Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
Psychological related											
PSYCHOLOGICAL SCREENING	T1023AH	encounter	$ 14.14	$ 15.82	$ 14.05	$ 14.28	$ 12.82	$ 14.51	$ -	$ 15.62	$ 13.97
PSYCHOLOGICAL ASSESSMENT	96100	one hour	$ 56.55	$ 63.29	$ 56.19	$ 57.13	$ 51.27	$ 58.03	$ -	$ 62.47	$ 55.89
PSYCHOLOGICAL SERVICE TO INDIVIDUAL	90832AH	30 min	$ 28.28	$ 31.65	$ 28.09	$ 28.57	$ 25.64	$ 29.02	$ -	$ 31.24	$ 27.95
PSYCHOLOGICAL SERVICE IN GROUP	90853AH	30 min	$ 9.90	$ 11.08	$ 9.83	$ 10.00	$ 8.97	$ 10.16	$ -	$ 10.93	$ 9.78
CONTRACTED PSYCHOLOGICAL SERVICE	90832TM	30 min	$ 18.38	$ 20.57	$ 18.26	$ 18.57	$ 16.66	$ 18.86	$ -	$ 20.30	$ 18.17
Physical Therapy related											
PHYSICAL THERAPY SCREENING	T1023GP	encounter	$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY ASSESSMENT	97001		$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY SERVICE - THERAPEUTIC	97530		$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY SERVICE - GAIT TRAINING	97116		$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537		$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535		$ 15.20	$ 14.36	$ 13.04	$ 19.72	$ 13.89	$ 16.29	$ 17.21	$ 15.80	$ 12.45
PHYSICAL THERAPY SERVICE IN A GROUP	97150		$ 9.73	$ 9.19	$ 8.35	$ 12.63	$ 8.90	$ 10.43	$ 11.02	$ 10.11	$ 7.97
CONTRACTED PHYSICAL THERAPY - THERAPEUTIC	97530TM		$ 9.88	$ 9.33	$ 8.48	$ 12.82	$ 9.03	$ 10.59	$ 11.19	$ 10.27	$ 8.09
CONTRACTED PHYSICAL THERAPY - GAIT TRAINING	97116TM		$ 9.88	$ 9.33	$ 8.48	$ 12.82	$ 9.03	$ 10.59	$ 11.19	$ 10.27	$ 8.09
CONTRACTED PHYSICAL THERAPY - COMM/WORK REINTEGRATION	97537TM		$ 9.88	$ 9.33	$ 8.48	$ 12.82	$ 9.03	$ 10.59	$ 11.19	$ 10.27	$ 8.09
CONTRACTED PHYSICAL THERAPY - SELF-CARE HOME MANAGEMENT	97535TM		$ 9.88	$ 9.33	$ 8.48	$ 12.82	$ 9.03	$ 10.59	$ 11.19	$ 10.27	$ 8.09
Audiological related											
AUDIOLOGICAL SCREENING	V5008		$ 15.48	$ 16.04	$ 14.68	$ 12.95	$ 14.40	$ 16.66	$ 15.20	$ 16.89	$ 15.60
AUDIOLOGICAL ASSESSMENT	92506UA		$ 15.48	$ 16.04	$ 14.68	$ 12.95	$ 14.40	$ 16.66	$ 15.20	$ 16.89	$ 15.60
AUDIOLOGICAL SERVICE TO INDIVIDUAL	92507UA		$ 15.48	$ 16.04	$ 14.68	$ 12.95	$ 14.40	$ 16.66	$ 15.20	$ 16.89	$ 15.60
AUDIOLOGICAL SERVICE IN GROUP	92508UA		$ 9.91	$ 10.27	$ 9.40	$ 8.29	$ 9.22	$ 10.66	$ 9.73	$ 10.81	$ 9.99
CONTRACTED AUDIOLOGICAL SERVICES	92507TM		$ 10.06	$ 10.42	$ 9.54	$ 8.42	$ 9.36	$ 10.83	$ 9.88	$ 10.98	$ 10.14
Occupational Therapy related											
OCCUPATIONAL THERAPY SCREENING	T1023GO	encounter	$ 12.34	$ 13.78	$ 12.03	$ 13.81	$ 12.21	$ 15.10	$ 14.77	$ 15.61	$ 12.44
OCCUPATIONAL THERAPY ASSESSMENT	97003		$ 12.34	$ 13.78	$ 12.03	$ 13.81	$ 12.21	$ 15.10	$ 14.77	$ 15.61	$ 12.44
OCCUPATIONAL THERAPY SERVICE - THERAPEUTIC	97530GO		$ 12.34	$ 13.78	$ 12.03	$ 13.81	$ 12.21	$ 15.10	$ 14.77	$ 15.61	$ 12.44
OCCUPATIONAL THERAPY SERVICE - COMM/WORK REINTEGRATION	97537GO		$ 12.34	$ 13.78	$ 12.03	$ 13.81	$ 12.21	$ 15.10	$ 14.77	$ 15.61	$ 12.44
OCCUPATIONAL THERAPY SERVICE - SELF-CARE HOME MANAGEMENT	97535GO		$ 12.34	$ 13.78	$ 12.03	$ 13.81	$ 12.21	$ 15.10	$ 14.77	$ 15.61	$ 12.44
OCCUPATIONAL THERAPY SERVICE IN GROUP	97150GO		$ 7.90	$ 8.82	$ 7.70	$ 8.84	$ 7.82	$ 9.67	$ 9.46	$ 9.99	$ 7.97
CONTRACTED OT - THERAPEUTIC	97530TM		$ 8.02	$ 8.96	$ 7.82	$ 8.98	$ 7.94	$ 9.81	$ 9.60	$ 10.15	$ 8.09
CONTRACTED OT - COMM/WORK REINTEGRATION	97537TM		$ 8.02	$ 8.96	$ 7.82	$ 8.98	$ 7.94	$ 9.81	$ 9.60	$ 10.15	$ 8.09
CONTRACTED OT - SELF-CARE HOME MANAGEMENT	97535TM		$ 8.02	$ 8.96	$ 7.82	$ 8.98	$ 7.94	$ 9.81	$ 9.60	$ 10.15	$ 8.09

Procedure Description	Code	Unit	AEA1	AEA7	AEA8	AEA9	AEA10	AEA11	AEA12	AEA13	AEA15
