

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 unit =]	UF NCES Rate	UF NCES Max Rate	Billing Unit [1 unit for...]	Payer and Billing Information	Note or Additional Information
ASST	AT	ASSISTIVE TECHNOLOGY	T1999	T1999	EACH ITEM	N/A	\$ 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	T1027TSC	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	T10275C	T10275C	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	T10275CGT	T10275CGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
CONOF	OT	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	OT	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	CONSGT	1 HOUR	\$ 50.00	\$ 50.00	1 HOUR	CONT	
CONOP	OT	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	EI	F/U PSYCH AND DEV EVAL BY ITDS	T1024TS	T1024TS	1 HOUR	\$ 55.50	\$ 111.00	1 HOUR	MED if primary or secondary. CONT if only TPIN.	
IPDEF	EI	F/U PSYCH AND DEV EVAL BY ITDS via Telemedicine	T1024TSGT	T1024TSGT	1 HOUR	\$ 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	\$ 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	\$ 55.50	\$ 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	T1024HNUKGT	1 HOUR	\$ 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	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEF	OT	F/U PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOTSGT	T1024GOTSG	1 HOUR	\$ 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	\$ 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	\$ 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	T1024GNST	T1024GNST	1 HOUR	\$ 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	T1024GNSTGT	T1024GNSTGT	1 HOUR	\$ 75.00	\$ 150.00	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
IPDEI	OT	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	OT	INITIAL PSYCH AND DEV EVAL BY OT via Telemedicine	T1024GOUKGT	T1024GOUKGT	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	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	T1024GPUKGT	1 HOUR	\$ 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	\$ 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	T1024GNUKGT	1 HOUR	\$ 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	\$ 10.00	\$ 10.00	FLAT RATE	CONT	
OCCT	OT	OT SESSION BY LICENSED OT	97530	97530	1 HOUR	\$ 71.96	\$ 71.96	1 HOUR	TPIN and/or MED. If EOB or no coverage, CONT	
OCCT	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	OT	OT EVAL BY LICENSED OT, FOLLOW-UP	97168	97168	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTF	OT	OT EVAL BY LICENSED OT, FOLLOW-UP via Telemedicine	97168GT	97168GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY)	97165	97165	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (LOW COMPLEXITY) via Telemedicine	97165GT	97165GT	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	OT EVAL BY LICENSED OT, INITIAL (MODERATE COMPLEXITY)	97166	97166	1 EVAL	\$ 51.41	\$ 51.41	EACH EVAL	TPIN and/or MED. If EOB or no coverage, CONT	
OCTH	OT	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	
OCTH	OT	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	

