

Payor of Last Resort Codes

The following billing codes and reimbursement rates are for Ohio's Early Intervention program. Not all codes will be applicable in all situations, and the Individualized Family Service Plan (IFSP) always determines which EI service(s) should be provided. If you have any questions about these codes or billing codes that may not be present, please contact polr@dodd.ohio.gov.

Evaluations and Assessments			
CODE	Description	Non-NE Rate	NE Rate ¹
92609	USE OF SPEECH DEVICE SERVICE	\$39.43	\$47.32
97168	OT RE-EVAL EST PLAN CARE 30 MIN	\$40.39	\$48.47
97164	PT RE-EVAL EST PLAN CARE	\$42.78	\$51.34
92610	EVALUATION OF SWALLOWING FUNCTION	\$57.45	\$68.94
96111	DEVELOPMENTAL TEST, EXTENDED	\$60.00	\$72.00
97165	OT EVAL LOW COMPLEX 30 MIN	\$61.31	\$73.57
97166	OT EVAL MOD COMPLEX 45 MIN	\$61.31	\$73.57
97167	OT EVAL HIGH COMPLEX 60 MIN	\$61.31	\$73.57
97161	PT EVAL LOW COMPLEX 20 MIN	\$63.15	\$75.78
97162	PT EVAL MOD COMPLEX 30 MIN	\$63.15	\$75.78
97163	PT EVAL HIGH COMPLEX 45 MIN	\$63.15	\$75.78
92606	THERAPEUTIC SERVICE(S) NON-SPEECH DEVICE	\$75.00	\$90.00
92523	EVAL SPEECH W/ EVAL LANG COMPREHENSION	\$163.86	\$196.63
Evaluation and Assessment Add on Codes for services provided in NE			
CODE	Description	Rate	
EI820	92609	\$7.89	
EI880	97168	\$8.08	
EI860	97164	\$8.56	
EI830	92610	\$11.49	
EI840	96111	\$12.00	
EI870	97165 97166 97167	\$ 12.26	
EI850	97161 97162 97613	\$12.63	
EI810	92606	\$15.00	
EI800	92523	\$32.77	

¹ "Natural environment" means settings that are natural or typical for a same aged child without a developmental delay or disability, including the home or community settings. 5123-10-02(B)(23) https://dodd.ohio.gov/wps/wcm/connect/gov/9dbbc450-ea47-4d82-8457-64e607c56a27/5123-10-02+Effective+2019-07-01.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-9dbbc450-ea47-4d82-8457-64e607c56a27-mMODWpR

Speech Therapy			
CODE	Description	Non-NE Rate	NE Rate
92507	SPEECH, LANG. HEARING THER	\$60.00	\$72.00
92526	ORAL FUNCTION THERAPY	\$40.00	\$48.00
Speech Therapy Add on Codes for services provided in NE			
CODE	Description	Rate	
EI600	92507	\$12.00	
EI610	92526	\$8.00	
Physical and Occupational Therapy (15 mins)			
CODE	Description	Non-NE Rate	NE Rate
97140	MANUAL THERAPY TECHNIQUES ONE + AREAS	\$15.00	\$18.00
97110	PHYSICAL MED. ONE AREA; THERAPUTIC EXER.	\$18.00	\$21.60
97112	PHYSICAL MED. ONE AREA; NEUROMUSC. REEDU	\$18.00	\$21.60
97530	THERAPEUTIC ACTIVITIES	\$18.19	\$21.83
97533	SENSORY INTEG TECH EA 15 MIN	\$24.00	\$28.80
Physical and Occupational Therapy Add on Codes for services provided in NE (15 mins)			
CODE	Description	Rate	
EI710	97140	\$3.00	
EI700	97110 97112	\$3.60	
EI720	97530	\$3.64	
EI730	97533	\$4.80	
Psychological Services (Not ABA services)			
CODE	Description	Non-NE Rate	NE Rate
90832	INDIVIDUAL PSYCHOTHERAPY 30 mins	\$53.62	\$64.34
90834	INDIVIDUAL PSYCHOTHERAPY 45mins	\$69.74	\$83.69
90837	INDIVIDUAL PSYCHOTHERAPY 60+ mins	\$102.31	\$122.77
Psychological Services (Not ABA services) Add on Codes for services provided in NE			
CODE	Description	Rate	
EI900	90832	\$10.72	
EI910	90834	\$13.95	
EI920	90837	\$20.46	

