	97530GT	1 HOUR	\$	71.96		71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
OCTF	ОТ	OT EVAL BY LICENSED OT VIA TEIGHIEUICHIE	97168	97168	1 EVAL	\$	51.41	Ś	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTF	ОТ	OT EVAL BY LICENSED OT, FOLLOW-UP via Telemedicine	97168GT	97168GT	1 EVAL	Ś	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	ОТ	OT EVAL BY LICENSED OT, FOLLOW-OP VIA TELEMEDICINE OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY)	97165	97165	1 EVAL	\$	51.41	۲	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
		OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY) OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY) via				ب		٠				
остн	ОТ	Telemedicine	97165GT	97165GT	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
ОСТН	ОТ	OT EVAL BY LICENSED OT, INITIAL (MODERATE COMPLEXITY)	97166	97166	1 EVAL	Ś	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
00111	31		37100	37100	TLVAL	7	51.41	,	31.41	LACIT LVAL	and, or will I Lob or no coverage, CONT	
ОСТН	ОТ	OT EVAL BY LICENSED OT, INITIAL (MODERATE COMPLEXITY) via Telemedicine	97166GT	97166GT	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
ОСТН	ОТ	OT EVAL BY LICENSED OT, INITIAL (HIGH COMPLEXITY)	97167	97167	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
00111	Ισ.	OF ENTERS. EIGENSED OF, INTIME (HIGH COMM LEXITY)	3,10,	3,10,	127712	Ÿ	311	7	31.11	E TOTT E TITLE	The second secon	

остн	ОТ	OT EVAL BY LICENSED OT, INITIAL (HIGH COMPLEXITY) via Telemedicine	97167GT	97167GT	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PHY	PT	PT SESSION BY LICENSED PT	97110	97110	1 HOUR	\$	71.96	\$	71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
PHY	PT	PT SESSION BY LICENSED PT via Telemedicine	97110GT	97110GT	1 HOUR	Ś	71.96	-	71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
PSTF	PT	EVAL BY LICENSED PT, FOLLOW-UP	97164	97164	1 EVAL	\$	51.41		51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTF	PT	EVAL BY LICENSED PT, FOLLOW-UP via Telemedicine	97164GT	97164GT	1 EVAL	Ś	51.41		51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (LOW COMPLEXITY)	97161	97161	1 EVAL	\$	51.41	-	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (LOW COMPLEXITY) via	97161GT	97161GT	1 EVAL	Ś	51.41	-	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
	7. 1	Telemedicine				۶						
PSTH	PT	EVAL BY LICENSED PT, INITIAL (MODERATE COMPLEXITY)	97162	97162	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (MODERATE COMPLEXITY) via Telemedicine	97162GT	97162GT	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (HIGH COMPLEXITY)	97163	97163	1 EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
PSTH	PT	EVAL BY LICENSED PT, INITIAL (HIGH COMPLEXITY) via	97163GT	97163GT	1 EVAL	Ś	51.41	Ś	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
		Telemedicine				,		Ľ				
SCREEN	All	SCREENING BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND	T1023	T1023	1 SCREEN	\$	50.00	\$	50.00	EACH SCREEN	MED if primary or secondary. CONT if only TPIN.	
