

CPT Codes by Discipline

| Service Grouping | Early Intervention Rendering Provider Specialty | CPT Code | NPI Required | Discipline / Type of Service | Unit Definition | Restrictions |
|-------------------|---|----------|--------------|--|------------------|--------------|
| Behavioral Health | Social Worker | 90801 | Y | Psychiatric diagnostic interview examination | Encounter | |
| Behavioral Health | Social Worker | 90802 | Y | Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication. | Encounter | |
| Behavioral Health | Social Worker | 90807 | Y | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, with medical evaluation and management services | 45 to 50 minutes | |
| Behavioral Health | Social Worker | 90846 | Y | Family psychotherapy (without child present) | Encounter | |
| Behavioral Health | Social Worker | 90847 | Y | Family psychotherapy (with child present) | Encounter | |
| Behavioral Health | Social Worker | 96150 | Y | Health and behavior assessment | 15 minutes | |
| Behavioral Health | Social Worker | 96151 | Y | Health and behavior re-assessment | 15 minutes | |
| Behavioral Health | Social Worker | 96153 | Y | Health and behavior intervention - 2 or more children | 15 minutes | |
| Behavioral Health | Social Worker | 96154 | Y | Health and behavior intervention with family and child | 15 minutes | |
| Behavioral Health | Social Worker | 96155 | Y | Health and behavior intervention with family without child | 15 minutes | |
| Behavioral Health | Social Worker | 99510 | Y | Home visit for individual, family or marriage counseling | Encounter | |
| Behavioral Health | Social Worker | G0154 | Y | Services of social worker in home health setting | 15 min | |
| Behavioral Health | Social Worker | 96152 | Y | Health and behavior intervention (individual) | 15 minutes | |
| Behavioral Health | Social Worker | G0409 | Y | Social Work & psychological services directly relating to and/or furthering the patient's rehabilitation goals | 15 min | |
| Behavioral Health | Social Worker | H0002 | Y | Behavioral health screening to determine eligibility for admission to treatment program | Encounter | |

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| Behavioral Health | Social Worker | H0004 | Y | Behavioral health counseling and therapy | 15 min | |
| Behavioral Health | Social Worker | H0031 | Y | Mental health assessment by non-physician | Encounter | |
| Behavioral Health | Social Worker | H0032 | Y | Mental health service plan development by non-physician | Encounter | |
| Behavioral Health | Social Worker | H0046 | Y | Mental health svc not otherwise specified | Encounter | |
| Behavioral Health | Social Worker | H1011 | Y | Family assessment by licensed health professional for state defined purposes | Encounter | |
| Behavioral Health | Social Worker | H2014 | Y | Skills training and development | 15 min | |
| Behavioral Health | Social Worker | H2019 | Y | Therapeutic behavioral services | 15 min | |
| Behavioral Health | Social Worker | H2027 | Y | Psychoeducational services | 15 min | |
| Behavioral Health | Social Worker | H2037 | Y | Developmental delay prevention activities, dependent child of client | 15 min | |
| Co-visits | Any licensed/certified professional | G0175 | N | Scheduled interdisciplinary conference (minimum of three) with patient present | Encounter | Minimum of 3 disciplines |
| Co-visits | Any licensed/certified professional | T1024 | N | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children | Encounter | |
| Co-visits | Any licensed/certified professional | T1025 | N | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, psychosocial impairments | Per diem | |
| Co-visits | Any licensed/certified professional | T1026 | N | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, psychosocial impairments | 1 hour | |
| Developmental Evaluation | Any licensed/certified professional | 96110 | Y | Developmental testing, limited, with interpretation & report | 1 hour | |