Other billable EI Services (per 15 mins)			
CODE	Description	Non-NE Rate	NE Rate
SL01	SIGN LANGUAGE AND CUED LANGUAGE SERVICES		\$22.50
EI100	FAMILY TRAINING, COUNSELING, HOME VISITS		\$23.45
EI200	EI SOCIALWORK SERVICES		\$23.45
EI300	SPECIAL INSTRUCTION PROVIDED BY TEACHER OF THE DEAF	\$12.50	
EI400	TEAM MEETING		\$18.75
EI500	IFSP MEETING		\$18.75

DODD reserves the right to pay a contracted Federally Qualified Health Center (FQHC) at the FQHC's rate with Ohio Medicaid in effect at the time-of-service delivery.

Sign Language and Cued Language Services

Definition of sign language and cued language services:

Sign language and cued language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing signed and cued language interpretation. 34 CFR 303.13(b)(12)

Rate:

DODD's rate for this EI service is \$22.50 per 15-minute unit when provided face-to-face. This rate is inclusive of all travel costs and time; travel costs and time may not be billed separately. The service must be provided in the child's natural environment.

Qualifications:

Consistent with 34 CFR 303.31, DODD has established the following criteria for qualified personnel to provide the EI service of sign language and cued language. Personnel providing this service must possess at least one of the following:

- Interpreter Education Program Associate Degree
- Associate's, Bachelor's, or Master's Degree in American Sign Language
- Associate's, Bachelor's, or Master's Degree in Deaf Education
- Associate's, Bachelor's, or Master's Degree in Deaf Studies
- American Sign Language Interpretation Studies Bachelor's Degree
- Associate's, Bachelor's, or Master's Degree in Deaf/ Hard of Hearing Intervention Specialist (K-12)
- Teacher of the Deaf, as licensed by the Ohio Department of Education
- Interpreter for the Hearing Impaired, as licensed by the Ohio Department of Education
- American Sign Language Teachers Association Certification
- National Interpreter Certification (Registry of Interpreters for the Deaf)
- National Interpreter Certification Advanced (Registry of Interpreters for the Deaf)
- National Interpreter Certification Master (Registry of Interpreters for the Deaf)
- Certified Deaf Interpreter (Registry of Interpreters for the Deaf)
- National Association of the Deaf IV or V Certification
- Certificate of Interpretation (National Interpreter Certification)
- Sign Language Proficiency Interview: American Sign Language (SLPI): ASL rating of Advanced or higher
- ASLPI (American Sign Language Proficiency Interview) rating of 3 or higher

ABA Billing Codes and Modifiers for EI Services

Qualified Personnel for ABA services being provided through Early Intervention

Any person providing ABA for reimbursement by DODD through the EI program must meet the qualifications set forth by Ohio's State Board of Psychology for the practice of ABA. For billing purposes, DODD has identified the following definitions:

CPT Code	Definition	Provider Qualifications	Billable Rate/15 mins		Modifiers	Modifiers
			NE ¹	Non-NE	NE	Non-NE
97151	Assessment /Face to Face	BCBA-D	\$30.00	\$24.60	N1	C1
		BCBA	\$30.00	\$24.60	N2	C2
		Assistant	\$30.00	\$24.60	N3	C3
97153	Adaptive Behavioral Treatment/ Face to Face	BCBA-D	\$30.00	\$24.30	N1	C1
		BCBA	\$30.00	\$24.30	N2	C2
		Assistant	\$18.90	\$14.70	N3	C3
		Technician	\$14.10	\$11.10	N4	C4
97155	Adaptive Behavioral Treatment/ Face to Face <i>to be billed concurrently with 97153 when a technician is billing and another professional is present</i>	BCBA-D	\$30.00	\$24.30	N1	C1
		BCBA	\$30.00	\$24.30	N2	C2
		Assistant	\$20.70	\$15.90	N3	C3
97156	Family Adaptive Behavioral Treatment/Guidance Face to Face	BCBA-D	\$30.00	\$24.30	N1	C1
		BCBA	\$30.00	\$24.30	N2	C2
		Assistant	\$30.00	\$24.30	N3	C3

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