

Medicaid Reimbursement Codes

Code	Rate	Who bills	When is This Used	Location	Limits
T1023	27.50/unit	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Initial Assessment for Service Planning Development of IFSP Annual IFSP 	NE or Center-based	18 units/day and 36 units/year
T1023 U1	37.50/unit	Reimbursement Category 1 Providers			
T1024	27.50/unit	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Team Treatment activities (more than one professional providing services during same session for an individual child/family) Team Meetings child or family present Assessments that are done <u>after</u> the initial Assessment for Service Planning 	Natural Environments*	The maximum daily units/per child for any combination of these codes is 6 units/provider with a maximum of 18 units/day per child for all providers
T1024 U1	37.50/unit	Reimbursement Category 1 Providers			
T1027	18.43/unit	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Developmental Services and other early intervention services provided for more than one child by one Early Intervention Certified Specialist (congregate) 	Natural Environments*	
T1027 U1	27.50/unit		<ul style="list-style-type: none"> Developmental Services and other early intervention services provided for one child by one Early Intervention Certified Specialist 		
T1026	7.43/unit	Reimbursement Category 1 Providers	<ul style="list-style-type: none"> Center-based group early intervention services 	Center-based	
T1026 U1	22.50/unit		<ul style="list-style-type: none"> Center-based individual early intervention services 	Center-based	
T1015	5.44/unit	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Center-based group early intervention services 	Center-based	
T1015U1	16.49/unit		<ul style="list-style-type: none"> Center-based individual early intervention services 	Center-based	
G1051	25.13/unit	Physical Therapists (RC 1)	<ul style="list-style-type: none"> Congregate PT 	Natural Environments*	
G1051 U1	37.50/unit		<ul style="list-style-type: none"> Individual PT 		
G1052	25.13/unit	Occupational Therapists (RC 1)	<ul style="list-style-type: none"> Congregate OT 	Natural Environments*	
G1052 U1	37.50/unit		<ul style="list-style-type: none"> Individual OT 		
G1053	25.13/unit	Speech Language Therapists (RC 1)	<ul style="list-style-type: none"> Congregate SLP 	Natural Environments*	
G1053 U1	37.50/unit		<ul style="list-style-type: none"> Individual SLP 		
G1054	25.13/unit	RN or RNP (RC 1)	<ul style="list-style-type: none"> Congregate Nursing Services 	Natural Environments*	
G1054 U1	37.50/unit		<ul style="list-style-type: none"> Individual Nursing Services 		

* Includes center-based services with acceptable justifications AND for which travel by the provider is required. Such situations should be infrequent.