



Illinois Department of Human Services

JB Pritzker, Governor

Grace B. Hou, Secretary

823 East Monroe ● Springfield, Illinois 62701  
401 S. Clinton Avenue ● Chicago, IL 60607

To: All Early Intervention Stakeholders

From: Heather Hofferkamp, Interim Chief *HMA*  
Bureau of Early Intervention

Date: July 14, 2022

Re: Early Intervention Provider Information Notice-Rate Increase Effective July 1, 2022

This notice is to inform you that the Illinois Department of Healthcare and Family Services in partnership with the Illinois Department of Human Services, Bureau of Early Intervention (EI) have agreed on the rate schedule required to implement the 3% Cost of Living Adjustment (COLA) announced by Governor JB Pritzker on June 13, 2022. This rate increase will be effective for dates of service beginning on and after July 1, 2022.

This rate increase applies to all 16 Core EI Services. The rate schedule below outlines the rate changes for the applicable procedure codes.

Service Coordination is also included and will be reflected in the calculation for Targeted Case Management and the baseline for our Service Coordinators with Child and Family Connections Offices. These rates will be included in the final draft of the *Illinois Early Intervention Provider Handbook*, which will be effective on July 1, 2022 to be posted soon.

We hope that our Provider Community and our Service Coordinators know that we appreciate their dedication to the EI Program and that we will continue to explore every avenue available to sustain their continued service within the EI Program.

**AUDIOLOGY PROCEDURE CODES**

Procedure Codes	Unit of Service	Description	Rate
<b>For use by Licensed Audiologists Only</b>			
V5010	N/A	Hearing aid assessment	\$72.87
V5008	N/A	Hearing Screening	\$60.78
92551	N/A	Screen test, pure tone, air only	\$16.13
92552	N/A	Pure tone audiometry (threshold), air only	\$16.13
92553	N/A	Audiometry, air and bone	\$16.13
92555	N/A	Speech audiometry threshold	\$16.13
92556	N/A	Speech audiometry threshold; (with speech recognition)	\$16.13
92557	N/A	Comprehensive audiometry; (includes 92553 and 92556)	\$39.68
92567	N/A	Tympanometry	\$16.13
92568	N/A	Acoustic reflex testing; threshold	\$14.53
92579	N/A	Visual reinforcement audiometry (VRA)	\$23.49
92582	N/A	Conditioning play audiometry	\$23.49
92583	N/A	Select picture audiometry	\$16.07
92585	N/A	Brainstem evoked response rec. (no anesthesia)	\$56.97
92587	N/A	Evoked otoacoustic emissions: limited (single level, either transient or distortion products) (no anesthesia)	\$55.91
92588	N/A	Evoked otoacoustic emissions, comprehensive or diagnostic evaluation (Comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$64.71

Procedure Codes	Unit of Service	Description	Rate
<b>For use by Licensed Audiologists Only</b>			
92592	N/A	Hearing aid check; monaural	\$16.13
92593	N/A	Hearing aid check; binaural	\$16.13
92594	N/A	Electroacoustic evaluation for Hearing aid; monaural	\$16.13
92595	N/A	Electroacoustic evaluation for Hearing aid; binaural	\$16.13

**AURAL REHABILITATION (A/R) PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
92626		15 minutes	A/R assessment - onsite	\$15.42
92626		15 minutes	A/R assessment - offsite	\$19.24
99499	SC	15 minutes	A/R IFSP development	\$15.42
99499	SC	15 minutes	A/R IFSP meeting	\$19.24
92507	TL	15 minutes	A/R services - onsite	\$15.42
92507	TL	15 minutes	A/R services - offsite	\$19.24
92508	TL	15 minutes	Group A/R services (multiple families or group not to exceed 4 children)	\$8.36

**DEVELOPMENTAL THERAPY PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
96112		15 minutes	Evaluation/Assessment - onsite	\$12.04
96112		15 minutes	Evaluation/Assessment - offsite	\$15.18
99499	TL	15 minutes	IFSP Development - onsite	\$12.04
99499	TL	15 minutes	IFSP Development - offsite	\$15.18
99499	TL	15 minutes	IFSP Meeting	\$15.18
T1027		15 minutes	Individual DT - onsite	\$12.04
T1027		15 minutes	Individual DT - offsite	\$15.18
T1027	HQ	15 minutes	Group DT (multiple families or group not to exceed 4 children)	\$ 3.02
<ul style="list-style-type: none"> <li>• Billing codes for Vision Services for EI are found under the service description entitled “<i>Vision</i>”</li> <li>• Billing codes for Aural Rehabilitation and related services for EI are found under the service description entitled “<i>Audiology, Aural Rehabilitation and Other Related Services</i>”</li> </ul>				

