



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Early Intervention Services – Idaho Medicaid

Procedure Code	Modifier	Description	Allowed Amount
T1023	TL	Pre-Eligibility Screening (1 unit = 1 screen)	\$7.69
96110	TL	Developmental Screening (1 unit = 1 screen)	\$6.80
96112	TL	Developmental Evaluation, 1 st hour (1 unit = 1 hour)	\$118.42
96113	TL	Developmental Evaluation, Each additional 30 minutes (1 unit = 30 minutes)	\$52.83
H2000	TL	Early Intervention Assessment (1 unit = 15 minutes)	\$4.53
92521	TL	Evaluation of Speech Fluency (1 unit = 1 evaluation)	\$99.06
92522	TL	Evaluation of Speech Sound Production (1 unit = 1 evaluation)	\$79.74
92626	TL	Evaluation of Auditory Rehabilitation Status; first hour (1 unit = 1 evaluation)	\$78.34
92523	TL	Evaluation of Speech Sound Production w/ Eval.of Lang (1 unit = 1 evaluation)	\$171.79
92523	TL; UC	Evaluation of Language Comprehension and Expression (1 unit = 1 evaluation)	\$92.05
92610	TL	Evaluation of Oral & Pharyngeal Swallowing Function (1 unit = 1 evaluation)	\$74.39
97161	TL	Physical Therapy Evaluation Low Complexity (1 unit = 1 evaluation)	\$72.73
97162	TL	Physical Therapy Evaluation Moderate Complexity (1 unit = 1 evaluation)	\$72.73
97163	TL	Physical Therapy Evaluation High Complexity (1 unit = 1 evaluation)	\$72.73
97164	TL	Physical Therapy Re-Evaluation (1 unit = 1 evaluation)	\$49.05
97165	TL	Occupational Therapy Evaluation Low Complexity (1 unit = 1 evaluation)	\$78.28
97166	TL	Occupational Therapy Evaluation Moderate Complexity (1 unit = 1 evaluation)	\$78.28
97167	TL	Occupational Therapy Evaluation High Complexity (1 unit = 1 evaluation))	\$78.28
97168	TL	Occupational Therapy Re-Evaluation (1 unit = 1 evaluation)	\$53.15
T1027	TL	Early Intervention; family training and counseling for child development provided by Reimbursement Category 1 (1 unit = 15 min)	\$11.99
S5110	TL; UI	Early Intervention; family training and counseling for child development provided by Reimbursement Category 2 (1 unit = 15 min)	\$27.26
99366	TL	Joint Visit – conference with interdisciplinary team of health care professionals, patient and/or family present (1 unit = 30 min)	\$54.52
T1024	TL	Teaming – evaluation and treatment by an integrated specialty team (1 unit = 1 meeting)	\$64.79
T1013		Interpretive Services; Oral (1 unit = 15 min)	\$3.04
T1013	CG	Interpretive Services; Sign Language (1 unit = 15 min)	\$12.50

Revised 08/13/2019

Reimbursement Category 1 - Providers are developmental therapists, marriage and family therapists, professional counselors, orientation/mobility specialists, vision specialists, registered dietitians, licensed practical nurses, teachers for the visually impaired

Reimbursement Category 2 - Providers are physical therapists, occupational therapists, speech-language pathologists, audiologists, nurses (registered nurses or nurse practitioners), psychologists, optometrists, pediatricians/physicians and physician assistants

If you have any questions about claims processing, please contact DXC at 1 (866) 686-4272.

If you have any financial related questions regarding these rates please contact the Office of Reimbursement, Idaho Division of Medicaid, at (208) 287-1180 or email MedicaidReimTeam@dhw.idaho.gov.

Thank you for your continued participation in the Idaho Medicaid Program.