Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
Psychological related											
PSYCHOLOGICAL SCREENING	T1023AH	encounter	$ 13.95	$ 14.26	$ 14.80	$ 15.73	$ 12.36	$ 12.78	$ 14.16	$ 14.48	$ 12.28
PSYCHOLOGICAL ASSESSMENT	96100	one hour	$ 55.80	$ 57.03	$ 59.20	$ 62.94	$ 49.42	$ 51.11	$ 56.65	$ 57.94	$ 49.14
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90804AH	30 min	$ 27.90	$ 28.51	$ 29.60	$ 31.47	$ 24.71	$ 25.56	$ 28.32	$ 28.97	$ 24.57
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	$ 9.77	$ 9.98	$ 10.36	$ 11.01	$ 8.65	$ 8.94	$ 9.91	$ 10.14	$ 8.60
CONTRACTED PSYCHOLOGICAL SERVICE	90804TM	30 min	$ 18.14	$ 18.53	$ 19.24	$ 20.45	$ 16.06	$ 16.61	$ 18.41	$ 18.83	$ 15.97
Physical Therapy related											
PHYSICAL THERAPY SCREENING	T1023GP	encounter	$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY ASSESSMENT	97001		$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		$ 15.51	$ 13.92	$ 15.68	$ 17.95	$ 12.56	$ 14.92	$ 15.67	$ 15.19	$ 11.37
PHYSICAL THERAPY SERVICE IN A GROUP	97150		$ 9.93	$ 8.91	$ 10.04	$ 11.49	$ 8.04	$ 9.55	$ 10.03	$ 9.73	$ 7.28
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		$ 10.08	$ 9.05	$ 10.19	$ 11.67	$ 8.17	$ 9.70	$ 10.18	$ 9.88	$ 7.39
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		$ 10.08	$ 9.05	$ 10.19	$ 11.67	$ 8.17	$ 9.70	$ 10.18	$ 9.88	$ 7.39
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		$ 10.08	$ 9.05	$ 10.19	$ 11.67	$ 8.17	$ 9.70	$ 10.18	$ 9.88	$ 7.39
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		$ 10.08	$ 9.05	$ 10.19	$ 11.67	$ 8.17	$ 9.70	$ 10.18	$ 9.88	$ 7.39
Audiological related											
AUDIOLOGICAL SCREENING	V5008		$ 14.43	$ 15.46	$ 16.68	$ 11.63	$ 13.26	$ 16.36	$ 13.98	$ 15.76	$ 14.29
AUDIOLOGICAL ASSESSMENT	92506UA		$ 14.43	$ 15.46	$ 16.68	$ 11.63	$ 13.26	$ 16.36	$ 13.98	$ 15.76	$ 14.29
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		$ 14.43	$ 15.46	$ 16.68	$ 11.63	$ 13.26	$ 16.36	$ 13.98	$ 15.76	$ 14.29
AUDIOLOGICAL SERVICE IN GROUP	92508UA		$ 9.24	$ 9.90	$ 10.68	$ 7.45	$ 8.49	$ 10.48	$ 8.95	$ 10.09	$ 9.15
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		$ 9.38	$ 10.05	$ 10.84	$ 7.56	$ 8.62	$ 10.64	$ 9.09	$ 10.24	$ 9.29
Occupational Therapy related											
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	$ 11.59	$ 12.43	$ 11.49	$ 13.12	$ 12.27	$ 13.61	$ 14.17	$ 13.77	$ 11.61
OCCUPATIONAL THERAPY ASSESSMENT	97003		$ 11.59	$ 12.43	$ 11.49	$ 13.12	$ 12.27	$ 13.61	$ 14.17	$ 13.77	$ 11.61
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		$ 11.59	$ 12.43	$ 11.49	$ 13.12	$ 12.27	$ 13.61	$ 14.17	$ 13.77	$ 11.61
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		$ 11.59	$ 12.43	$ 11.49	$ 13.12	$ 12.27	$ 13.61	$ 14.17	$ 13.77	$ 11.61
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		$ 11.59	$ 12.43	$ 11.49	$ 13.12	$ 12.27	$ 13.61	$ 14.17	$ 13.77	$ 11.61
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		$ 7.42	$ 7.96	$ 7.36	$ 8.40	$ 7.86	$ 8.71	$ 9.07	$ 8.82	$ 7.43
CONTRACTED OT - THERAPEUTIC	97530TM		$ 7.53	$ 8.08	$ 7.47	$ 8.53	$ 7.98	$ 8.84	$ 9.21	$ 8.95	$ 7.55
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		$ 7.53	$ 8.08	$ 7.47	$ 8.53	$ 7.98	$ 8.84	$ 9.21	$ 8.95	$ 7.55
CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		$ 7.53	$ 8.08	$ 7.47	$ 8.53	$ 7.98	$ 8.84	$ 9.21	$ 8.95	$ 7.55
Procedure Description	**Code**	**Unit**	**AEA1**	**AEA7**	**AEA8**	**AEA9**	**AEA10**	**AEA11**	**AEA12**	**AEA13**	**AEA15**
Speech-language related											
SPEECH THERAPY SCREENING	V5362	encounter	$ 13.17	$ 13.02	$ 11.99	$ 14.28	$ 11.81	$ 14.23	$ 13.74	$ 12.33	$ 10.76
LANGUAGE THERAPY SCREENING	V5363	encounter	$ 13.17	$ 13.02	$ 11.99	$ 14.28	$ 11.81	$ 14.23	$ 13.74	$ 12.33	$ 10.76
SPEECH THERAPY ASSESSMENT	92506GN		$ 13.17	$ 13.02	$ 11.99	$ 14.28	$ 11.81	$ 14.23	$ 13.74	$ 12.33	$ 10.76