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| Developmental Evaluation | Any licensed/certified professional | 96111 | Y | Extended developmental testing (motor, language, social, affective, cognitive, by standardized instruments, with interpretation and report | 1 hour | |
| Developmental Monitoring | Not Applicable | T1023 | Y | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, etc. | Encounter | |
| Family Training | Any licensed/certified professional | T1027 | N | Family training or counseling for child development | 15 min | |
| General visit | Any licensed/certified professional | T1015 | N | Clinic visit/ Encounter | Encounter | |
| Home visit | Any licensed/certified professional | 99600 | N | Unlisted home visit service or procedure | Encounter | |
| Nutrition | Nutritionist | G0270 | Y | Medical nutrition therapy; re-assessment and subsequent intervention(s) following second referral in same year for change of diagnosis, medical condition or treatment regimen | 15 min | |
| Nutrition Group | Nutritionist | G0271 | Y | Medical nutrition group therapy; re-assessment and subsequent intervention(s) following second referral in same year for change of diagnosis, medical condition or treatment regimen | 30 min | |
| Nutrition Assessment | Nutritionist | 97802 | Y | Nutrition Therapy, initial assessment, consult | 15 minutes | Limit not designated |
| Nutrition Assessment | Nutritionist | 97803 | Y | Nutrition re- assessment, consult | 15 minutes | Limit not designated |
| Nutrition Assessment | Nutritionist | 97804 | Y | Group Nutrition Therapy, initial assessment, consult | 30 minutes | Limit not designated |
| PT/OT Therapy | Occupational Therapist | 97039 | Y | Unlisted Services & Procedures | Encounter | Unlisted Modality |

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| PT/OT Therapy | Occupational Therapist | 97110 | Y | Therapeutic Exercises | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97112 | Y | Neuromuscular Reeducation | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97124 | Y | Massage Therapy including effleurage, petrissage, tapotement | 15 min | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97140 | Y | Traction Therapy, manual therapy techniques, manipulation | 15 min. | Prior authorization |
| PT/OT Therapy | Occupational Therapist | 97150 | Y | Group Therapeutic | Encounter | 1 unit per recipient |
| PT/OT Therapy | Occupational Therapist | 97530 | Y | Kinetic therapy | 15 min | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97532 | Y | Cognitive skills development | 15 min | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97533 | Y | Sensory Integration | 15 min | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97535 | Y | Activities of Daily Living | 15 minutes | Prior authorization |
| PT/OT Therapy | Occupational Therapist | 97542 | Y | Wheelchair Management/ propulsion | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | 97755 | Y | Assistive Technology assessment | 15 minutes | With written report |
| PT/OT Therapy | Occupational Therapist | 97760 | Y | Orthotic Management and training | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Occupational Therapist | H2014 | Y | Skills training and development | 15 min | |
| PT/OT Therapy | Occupational Therapist | H2037 | Y | Developmental delay prevention activities, dependent child of client | 15 min | |
| PT/OT Therapy | Occupational Therapy | 97003 | Y | Occupational Therapy Evaluation | Encounter | 1 per calendar yr |

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| PT/OT Therapy | Occupational Therapy | 97004 | Y | Occupational Therapy Re-evaluation | Encounter | 1 every 3 mos. |
| PT/OT Therapy | Occupational Therapy | G0152 | Y | Services of occupational therapist in home health setting | 15 min | |
| PT/OT Assessment | Physical Therapist | 97001 | Y | Physical Therapy Evaluation | Encounter | |
| PT/OT Assessment | Physical Therapist | 97002 | Y | Physical Therapy Re-evaluation | | |
| PT/OT Therapy | Physical Therapist | 95831 | Y | Muscle and range of motion testing | Encounter | |
| PT/OT Therapy | Physical Therapist | 95832 | Y | Hand, with or without comparison with normal side | Encounter | |
| PT/OT Therapy | Physical Therapist | 95833 | Y | Total Evaluation of body, excluding hands | Encounter | |
| PT/OT Therapy | Physical Therapist | 95834 | Y | Total Evaluation of body, including hands | Encounter | |
| PT/OT Therapy | Physical Therapist | 95851 | Y | Range of motion measurements (not including hands) & report | Encounter | |
| PT/OT Therapy | Physical Therapist | 95852 | Y | Range of motion measurements (including hands) & report | Encounter | |
| PT/OT Therapy | Physical Therapist | 97110 | Y | Therapeutic Exercises | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97112 | Y | Neuromuscular Reeducation | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97116 | Y | Gait training | Encounter | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97124 | Y | Massage Therapy including effleurage, petrissage, tapotement | 15 min | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97140 | Y | Joint mobilization/ manipulation | 15 min | Prior authorization |
| PT/OT Therapy | Physical Therapist | 97530 | Y | Therapeutic Activities | 15 min | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97532 | Y | Cognitive skills development | 15 min | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97533 | Y | Sensory Integration | 15 min | Session limit 4 units |

