

## Appendix A - Fees for LEA Billing Services

Service Provider	Svc Category	Interim \$\$ @ 50% FMAP	Paradigm's Fees		
			Rate 1	Rate 2	Rate 3
Associate Marriage and Family Therapist	Treatment	\$17.32	\$2.18	\$2.08	\$1.73
Audiologist	Assessment	\$106.20	\$13.38	\$12.74	\$10.62
Audiologist	Treatment	\$48.67	\$6.13	\$5.84	\$4.87
Counselor	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Licensed Physical Therapist	Assessment	\$126.14	\$15.89	\$15.14	\$12.61
Licensed Physical Therapist	Treatment	\$35.04	\$4.42	\$4.20	\$3.50
Licensed Physician Assistant	Assessment	\$10.75	\$1.35	\$1.29	\$1.08
Licensed Physician Assistant	Treatment	\$39.41	\$4.97	\$4.73	\$3.94
Licensed Respiratory Care Practitioner	Assessment	\$10.75	\$1.35	\$1.29	\$1.08
Licensed Respiratory Care Practitioner	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Licensed Vocational Nurse	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
RN, Public Health Nurse, Certified Nurse Practitioner	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Occupational Therapist	Assessment	\$122.61	\$15.45	\$14.71	\$12.26
Occupational Therapist	Treatment	\$40.45	\$5.10	\$4.85	\$4.04
Occupational Therapist Assistant (licensed)	Treatment	\$17.95	\$2.26	\$2.15	\$1.79
Orientation and Mobility Specialist	Assessment	\$10.98	\$1.38	\$1.32	\$1.10
Orientation and Mobility Specialist	Treatment	\$10.98	\$1.38	\$1.32	\$1.10
Physical Therapist	Assessment	\$126.14	\$15.89	\$15.14	\$12.61
Physical Therapist	Treatment	\$35.04	\$4.42	\$4.20	\$3.50
Physical Therapist Assistant (licensed)	Treatment	\$15.11	\$1.90	\$1.81	\$1.51
Physician (licensed)	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Program Specialist	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Psychologist, MFT, Social Worker (licensed and credentialed)	Assessment	\$267.94	\$33.76	\$32.15	\$26.79
Psychologist, MFT, Social Worker (licensed and credentialed)	Treatment	\$40.94	\$5.16	\$4.91	\$4.09
Registered Associate Clinical Social Worker	Treatment	\$17.32	\$2.18	\$2.08	\$1.73
Registered Credentialed School Nurse	Assessment	\$72.97	\$9.19	\$8.76	\$7.30
Registered Credentialed School Nurse	Treatment	\$10.43	\$1.31	\$1.25	\$1.04
Registered Dietician	Assessment	\$10.75	\$1.35	\$1.29	\$1.08
Registered Dietician	Treatment	\$10.75	\$1.35	\$1.29	\$1.08
Speech-Language Pathology Assistant	Treatment	\$15.92	\$2.01	\$1.91	\$1.59
Speech-Language Therapist (licensed and credentialed)	Assessment	\$58.19	\$7.33	\$6.98	\$5.82
Speech-Language Therapist (licensed and credentialed)	Treatment	\$36.74	\$4.63	\$4.41	\$3.67
Trained Health Care Aide	Treatment	\$4.73	\$0.60	\$0.57	\$0.47
Transportation	Transportation	\$9.27	\$1.17	\$1.11	\$0.93
The reduced Paradigm fee schedule will apply prospectively to Interim Approved Claims after (and in the same Fiscal Year) a threshold is reached. The thresholds triggering a decrease in Paradigm fees are to the right.			Rate 1 the first \$500,000	Rate 2 \$500,001 to \$1M	Rate 3 above \$1M

\*This is the maximum federal reimbursement rate for the provider type and category of service. Not all services for the provider type are reimbursed at this rate; however, Paradigm always processes each service at its maximum reimbursement rate