Speech-language related											
SPEECH THERAPY SCREENING	V5362	encounter	$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
LANGUAGE THERAPY SCREENING	V5363	encounter	$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
SPEECH THERAPY ASSESSMENT	92521GN		$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
SPEECH THERAPY ASSESSMENT	92522GN		$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
SPEECH THERAPY ASSESSMENT	92523GN		$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
SPEECH THERAPY SERVICE TO INDIVIDUAL	92507GN		$ 13.61	$ 14.97	$ 11.43	$ 14.94	$ 12.74	$ 14.85	$ 14.59	$ 13.09	$ 11.54
SPEECH THERAPY SERVICE IN GROUP	92508GN		$ 8.71	$ 9.58	$ 7.31	$ 9.56	$ 8.16	$ 9.50	$ 9.34	$ 8.38	$ 7.39
CONTRACTED SPEECH THERAPY SERVICES	92507TM		$ 8.85	$ 9.73	$ 7.43	$ 9.71	$ 8.28	$ 9.65	$ 9.49	$ 8.51	$ 7.50
Nursing related											
NURSING SCREENING BY RN	T1023TD		$ 16.14	$ 16.68	$ 16.14	$ 16.14	$ 16.14	$ 17.36	$ 14.37	$ 16.14	$ 16.14
NURSING SCREENING BY LPN	T1023TE		$ -	$ 9.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -
NURSING ASSESSMENT BY RN	T1001	encounter	$ 21.52	$ 22.24	$ 21.52	$ 21.52	$ 21.52	$ 23.15	$ 19.17	$ 21.52	$ 21.52
INDIVIDUAL NURSING SERVICE BY RN	T1002		$ 16.14	$ 16.68	$ 16.14	$ 16.14	$ 16.14	$ 17.36	$ 14.37	$ 16.14	$ 16.14
INDIVIDUAL NURSING SERVICE BY LPN	T1003		$ -	$ 9.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -
GROUP NURSING SERVICE BY RN	T1002HQ		$ 10.33	$ 10.68	$ 10.33	$ 10.33	$ 10.33	$ 11.12	$ 9.20	$ 10.33	$ 10.33
GROUP NURSING SERVICE BY LPN	T1003HQ		$ -	$ 5.91	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MEDICATION MANAGEMENT	H0033	encounter	$ 16.14	$ 16.68	$ 16.14	$ 16.14	$ 16.14	$ 17.36	$ 14.37	$ 16.14	$ 16.14
INDIVIDUAL NURSING SERVICE, RN only	99199	1 hour	$ 64.55	$ 66.71	$ 64.55	$ 64.55	$ 64.55	$ 69.45	$ 57.48	$ 64.55	$ 64.55
CONTRACTED NURSING SERVICE BY RN	T1002TM		$ 15.65	$ 16.18	$ 15.65	$ 15.65	$ 15.65	$ 16.84	$ 13.94	$ 15.65	$ 15.65
CONTRACTED NURSING SERVICE BY LPN	T1003TM		$ -	$ 8.96	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Social Work related											
SOCIAL WORK/COUNSELING SCREENING	T1023AJ	encounter	$ 15.11	$ 16.21	$ 15.15	$ 14.42	$ 13.26	$ 15.60	$ 17.25	$ 15.97	$ 13.76
SOCIAL WORK/COUNSELING ASSESSMENT	H0031		$ 75.55	$ 81.04	$ 75.77	$ 72.11	$ 66.28	$ 78.02	$ 86.26	$ 79.84	$ 68.80
SOCIAL WORK/COUNSELING TO INDIVIDUAL - SOCIAL WORKER	90832AJ	30 min	$ 30.22	$ 32.42	$ 30.31	$ 28.84	$ 26.51	$ 31.21	$ 34.50	$ 31.94	$ 27.52
SOCIAL WORK/COUNSELING IN GROUP	90853AJ	30 min	$ 10.58	$ 11.35	$ 10.61	$ 10.10	$ 9.28	$ 10.92	$ 12.08	$ 11.18	$ 9.63
CONTRACTED SOCIAL WORK/COUNSELING	H0046TM		$ 19.64	$ 21.07	$ 19.70	$ 18.75	$ 17.23	$ 20.28	$ 22.43	$ 20.76	$ 17.89
Vision and O&M related											
SCREENING TEST OF VISUAL ACUITY	99173		$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72
VISUAL FUNCTION SCREENING	99172		$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72
VISION ASSESSMENT (EXAM & EVALUATION)	92012		$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72
VISION SERVICE TO INDIVIDUAL	92014		$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72
VISION SERVICE IN GROUP	92499		$ 10.70	$ 10.70	$ 10.70	$ 10.70	$ 10.70	$ 10.70	$ 10.70	$ 10.70	$ 10.70
CONTRACTED VISION SERVICE	92014TM		$ 10.87	$ 10.87	$ 10.87	$ 10.87	$ 10.87	$ 10.87	$ 10.87	$ 10.87	$ 10.87
ORIENTATION AND MOBILITY SERVICE	97139		$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72	$ 16.72

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.