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| PT/OT Therapy | Physical Therapist | 97535 | Y | Fitting, measuring, customizing, instructing for use of AT device | 15 minutes | Prior authorization |
| PT/OT Therapy | Physical Therapist | 97750 | Y | Physical Performance test | 15 minutes | With written report |
| PT/OT Therapy | Physical Therapist | 97755 | Y | Assistive Technology assessment | 15 minutes | With written report |
| PT/OT Therapy | Physical Therapist | 97760 | Y | Orthotic Management and training | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97762 | Y | Check out for Orthotic/ Prosthetic Use | 15 minutes | Session limit 4 units |
| PT/OT Therapy | Physical Therapist | 97799 | Y | Unlisted Services and Procedures | | Not covered |
| PT/OT Therapy | Physical Therapist | G0151 | Y | Services of physical therapy in home or health setting | 15 min | Not covered |
| PT/OT Therapy | Physical Therapist | S8990 | Y | Physical or manipulative therapy performed for maintance rather than restoration | | Not covered |
| PT/OT Therapy | Physical Therapist | S9131 | Y | Physical therapy in home per diem | per diem | Not covered |
| PT/OT Therapy | Physical Therapist | V57.1 | Y | Other physical therapy | Encounter | Not covered |
| PT/OT Therapy | Physical Therapist | V57.81 | Y | Orthotic Training | Encounter | Not covered |
| PT/OT Therapy | Physical Therapy | G0151 | Y | Services of physical therapist in home health setting | 15 min | |
| PT/OT Therapy | Physical Therapy | H2037 | Y | Developmental delay prevention activities, dependent child of client | 15 min | |
| Speech | Speech & Language | 92506 | Y | Evaluation of speech, language, voice, communication and/or auditory processing | Encounter | 1 evaluation per calendar year |

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| Speech | Speech & Language | 92507 | Y | Treatment of speech, language, voice, communication, &/or auditory processing disorder: individual | Encounter | 4 procedures per day |
| Speech | Speech & Language | 92526 | Y | Treatment of swallowing dysfunction and/or function for feeding | Procedure/Encounter | Limit 1 unit |
| Speech | Speech and Hearing | G0153 | Y | Services of speech and language pathologist in home health setting | 15 min | |
| Speech | Speech and Hearing | H2037 | Y | Developmental delay prevention activities, dependent child of client | 15 min | |
| Speech | Speech and Hearing | V5336 | N | Repair/modification of augmentative communicative system or device. (not hearing aide) | Per event | |
| Speech | Speech and Hearing | V5362 | Y | Speech Screening | Encounter | |
| Speech | Speech and Hearing | V5363 | Y | Language screening | Encounter | |
| Speech | Speech and Hearing | V5364 | Y | Dysphsia screening | Encounter | |
| Speech | Speech and Language | 92601 | Y | Diagnostic analysis of cochlear implant w/ programming , child under age 7 | Encounter | Under age 7 only |
| Speech | Speech and Language | 92602 | Y | Diagnostic analysis of cochlear implant w/ programming , child under age 7 | Encounter | Under age 7 only |
| Speech | Speech and Language | 92605 | Y | Evaluation for prescription of non-speech generating augmentative & alternative communication device. | Encounter | Limit not specified |
| Speech | Speech and Language | 92606 | Y | Therapeutic service(s) for the use of non-speech generating device, including programming and modification. | Encounter | Limit not specified |
| Speech | Speech and Language | 92607 | Y | Evaluation for prescription for speech-generating augmentative and alternative communication device, face to face, first hour | 1st Hour | |

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| Speech | Speech and Language | 92608 | Y | Evaluation for prescription for speech-generating augmentative and alternative communication device... each additional 30 minutes | Code additional 30 minute increments | Add on to 92607 |
| Speech | Speech and Language | 92609 | Y | Therapeutic services for the use of speech-generating device, including programming and modification | Encounter | |
| Speech | Speech and Language | 92610 | Y | Evaluation of oral and pharyngeal swallowing function | Encounter | |
| Speech | Speech and Language | 97532 | Y | Cognitive skills development | 15 min | Session limit 4 units |
| Speech | Speech and Language | 97533 | Y | Sensory Integration | 15 min | Session limit 4 units |