**HEALTH CONSULTATION PROCEDURE CODES**

Procedure Codes	Unit of Service	Description	Rate
99211	N/A	Office or other outpatient visit (Approximately 5 minutes)	\$37.15
99212	N/A	Office or other outpatient visit (Approximately 10 minutes)	\$37.15
99213	N/A	Office or other outpatient visit (Approximately 15 minutes)	\$37.15
99214	N/A	Office or other outpatient visit (Approximately 25 minutes)	\$37.15
99215	N/A	Office or other outpatient visit (Approximately 40 minutes)	\$37.15

**INTERPRETATION AND TRANSLATION SERVICES**

<b>CODES FOR USE BY INTERPRETERS, ONLY</b>				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013		15 minutes	Family training and support –onsite	\$11.36
T1013		15 minutes	Family training and support - offsite	\$14.33
T1013	HQ	15 minutes	Group family training and support (multiple families or group with one provider and not more than four children)	\$2.84

<b>CODES FOR USE BY INTERPRETERS FOR THE DEAF, ONLY</b>				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013	HT	15 minutes	Family training and support –onsite	\$11.36
T1013	HT	15 minutes	Family training and support - offsite	\$14.33
T1013	HQ & HT	15 minutes	Group family training and support (multiple families or group with one provider and not more than four children)	\$2.84

<b>CODES FOR USE BY TRANSLATORS ONLY</b>				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013	TL	15 minutes	Family training and support –onsite	\$11.36

**MEDICAL DIAGNOSTIC PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
99245	N/A	N/A	Medical Diagnostic Evaluation	\$213.73

**NURSING PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
T1001		15 minutes	Assessment- onsite	\$12.08
T1001		15 minutes	Assessment - offsite	\$15.23
99499	TD	15 minutes	IFSP development - onsite	\$12.08
99499	TD	15 minutes	IFSP development - offsite	\$15.23
99499	TD	15 minutes	IFSP meeting	\$15.23
T1002		15 minutes	Nursing services - onsite	\$12.08
T1002		15 minutes	Nursing services - offsite	\$15.23
T1002	HQ	15 minutes	Group Nursing services (multiple families or group not to exceed 4 children)	\$3.03

See "Nutrition" for additional service activities and billing codes.

**NUTRITION PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
97802		15 minutes	Assessment - onsite	\$22.59
97802		15 minutes	Assessment - offsite	\$27.87
99499	HA	15 minutes	IFSP development - onsite	\$22.59
99499	HA	15 minutes	IFSP development - offsite	\$27.87
99499	HA	15 minutes	IFSP meeting	\$27.87
97803		15 minutes	Nutrition services - onsite	\$22.59
97803		15 minutes	Nutrition services - offsite	\$27.87
97804		15 minutes	Group Nutrition services (multiple families or group not to exceed 4 children)	\$5.63

**OCCUPATIONAL THERAPY PROCEDURE CODES**

Procedure Codes	Modifiers	Unit of Service	Description	Rate
96112	GO	15 minutes	Evaluation/Assessment - onsite	\$15.42
96112	GO	15 minutes	Evaluation/Assessment - offsite	\$19.24
99499	GO	15 minutes	IFSP development - onsite	\$15.42
99499	GO	15 minutes	IFSP development – offsite	\$19.24
99499	GO	15 minutes	IFSP meeting	\$19.24
97530		15 minutes	Individual therapy – onsite	\$15.42
97530		15 minutes	Individual therapy - offsite	\$19.24
97150		15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$8.36

**PHYSICAL THERAPY PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
96112	GP	15 minutes	Evaluation/Assessment - onsite	\$15.42
96112	GP	15 minutes	Evaluation/Assessment - offsite	\$19.24
99499	GP	15 minutes	IFSP development - onsite	\$15.42
99499	GP	15 minutes	IFSP development – offsite	\$19.24
99499	GP	15 minutes	IFSP meeting	\$19.24
97110		15 minutes	Individual therapy - onsite	\$15.42
97110		15 minutes	Individual therapy - offsite	\$19.24
97150	SE	15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$ 8.36

**PSYCHOLOGICAL AND OTHER COUNSELING PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
96158		15 minutes	Evaluation/Assessment - onsite	\$18.44
96158		15 minutes	Evaluation/Assessment - offsite	\$22.89
99499	UK	15 minutes	IFSP development - onsite	\$18.44
99499	UK	15 minutes	IFSP development - offsite	\$22.89
99499	UK	15 minutes	IFSP meeting	\$22.89
96158		15 minutes	Individual treatment - onsite	\$18.44
96158		15 minutes	Individual treatment - offsite	\$22.89
96164		15 minutes	Group treatment (multiple families or group not to exceed 4 children)	\$4.60