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Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		$ 13.17	$ 13.02	$ 11.99	$ 14.28	$ 11.81	$ 14.23	$ 13.74	$ 12.33	$ 10.76
SPEECH THERAPY SERVICE IN GROUP	92508GN		$ 8.43	$ 8.34	$ 7.68	$ 9.14	$ 7.56	$ 9.11	$ 8.79	$ 7.90	$ 6.89
CONTRACTED SPEECH THERAPY SERVICES	92507TM		$ 8.56	$ 8.46	$ 7.80	$ 9.28	$ 7.68	$ 9.25	$ 8.93	$ 8.02	$ 6.99
Nursing related											
NURSING SCREENING BY RN	T1023TD		$ 14.03	$ 14.29	$ 14.03	$ 14.03	$ 14.03	$ 14.22	$ 13.57	$ 14.03	$ 14.03
NURSING SCREENING BY LPN	T1023TE		$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36
NURSING ASSESSMENT BY RN	T1001	encounter	$ 18.71	$ 19.06	$ 18.71	$ 18.71	$ 18.71	$ 18.97	$ 18.10	$ 18.71	$ 18.71
INDIVIDUAL NURSING SERVICE BY RN	T1002		$ 14.03	$ 14.29	$ 14.03	$ 14.03	$ 14.03	$ 14.22	$ 13.57	$ 14.03	$ 14.03
INDIVIDUAL NURSING SERVICE BY LPN	T1003		$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36	$ 7.36
GROUP NURSING SERVICE BY RN	T1002HQ		$ 8.98	$ 9.15	$ 8.98	$ 8.98	$ 8.98	$ 9.11	$ 8.69	$ 8.98	$ 8.98
GROUP NURSING SERVICE BY LPN	T1003HQ		$ 4.71	$ 4.71	$ 4.71	$ 4.71	$ 4.71	$ 4.71	$ 4.71	$ 4.71	$ 4.71
MEDICATION MANAGEMENT	H0033	encounter	$ 14.03	$ 14.29	$ 14.03	$ 14.03	$ 14.03	$ 14.22	$ 13.57	$ 14.03	$ 14.03
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	$ 56.11	$ 57.15	$ 56.11	$ 56.11	$ 56.11	$ 56.90	$ 54.27	$ 56.11	$ 56.11
CONTRACTED NURSING SERVICE BY RN	T1002TM		$ 9.12	$ 9.29	$ 9.12	$ 9.12	$ 9.12	$ 9.25	$ 8.82	$ 9.12	$ 9.12
CONTRACTED NURSING SERVICE BY LPN	T1003TM		$ 4.78	$ 4.78	$ 4.78	$ 4.78	$ 4.78	$ 4.78	$ 4.78	$ 4.78	$ 4.78
Social Work related											
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	$ 14.19	$ 14.80	$ 15.66	$ 14.74	$ 12.89	$ 14.32	$ 16.00	$ 14.99	$ 13.04
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		$ 14.19	$ 14.80	$ 15.66	$ 14.74	$ 12.89	$ 14.32	$ 16.00	$ 14.99	$ 13.04
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90804AJ	30 min	$ 28.38	$ 29.60	$ 31.31	$ 29.47	$ 25.77	$ 28.64	$ 32.01	$ 29.99	$ 26.08
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	$ 9.93	$ 10.36	$ 10.96	$ 10.31	$ 9.02	$ 10.02	$ 11.20	$ 10.50	$ 9.13
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		$ 18.45	$ 19.24	$ 20.35	$ 19.16	$ 16.75	$ 18.61	$ 20.81	$ 19.49	$ 16.95
Vision and O&M related											
SCREENING TEST OF VISUAL ACUITY	99173		$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43
VISUAL FUNCTION SCREENING	99172		$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43
VISION ASSESSMENT (EXAM & EVALUATION)	92012		$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43
VISION SERVICE TO INDIVIDUAL	92014		$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43
VISION SERVICE IN GROUP	92499		$ 9.88	$ 9.88	$ 9.88	$ 9.88	$ 9.88	$ 9.88	$ 9.88	$ 9.88	$ 9.88
CONTRACTED VISION SERVICE	92014TM		$ 10.03	$ 10.03	$ 10.03	$ 10.03	$ 10.03	$ 10.03	$ 10.03	$ 10.03	$ 10.03
ORIENTATION AND MOBILITY SERVICE	97139		$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43	$ 15.43

Notes:

- Contracted service rates are 65% of the individual service rates.
- If no cost data available, then rate was established using the statewide average cost per service
- Group rates are calculated as follows:
  - 64.02 % for Speech Pathology, Physical and Occupational Therapy, Audiology, Vision, and Nursing
  - 35.00% for Social Work Services, Counseling, and Psychological Services
- Unrestricted indirect cost recovery rate as established by the Iowa Department of Education was used in the calculation.