




**MassHealth  
 School-Based Medicaid Bulletin 22  
 June 2012**

**TO:** School-Based Medicaid Providers Participating in MassHealth  
**FROM:** Julian J. Harris, M.D., Medicaid Director   
**RE:** Update to School-Based Medicaid Program Interim Rates

**Background**

This bulletin revises the per-unit service interim rates for the School-Based Medicaid Program, effective July 1, 2012. See the [School-Based Medicaid Program User Guide](#) revised in June 2012. For the old per-unit service interim rates please refer to [School-Based Medicaid Bulletin 18](#), dated November 2009.

**Revised Interim Rates**

School-Based Medicaid providers must use the following codes when filing claims for services provided through Direct Service Claiming (DSC).

Revised interim rates effective July 1, 2012, are provided below.

Service Code and Modifier	Service Description	Interim Rate	Practitioner
90801-TM	Psychiatric diagnostic interview examination provided pursuant to an IEP (per 30 minutes, may bill multiple units)	\$34.33	Psychiatrist, Psychologist, Social Worker, Counselor
90801-TM-U1	Psychiatric diagnostic interview examination provided pursuant to an IEP (per 30 minutes, may bill multiple units) (in private residential school)	\$17.17	Psychiatrist, Psychologist, Social Worker, Counselor
90804-TM	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient provided pursuant to an IEP (may bill multiple units)	\$13.94	Psychologist, Social Worker, Counselor

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**Revised Interim  
Rates (cont.)**

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
90804-TM-U1	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face to face with the patient provided pursuant to an IEP (may bill multiple units) (in private residential school)	\$6.97	Psychologist, Social Worker, Counselor
90847-TM	Family psychotherapy (conjoint psychotherapy) (with patient present) provided pursuant to an IEP (per 30 minutes, may bill multiple units)	\$13.94	Psychologist, Social Worker, Counselor
90847-TM-U1	Family psychotherapy (conjoint psychotherapy) (with patient present) provided pursuant to an IEP (per 30 minutes, may bill multiple units) (in private residential school)	\$6.97	Psychologist, Social Worker, Counselor
90853-TM	Group psychotherapy (other than of a multiple-family group) provided pursuant to an IEP (per 30 minutes, may bill multiple units)	\$3.34	Psychologist, Social Worker, Counselor
90853-TM-U1	Group psychotherapy (other than of a multiple-family group) provided pursuant to an IEP (per 30 minutes, may bill multiple units) (in private residential school)	\$1.67	Psychologist, Social Worker, Counselor
92506-TM	Evaluation of speech, language, voice, communication, and/or auditory processing provided pursuant to an IEP (per hour with a maximum of four hours)	\$20.86	Speech-Language Therapist
92506-TM-U1	Evaluation of speech, language, voice, communication, and/or auditory processing provided pursuant to an IEP (per hour with a maximum of four hours) (in private residential school)	\$10.43	Speech-Language Therapist

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**Revised Interim  
Rates** (cont.)

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
92507-TM	Treatment of speech, language, voice, communication, and/or auditory processing disorder provided pursuant to an IEP (per 15 minutes, may bill multiple units)	\$23.85	Speech-Language Therapist, Speech-Language Pathology or Audiology Assistant
92507-TM-U1	Treatment of speech, language, voice, communication, and/or auditory processing disorder provided pursuant to an IEP (per 15 minutes, may bill multiple units) (in private residential school)	\$11.92	Speech-Language Therapist, Speech-Language Pathology or Audiology Assistant
92508-TM	Treatment of speech, language, voice, communication, and/or auditory processing disorder: group, 2 or more individuals provided pursuant to an IEP (per 15 minutes, may bill multiple units)	\$10.21	Speech-Language Therapist, Speech-Language Pathology or Audiology Assistant
92508-TM-U1	Treatment of speech, language, voice, communication, and/or auditory processing disorder: group (2 or more individuals) provided pursuant to an IEP (per 15 minutes, may bill multiple units) (in private residential school)	\$5.11	Speech-Language Therapist, Speech-Language Pathology or Audiology Assistant
96101-TM	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the administering tests to the patient and time spent interpreting test results and preparing the report provided pursuant to an IEP (may bill multiple units)	\$29.98	Psychiatrist, Psychologist