**SOCIAL WORK AND OTHER COUNSELING PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
90791		15 minutes	Evaluation/Assessment – onsite	\$12.30
90791		15 minutes	Evaluation/Assessment – offsite	\$14.80
99499	SE	15 minutes	IFSP development – onsite	\$12.30
99499	SE	15 minutes	IFSP development – offsite	\$14.80
99499	SE	15 minutes	IFSP meeting	\$14.80
H0004		15 minutes	Individual treatment – onsite	\$12.30
H0004		15 minutes	Individual treatment – offsite	\$14.80
H0004	HQ	15 minutes	Group treatment (multiple families or group not to exceed 4 children)	\$3.07

**SPEECH LANGUAGE THERAPY PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
92521		15 minutes	Evaluation/Assessment – onsite (Speech Fluency)	\$15.42
92521		15 minutes	Evaluation/Assessment – offsite (Speech Fluency)	\$19.24
92522		15 minutes	Evaluation/Assessment – onsite (Speech Sound Production)	\$15.42
92522		15 minutes	Evaluation/Assessment – offsite (Speech Sound Production)	\$19.24
92523		15 minutes	Evaluation/Assessment – onsite (Speech Sound Production with language comprehension and expression)	\$15.42
92523		15 minutes	Evaluation/Assessment – offsite (Speech Sound Production with language comprehension and expression)	\$19.24
92524		15 minutes	Evaluation/Assessment – onsite (Behavioral and qualitative analysis of voice and resonance)	\$15.42
92524		15 minutes	Evaluation/Assessment – offsite (Behavioral and qualitative analysis of voice and resonance)	\$19.24
92610		15 minutes	Evaluation/Assessment – onsite (oral & pharyngeal swallowing function)	\$15.42
92610		15 minutes	Evaluation/Assessment – offsite (oral & pharyngeal swallowing function)	\$19.24
<b>NOTE:</b> Authorizations will display 92506; however, Evaluations/Assessments must be billed using the appropriate code(s), listed above.				
99499	GN	15 minutes	IFSP development - onsite	\$15.42
99499	GN	15 minutes	IFSP development - offsite	\$19.24
99499	GN	15 minutes	IFSP meeting	\$19.24
92507		15 minutes	Individual therapy - onsite	\$15.42
92507		15 minutes	Individual therapy - offsite	\$19.24
92508		15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$8.36
See “Audiology, Aural Rehabilitation and Other Related Services” for additional service activities and billing codes for EI. Provider MUST have authorization prior to billing those codes.				

**TRANSPORTATION PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
A0120	N/A	N/A	Service car, base rate	Varies
A0120	N/A	N/A	Service car, return	Varies
A0425	N/A	N/A	Service car, mileage	Varies
T2001	N/A	N/A	Non-employee attendant	Varies
A0100	N/A	N/A	Taxi, base rate	Varies
A0100	N/A	N/A	Taxi, return	Varies
A0425	N/A	N/A	Taxi, mileage	Varies
T2001	N/A	N/A	Non-employee attendant	Varies
A0090	N/A	per mile	Private auto mileage (parents transporting their own children)	\$0.27

**VISION PROCEDURE CODES**

Procedure Codes	Modifier	Unit of Service	Description	Rate
Procedure codes listed below are for use to determine the need for eyeglasses, to dispense eyeglasses and to make a referral to a licensed physician for medical testing, if needed.				
92015		n/a	Optometric examination	\$31.05
92340		n/a	Dispensing fee	\$31.92

Procedure Codes	Modifier	Unit of Service	Description	Rate
<b><i>Procedure Codes listed below are for use by Illinois Department of Corrections only.</i></b>				
V2020 V2025		n/a	Frame	Varies
varies		n/a	Pair of lenses (same Rx)	Varies
varies		n/a	Right lens (different Rx)	Varies
varies		n/a	Left lens (different Rx)	Varies

Procedure Codes	Modifier	Unit of Service	Description	Rate
99199		15 minutes	Assessment - onsite	\$11.70
99199		15 minutes	Assessment - offsite	\$14.76
99499		15 minutes	IFSP development - onsite	\$11.70
99499		15 minutes	IFSP development - offsite	\$14.76
99499		15 minutes	IFSP meeting	\$14.76
V2799		15 minutes	Vision services - onsite	\$11.70
V2799		15 minutes	Vision services - offsite	\$14.76
V2799	HQ	15 minutes	Group vision services (multiple families or group not to exceed 4 children)	\$2.93