SPCH	Speech	RESONANCE	92524	92524	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND	92525GT	92524GT	EACH EVAL	Ś	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
эгсп	эреесп	RESONANCE via Telemedicine	9232301	3232401	LACITEVAL	٠	31.41	,	31.41	LACITEVAL	TFIN and/or MED. II EOD of no coverage, convi	
SPCH	Speech	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING,	92521	92521	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
cocii	C I	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING,	92521GT	92521GT	EACH EVAL	Ś	51.41	Ś	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	CLUTTERING) via Telemedicine	9252161	92521G1	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	EVALUATION OF SPEECH SOUND PRODICATION(E.G., ARTICULATION, PHOOLOGICAL PROCESS, APRAXIA,	92522	92522	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPCH	Speech	DYSARTHIA)	92322	92322	EACH EVAL	۶	31.41	۶	31.41	EACH EVAL	THIN and/or MED. IT EOB OF NO COVERAGE, CONT	
		EVALUATION OF SPEECH SOUND PRODICATION(E.G.,										
SPCH	Speech	ARTICULATION, PHOOLOGICAL PROCESS, APRAXIA,	92522GT	92522GT	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
		DYSARTHIA) via Telemedicine EVALUATION OF SPEECH SOUND PRODICATION (E.G.,										
		ARTICULATION, PHOOLOGICAL PROCESS, APRAXIA,										
SPCH	Speech	DYSARTHIA); WITH EVALUATION OF LANGUAGE	92523	92523	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
		COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND										
		EXPRESSIVE LANGUAGE) EVALUATION OF SPEECH SOUND PRODICATION (E.G.,										
		ARTICULATION, PHOOLOGICAL PROCESS, APRAXIA,										
SPCH	Speech	DYSARTHIA); WITH EVALUATION OF LANGUAGE	92523GT	92523GT	EACH EVAL	\$	51.41	\$	51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
		COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND EXPRESSIVE LANGUAGE) via Telemedicine										
SPCH	Speech	EVALUATION OF ORAL, PHARYNGEAL SWALLOWING	92610	92610	EACH EVAL	\$	44.86	Ś	44.86	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
37 (11	эреесп	FUNCTION STORAGE OF A SHARWARD WING	32010	32010	EACHEVAL	Ý	44.00	,	44.00	EACH EVAL	This analysis wieb. It edb of no coverage, const	
SPCH	Speech	EVALUATION OF ORAL, PHARYNGEAL SWALLOWING FUNCTION via Telemedicine	92610GT	92610GT	EACH EVAL	\$	44.86	\$	44.86	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	TREATMENT OF SWALLOWING DYSFUNCTION	92526	92526	EACH EVAL	\$	52.93	\$	52.93	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	GROUP SLP SESSION PER CHILD	92508	92508	1 HOUR	\$	13.96	\$	13.96	1 HOUR	TPIN and/or MED ONLY.	
SPL	Speech	SPL THERAPY SESSION BY LICENSED SLP	92507	92507	1 HOUR	\$	71.96	\$	71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	SPL THERAPY SESSION BY LICENSED SLP via Telemedicine	92507GT	92507GT	1 HOUR	\$	71.96	\$	71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
SPL	Speech	SPL THERAPY SESSION BY SLP ASST	92507HM	92507HM	1 HOUR	\$	57.60	\$	57.60	HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
тсм	Service	TARGETED CASE MANAGEMENT	T1017TL	T1017TL	1 HOUR	\$	37.20	\$	296.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	MAX RATE IS PER DAY PER CHILD
TELEC	Coordinator Telephone	TELECONFERENCE, PROVIDER TO FAMILY, PHONE	n/a	TELEC	1 HOUR	Ś	37.00	1	37.00	1 HOUR	CONT	
TELEC	relephone		11/0	TLLLC	1110011	,	37.00	۰	37.00	1110011	CONT	
TRAV	Travel	PROVIDER TRAVEL TO NATURAL ENVIRONMENT - BY MILE	n/a	A0160	1 MILE	\$	0.445	N/A	١	EACH MILE	CONT	
		(A0160 - over 25 miles) - entered on state travel form only										LIE NICES DIFFERENTIATOR CAULY
TRAV	Travel	PROVIDER TRAVEL, EVALUATIONS ROUND-TRIP - BY MILE (A0080) and Travel to Daycare or other non-NESF location -	n/a	A0080	1 MILE	Ś	0.445	N/A		EACH MILE	CONT	UF NCES DIFFERENTIATOR ONLY Evaluation Travel (IPDEI or IPDEF,
		entered on state travel form only	17,0	7.0000		Ť					30	Round Trip)
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*Taxonomy rates subject to change based on Medicaid rate changes and Department of Health discretion.

PAYER CODES							
TPIN	Private Insurance	Primary					
MED	Medicaid	Secondary					
CONT	Part C	Tertiary					