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**Revised Interim  
Rates (cont.)**

Service Code and Modifier	Service Description	Interim Rate	Practitioner
96101-TM-U1	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the administering tests to the patient and time spent interpreting test results and preparing the report provided pursuant to an IEP (may bill multiple units) (in private residential school)	\$14.99	Psychiatrist, Psychologist
97001-TM	Physical therapy evaluation provided pursuant to an IEP (per hour with a maximum of two hours)	\$20.86	Physical Therapist
97001-TM-U1	Physical therapy evaluation provided pursuant to an IEP (per hour with a maximum of two hours) (in private residential school)	\$10.43	Physical Therapist
97003-TM	Occupational therapy evaluation provided pursuant to an IEP (per hour with a maximum of two hours)	\$20.86	Occupational Therapist
97003-TM-U1	Occupational therapy evaluation provided pursuant to an IEP (per hour with a maximum of two hours) (in private residential school)	\$10.43	Occupational Therapist
97110-TM	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility provided pursuant to an IEP (may bill multiple units)	\$5.22	Physical Therapist, Occupational Therapist, Physical Therapy Assistant, Occupational Therapy Assistant

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**Revised Interim Rates** (cont.)

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
97110-TM-U1	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility, provided pursuant to an IEP (may bill multiple units) (in private residential school)	\$2.61	Physical Therapist, Occupational Therapist, Physical Therapy Assistant, Occupational Therapy Assistant
97150-TM	Therapeutic procedure(s) group (2 or more individuals) provided pursuant to an IEP (per 15 minutes, may bill multiple units)	\$8.28	Physical Therapist, Occupational Therapist, Physical Therapy Assistant, Occupational Therapy Assistant
97150-TM-U1	Therapeutic procedure(s) group (2 or more individuals) provided pursuant to an IEP (per 15 minutes, may bill multiple units) (in private residential school)	\$4.14	Physical Therapist, Occupational Therapist, Physical Therapy Assistant, Occupational Therapy Assistant
99499-TM	Unlisted evaluation and management services (per 15 minutes, up to a maximum of six services per member per date of service) provided pursuant to an IEP	\$3.26	Audiologist, Hearing Instrument Specialist
99499-TM-U1	Unlisted evaluation and management services (per 15 minutes, up to a maximum of six services per member per date of service) provided pursuant to an IEP (in private residential school)	\$1.63	Audiologist, Hearing Instrument Specialist
T1002-TM	RN services up to 15 minutes provided pursuant to an IEP (may bill multiple units)	\$4.55	Nurse (RN)
T1002-TM-U1	RN services up to 15 minutes provided pursuant to an IEP (may bill multiple units) (in private residential school)	\$2.27	Nurse (RN)

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**Revised Interim Rates** (cont.)

Service Code and Modifier	Service Description	Interim Rate	Practitioner
T1003-TM	LPN/LVN services, up to 15 minutes (may bill multiple units)	\$3.75	Nurse (LPN)
T1003-TM-U1	LPN/LVN services, up to 15 minutes (may bill multiple units) (in private residential school)	\$1.87	Nurse (LPN)
T1019-TM	Personal care services per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (may bill multiple units) provided pursuant to an IEP	\$1.23	Personal Care Services Provider
T1019-TM-U1	Personal care services per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (may bill multiple units) provided pursuant to an IEP (in private residential school)	\$0.61	Personal Care Services Provider

**Questions**

If you have any questions about the information in this bulletin, please contact UMMS at 1-508-856-7640 or e-mail your inquiry to [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu).