

NEW SERVICE LOG DROP DOWN CATEGORY with PROCEDURE CODE DESCRIPTION LIST	PRIOR SERVICE NAME
Audiology Evaluation and Services	
92557 - Audiological Consultation	Audiological consultation
92557 - Hearing Evaluation	Hearing Evaluation
92587 - Evoked Otoacoustic Emissions; (Evaluation)	Evoked otoacoustic emissions; limited (single stimulus level)
92588 - Evoked Otoacoustic Emissions; (Screening)	Evoked otoacoustic emissions; Comprehensive
92620 - Auditory Evaluation With Report (60 Min.)	
92625 - Assessment Of Tinnitus (Includes Pitch, Loudness Matching, And Masking)	
92626 - Evaluation Auditory Rehab Status 1St Hr	Evaluation of Auditory Rehabilitation Status
V5020 - Conformity Evaluation	
92594 - Electroacous Eval Hearing Aid Monaural	Electroacoustic evaluation for hearing aid; monaural
92595 - Electroacous Eval Hearing Aid Binaural	Electroacoustic evaluation for hearing aid; binaural
92557 - Hearing Re-Evaluation	Hearing Re-evaluation
92568 - Acoustic Reflex Testing; Threshold	
92550 - Tympanometry And Reflex Threshold Measurements	
92551 - Screening Test, Pure Tone, Air Only	
92552 - Pure Tone Audiometry Air Only	Pure tone audiometry (threshold); air only
92553 - Pure Tone Audiometry Air & Bone	Pure tone audiometry; air and bone
92555 - Speech Audiometry Threshold	Speech audiometry threshold
92556 - Speech Audiometry Threshold Speech Recognij	Speech audiometry threshold; with speech recognition
92563 - Tone Decay Test	
92567 - Tympanometry	Tympanometry
92570 - Tympanogram And Acoustic Reflexes	Impedance (tympanogram and acoustic reflexes)
92579 - Visual Reinforcement Audiometry	Visual Reinforcement Audiometry
92582 - Conditioning Play Audiometry	
92583 - Select Picture Audiometry	
92584 - Electrocochleography	Electrochleography
92586 - Auditory Evoked Potentials For Evoked Response / Audiometry Ner	Auditory evoked potentials for evoked response/audiometry
92585 - Auditory Evoked Potentials For Evoked Response (Diagnostic)	Auditory evoked potentials for evoked response/audiometry (Diagnostic)
92590 - Hearing Aid Examination & Selection Monaural	Hearing aid examination & selection; Monaural
92591 - Hearing Aid Examination & Selection Binaural	Hearing aid examination & selection; Binaural
92592 - Hearing Aid Check Monaural	Hearing aid check; Monaural
92592 - Hearing Aid Check Monaural	Hearing aid recheck; Monaural
92593 - Hearing Aid Check Binaural	Hearing aid check; Binaural
92593 - Hearing Aid Check Binaural	Hearing aid recheck; Binaural
V5275 - Ear Impression, Left	Hearing aid ear mold; Left Ear
V5275 - Ear Impression, Right	Hearing aid ear mold; Right Ear
V5011 - Fitting/Orientation/Checking Hearing Aid	
V5264 - Ear Mold/Insert,Not Disposable,Any Type	
V5090 - Dispensing Fee,Unspecified Hearing Aid	
Autism Evaluation	
97151 - Behavior Identification Assessment	Autism Initial Workshop
Autism Services	

97153 - Adaptive Behavior Treatment	Autism Paraprofessional Treatment
97155 - Adaptive Behavior Treatment With Protocol Modification	
97156 - Family Adaptive Behavior Treatment Guidance	
Psychological Evaluation	
96101 - Psychological Testing And Evaluation (Per Hour)	Psychological Testing/Evaluation
90791 - Psychiatric Diagnostic Evaluation	
96130/96131 - Psychological testing and evaluation (1st 60 min/ Additional 60 min)	
96136/96137 - Psychological testing (administration and scoring) (1st 30 min/ Additional 30 min)	
96138/96139 - Psychological testing by technician (1st 30 min/ Additional 30 min)	
96146 - Psychological testing (single standardized)	
96112/96113 - Developmental testing (motor and language) (1st 60 min/ Additional 30 min)	
Counseling And Psychological Services	
9940X - Prevent Med Counsel&/Risk Factor	Psychological Individual Services
Medical Evaluation	
99381 - Initial Health Evaluation (Age 0 to 1 Year)	Medical Services
99382 - Initial Health Evaluation (Age 1+)	
99391 - Health Evaluation (Age 0 to 1 year)	
99392 - Health Evaluation (Age 1+)	
Nursing Evaluation	
T1001 - Nursing Assessment/Evaluation	Nursing Evaluation/Assessment
Nursing Services	
T1002 - RN Services, Up To 15 Minutes	Nursing Services
T1003 - LPN/LVN Services, Up To 15 Minutes	
Nutrition Evaluation	
97802 - Nutrition Assessment and Intervention; Initial Assessment	Nutrition Assessment
97803 - Medical Nutrition Therapy; Re-Assessment And Intervention, Individual, Face-To-Face With T	
Nutrition Services	
S9470 - Nutritional Counseling, Dietitian Visit	Nutrition Services
Occupational Therapy Evaluation	
9716Y - Occupational Therapy Evaluation	Occupational Therapy Evaluation/Reevaluation
97168 - Occupational Therapy Re-evaluation	
Occupational Therapy Services	
97530 - Occupational Therapy Services (15 min.)	Occupational Therapy Individual Services and Occupational Therapy Individual Services, OTA
Physical Therapy Evaluation	
9716X - Physical Therapy Evaluation	Physical Therapy Evaluation/Reevaluation
97164 - Physical Therapy Re-evaluation (20 min.)	
Physical Therapy Services	
97110 - Physical Therapy Services (15 min. exercises)	Physical Therapy Individual Services and Physical Therapy Individual Services, PTA
Social Work Services	
9083X - Psychotherapy	Social Work Individual Services

Speech - Language Evaluation / Re-Evaluation	
92521 - Speech Evaluation (fluency)	
92522 - Speech Evaluation (sound production)	
92523 - Speech Evaluation (language comprehension)	Speech-Language Evaluation
92524 - Speech Evaluation (voice and resonance)	
92610 - Speech Evaluation (oral/pharynx wall)	
S9152 - Speech Therapy Re-evaluation	Speech-Language Re-evaluation/Assessment
Speech - Language Pathology Services	
92507 - Speech Therapy (voice command/auditory proc)	Speech-Language Individual Services and Speech-Language Individual Services, STA
92526 - Speech Therapy (swallowing/feeding)	
92609 - Speech Therapy (use of device)	
Vision Evaluation And Services	
92002 - Vision Evaluation (new patient intermediate)	Vision Intermediate new patient
92004 - Vision Evaluation (new patient comprehensive)	Vision Comprehensive new patient
92012 - Vision Evaluation (established patient intermediate)	Vision Intermediate established patient
92014 - Vision Evaluation (established patient comprehensive)	Vision Comprehensive established patient
92015 - Vision Evaluation Add-On - Refraction Test	Vision Determination of refractive state
SCSDB Evaluation And Services	
T1024 - Orientation and Mobility Evaluation	Orientation and Mobility Evaluation/ Assessment
T1024 - Orientation and Mobility Instruction	Orientation and Mobility Instruction
IFSP Meeting-Ddsn / SCSDB	
T1018 - Family Training IFSP Meeting	Special Instruction by TDHH/FT IFSP Team Meeting/Consultation, Special Instruction by TVI/FT IFSP Team Meeting/Consultation, Special Instruction/FT IFSP Team Meeting/Consultation
IFSP Meeting-Service Providers (All)	
T1024 - IFSP Team Meeting/Participation (Team Members)	* IFSP Team
Service Coordination	
T1016 - Service Coordination	Initial Eligibility Evaluation/5AA; Initial Service Coordination/FT; Primary Service Coordination/FT
Family Training Counseling And Home Visits	
T1027 - Family Training & Counseling (15 Min.)	Special Instruction/FT, Special Instruction by TVI/FT, Special Instruction by TDHH/FT
Foreign Language Services	
Foreign Language Translation	Foreign Language Translation
Foreign Language Interpretation	Foreign Language Interpretation
Transportation And Related Costs	Transportation and Related Costs
Transportation-Taxi	Transportation-Taxi
Transportation-Family Auto	Transportation-Family Auto
Transportation-Other	Transportation-Other
Assistive Technology Device And Service	
Assistive Technology Device And Service	