Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
Psychological related											
PSYCHOLOGICAL SCREENING	T1023AH	encounter	$ 14.11	$ 14.73	$ 13.79	$ 17.46	$ 12.23	$ 13.96	$ 14.86	$ 14.95	$ 13.38
PSYCHOLOGICAL ASSESSMENT	96100	one hour	$ 56.45	$ 58.92	$ 55.16	$ 69.85	$ 48.90	$ 55.85	$ 59.46	$ 59.80	$ 53.54
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90832AH	30 min	$ 28.23	$ 29.46	$ 27.58	$ 34.93	$ 24.45	$ 27.92	$ 29.73	$ 29.90	$ 26.77
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	$ 9.88	$ 10.31	$ 9.65	$ 12.22	$ 8.56	$ 9.77	$ 10.40	$ 10.47	$ 9.37
CONTRACTED PSYCHOLOGICAL SERVICE	90832TM	30 min	$ 18.35	$ 19.15	$ 17.93	$ 22.70	$ 15.89	$ 18.15	$ 19.32	$ 19.44	$ 17.40
Physical Therapy related											
PHYSICAL THERAPY SCREENING	T1023GP	encounter	$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY ASSESSMENT	97001		$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		$ 15.76	$ 14.74	$ 11.97	$ 20.17	$ 13.18	$ 15.49	$ 16.55	$ 15.74	$ 11.85
PHYSICAL THERAPY SERVICE IN A GROUP	97150		$ 10.09	$ 9.44	$ 7.66	$ 12.91	$ 8.44	$ 9.92	$ 10.59	$ 10.08	$ 7.58
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		$ 10.24	$ 9.58	$ 7.78	$ 13.11	$ 8.56	$ 10.07	$ 10.75	$ 10.23	$ 7.70
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		$ 10.24	$ 9.58	$ 7.78	$ 13.11	$ 8.56	$ 10.07	$ 10.75	$ 10.23	$ 7.70
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		$ 10.24	$ 9.58	$ 7.78	$ 13.11	$ 8.56	$ 10.07	$ 10.75	$ 10.23	$ 7.70
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		$ 10.24	$ 9.58	$ 7.78	$ 13.11	$ 8.56	$ 10.07	$ 10.75	$ 10.23	$ 7.70
Audiological related											
AUDIOLOGICAL SCREENING	V5008		$ 14.97	$ 18.40	$ 14.28	$ 13.15	$ 13.70	$ 16.01	$ 14.42	$ 16.38	$ 15.22
AUDIOLOGICAL ASSESSMENT	92506UA		$ 14.97	$ 18.40	$ 14.28	$ 13.15	$ 13.70	$ 16.01	$ 14.42	$ 16.38	$ 15.22
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		$ 14.97	$ 18.40	$ 14.28	$ 13.15	$ 13.70	$ 16.01	$ 14.42	$ 16.38	$ 15.22
AUDIOLOGICAL SERVICE IN GROUP	92508UA		$ 9.58	$ 11.78	$ 9.14	$ 8.42	$ 8.77	$ 10.25	$ 9.23	$ 10.48	$ 9.74
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		$ 9.73	$ 11.96	$ 9.28	$ 8.55	$ 8.90	$ 10.41	$ 9.37	$ 10.64	$ 9.89
Occupational Therapy related											
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	$ 11.82	$ 13.07	$ 11.18	$ 14.12	$ 11.61	$ 14.61	$ 14.17	$ 14.92	$ 11.87
OCCUPATIONAL THERAPY ASSESSMENT	97003		$ 11.82	$ 13.07	$ 11.18	$ 14.12	$ 11.61	$ 14.61	$ 14.17	$ 14.92	$ 11.87
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		$ 11.82	$ 13.07	$ 11.18	$ 14.12	$ 11.61	$ 14.61	$ 14.17	$ 14.92	$ 11.87
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		$ 11.82	$ 13.07	$ 11.18	$ 14.12	$ 11.61	$ 14.61	$ 14.17	$ 14.92	$ 11.87
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		$ 11.82	$ 13.07	$ 11.18	$ 14.12	$ 11.61	$ 14.61	$ 14.17	$ 14.92	$ 11.87
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		$ 7.57	$ 8.37	$ 7.16	$ 9.04	$ 7.43	$ 9.35	$ 9.07	$ 9.55	$ 7.60
CONTRACTED OT - THERAPEUTIC	97530TM		$ 7.69	$ 8.49	$ 7.27	$ 9.18	$ 7.55	$ 9.49	$ 9.21	$ 9.70	$ 7.71
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		$ 7.69	$ 8.49	$ 7.27	$ 9.18	$ 7.55	$ 9.49	$ 9.21	$ 9.70	$ 7.71
CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		$ 7.69	$ 8.49	$ 7.27	$ 9.18	$ 7.55	$ 9.49	$ 9.21	$ 9.70	$ 7.71

Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
Speech-language related											
SPEECH THERAPY SCREENING	V5362	encounter	$ 13.15	$ 14.26	$ 13.27	$ 15.85	$ 12.66	$ 14.57	$ 14.03	$ 14.67	$ 10.88
LANGUAGE THERAPY SCREENING	V5363	encounter	$ 13.15	$ 14.26	$ 13.27	$ 15.85	$ 12.66	$ 14.57	$ 14.03	$ 14.67	$ 10.88
SPEECH THERAPY ASSESSMENT	92506GN		$ 13.15	$ 14.26	$ 13.27	$ 15.85	$ 12.66	$ 14.57	$ 14.03	$ 14.67	$ 10.88
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		$ 13.15	$ 14.26	$ 13.27	$ 15.85	$ 12.66	$ 14.57	$ 14.03	$ 14.67	$ 10.88
SPEECH THERAPY SERVICE IN GROUP	92508GN		$ 8.42	$ 9.13	$ 8.49	$ 10.15	$ 8.11	$ 9.33	$ 8.98	$ 9.39	$ 6.96
CONTRACTED SPEECH THERAPY SERVICES	92507TM		$ 8.55	$ 9.27	$ 8.62	$ 10.30	$ 8.23	$ 9.47	$ 9.12	$ 9.53	$ 7.07
Nursing related											
NURSING SCREENING BY RN	T1023TD		$ 14.28	$ 13.25	$ 14.28	$ 14.28	$ 14.28	$ 15.68	$ 13.90	$ 14.28	$ 14.28
NURSING SCREENING BY LPN	T1023TE		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
NURSING ASSESSMENT BY RN	T1001	encounter	$ 19.04	$ 17.67	$ 19.04	$ 19.04	$ 19.04	$ 20.91	$ 18.54	$ 19.04	$ 19.04
INDIVIDUAL NURSING SERVICE BY RN	T1002		$ 14.28	$ 13.25	$ 14.28	$ 14.28	$ 14.28	$ 15.68	$ 13.90	$ 14.28	$ 14.28
INDIVIDUAL NURSING SERVICE BY LPN	T1003		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
GROUP NURSING SERVICE BY RN	T1002HQ		$ 9.14	$ 8.48	$ 9.14	$ 9.14	$ 9.14	$ 10.04	$ 8.90	$ 9.14	$ 9.14
GROUP NURSING SERVICE BY LPN	T1003HQ		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MEDICATION MANAGEMENT	H0033	encounter	$ 14.28	$ 13.25	$ 14.28	$ 14.28	$ 14.28	$ 15.68	$ 13.90	$ 14.28	$ 14.28
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	$ 57.11	$ 53.00	$ 57.11	$ 57.11	$ 57.11	$ 62.73	$ 55.61	$ 57.11	$ 57.11
CONTRACTED NURSING SERVICE BY RN	T1002TM		$ 13.85	$ 12.85	$ 13.85	$ 13.85	$ 13.85	$ 15.21	$ 13.49	$ 13.85	$ 13.85
CONTRACTED NURSING SERVICE BY LPN	T1003TM		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Social Work related											
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	$ 14.44	$ 15.56	$ 14.50	$ 15.88	$ 12.95	$ 14.71	$ 16.56	$ 16.23	$ 13.37
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		$ 72.20	$ 77.79	$ 72.49	$ 79.41	$ 64.73	$ 73.55	$ 82.78	$ 81.14	$ 66.87
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90832AJ	30 min	$ 28.88	$ 31.12	$ 29.00	$ 31.77	$ 25.89	$ 29.42	$ 33.11	$ 32.46	$ 26.75
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	$ 10.11	$ 10.89	$ 10.15	$ 11.12	$ 9.06	$ 10.30	$ 11.59	$ 11.36	$ 9.36
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		$ 18.77	$ 20.23	$ 18.85	$ 20.65	$ 16.83	$ 19.12	$ 21.52	$ 21.10	$ 17.39
Vision and O&M related											
SCREENING TEST OF VISUAL ACUITY	99173		$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34
VISUAL FUNCTION SCREENING	99172		$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34
VISION ASSESSMENT (EXAM & EVALUATION)	92012		$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34
VISION SERVICE TO INDIVIDUAL	92014		$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34
VISION SERVICE IN GROUP	92499		$ 10.46	$ 10.46	$ 10.46	$ 10.46	$ 10.46	$ 10.46	$ 10.46	$ 10.46	$ 10.46
CONTRACTED VISION SERVICE	92014TM		$ 10.62	$ 10.62	$ 10.62	$ 10.62	$ 10.62	$ 10.62	$ 10.62	$ 10.62	$ 10.62
ORIENTATION AND MOBILITY SERVICE	97139		$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34	$ 16.34

Notes:

- Modifier TM for T1001, T1002, and T1003- Contracted service rates are 97% of the individual service rates.
- Modifier TM for all other services- 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.