

School-Based Medicaid Program Interim Claiming Billable Procedure Codes & Maximum Fees

Effective for dates of service beginning July 1, 2025

Important Notes:

- The procedure codes listed below are for MassHealth covered services within the scope of the School-Based Medicaid Program (SBMP).
- Per the "Direct Service Interim Claiming Guide," claims should be submitted only when **all** of the following requirements are met:
 - 1) Services are provided by a qualified practitioner as specified in the Covered Services Qualified Practitioner (CSQP) document;
 - 2) The qualified practitioner is in the appropriate Random Moment Time Study (RMTS) direct service pool;
 - 3) Medicaid medical necessity requirements are met and documented;
 - 4) Documentation of service authorization as required; and
 - 5) Service documentation as required.
- Services billed should reflect care as provided and as described in program guidance.
- All services are billed per session/encounter/evaluation or day as indicated. Time units are not required for SBMP interim claims.
- LEAs may choose to bill below the maximum fee.
- All materials referenced here are available on the SBMP website: www.mass.gov/masshealth/schools

Modifier rules:

- Required modifiers are bolded in the table below.
- Either TM (IEP) or TR (non-IEP) is required on all claims. Claims with neither or both modifiers will deny.
- U1 indicates out-of-district residential placement; U3 indicates out-of-district day placement (claims with both U1 and U3 will deny).
- GO or GP is required for codes 97150 and 97110 to indicate occupational or physical therapy respectively (neither or both will deny).
- U2 indicates group ABA therapy and is optional for codes H2012 and H2019.
- Telehealth services delivered remotely must indicate either modifier 95 for real-time, audio/visual visits or 93 for audio-only visits and must be accompanied by either 02 or 10 for place of service (POS)

Applied Behavior Analysis (ABA) Therapy & Evaluations			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
H0031	Performing evaluation/assessment (incl. re-evaluations) for ABA therapeutic services; per evaluation/assessment	TM or TR ; U1 or U3	\$ 10.95	\$ 5.48
H2012	ABA therapeutic interventions by Licensed ABA (LABA); per day	TM or TR ; U1 or U3	\$ 43.81	\$ 21.91
H2012	ABA therapeutic interventions delivered to two or more patients in a group by LABA; per day	U2 ; TM or TR ; U1 or U3	\$ 21.91	\$ 10.95
Applied Behavior Analysis (ABA) Therapy & Evaluations (continued)			Non-Residential	Residential

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Code	Description	Modifiers	Maximum Fee	
H2019	ABA therapeutic interventions by staff who is not a LABA and who is an Assistant ABA (AABA) or meets the LEA's licensure standards for practicing ABA under the supervision of a professional employee pursuant to M.G.L. c. 112, § 164A; per day	TM or TR; U1 or U3	\$ 5.80	\$ 2.90
H2019	ABA therapeutic interventions delivered to two or more patients in a group setting by staff who is not a LABA and who is an Assistant ABA (AABA) or meets the LEA's licensure standards for practicing ABA under the supervision of a professional employee pursuant to M.G.L. c. 112, § 164A; per day	U2; TM or TR; U1 or U3	\$ 2.90	\$ 1.45

Audiology Services & Evaluations			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
92620	Audiological evaluation or testing, incl. testing related to the determination of hearing loss, evaluation for hearing aids, audiological examination (air and bone conduction, spondee thresholds, word discrimination testing, etc.), tympanometry, reflects threshold measurements; per evaluation	TM or TR; U1 or U3	\$ 21.11	\$ 10.56
99499	Audiological re-evaluation and management services, incl. fitting of hearing aids or implants and hearing aid checks; per encounter	TM or TR; U1 or U3	\$ 1.91	\$ 0.96
92633	Aural/auditory rehabilitation or auditory training services; per encounter	TM or TR; U1 or U3	\$ 5.22	\$ 2.61

Dental Services			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
D1206	Topical application of fluoride varnish; per service	TR; U1 or U3	\$ 10.40	\$ 5.20
D1208	Topical application of fluoride without varnish; per service	TR; U1 or U3	\$ 11.60	\$ 5.80

Early Periodic Screening Diagnostic and Treatment (EPSDT) Screenings			Non-Residential	Residential
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Code	Description	Modifiers	Maximum Fee	
96127	Behavioral Health Developmental Screening; one unit per day, regardless of number of screenings below performed. All screenings recommended by the American Academy of Pediatrics Bright Futures toolkit are allowable. See https://publications.aap.org/toolkits/resources/15625/	TR; U1 or U3	\$ 4.11	\$ 2.05
92551	Hearing screening - pure tone air	TR; U1 or U3	\$ 3.38	\$ 1.69
99173	Vision screening - bilateral	TR; U1 or U3	\$ 9.00	\$ 4.50
83036	Diabetes screening - hemoglobin; glycated (A1C)	TR; U1 or U3	\$ 4.00	\$ 2.00
82947	Diabetes screening - assay glucose quantitative, per encounter	TR; U1 or U3	\$ 1.62	\$ 0.81
83655	Lead testing - quantitative	TR; U1 or U3	\$ 5.00	\$ 2.50

Medical Nutritional Therapy Services & Assessments			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
97802	Medical nutritional therapy initial assessment and treatment; per encounter	TM or TR; U1 or U3	\$ 10.95	\$ 5.48
G0270	Medical nutritional therapy re-assessment and treatment; per encounter	TM or TR; U1 or U3	\$ 9.50	\$ 4.75
G0271	Medical nutritional therapy re-assessment and treatment; delivered to two or more patients in a group; per encounter	TM or TR; U1 or U3	\$ 5.02	\$ 2.51

Mental/Behavioral Health Services			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
90791	Psychiatric diagnostic interview examination; per evaluation	TM or TR; U1 or U3	\$ 34.11	\$ 17.05
96130	Psychological testing evaluation services; per evaluation	TM or TR; U1 or U3	\$ 29.98	\$ 14.99
96132	Neuropsychological testing evaluation services; per evaluation	TM or TR; U1 or U3	\$ 29.98	\$ 14.99
96136	Psychological or neuropsychological test administration and scoring; per evaluation	TM or TR; U1 or U3	\$ 14.99	\$ 7.49
90832	Individual psychotherapy; per encounter	TM or TR; U1 or U3	\$ 16.47	\$ 8.24
90847	Family psychotherapy, including patient; per encounter	TM or TR; U1 or U3	\$ 27.49	\$ 13.75

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90853	Group psychotherapy (delivered to two or more patients, not family group); per encounter	TM or TR; U1 or U3	\$ 6.64	\$ 3.32
H2011	Unplanned behavioral health intervention; per encounter	TM or TR; U1 or U3	\$ 7.75	\$ 3.88

Skilled Nursing Services			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
T1002	1:1 Skilled nursing services by an RN; per day	TM or TR; U1 or U3	\$ 4.37	\$ 2.19
T1003	1:1 Skilled nursing services by an LPN/LVN services; per day	TM or TR; U1 or U3	\$ 3.64	\$ 1.82
99211	Evaluation and management level 1 visit (meets CMS E&M standards); per encounter	TM or TR; U1 or U3	\$ 5.43	\$ 2.72

Occupational Therapy (OT) & Evaluations			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
97165	OT evaluation, per evaluation	TM or TR; U1 or U3	\$ 21.06	\$ 10.53
97168	OT re-evaluation, per evaluation	TM or TR; U1 or U3	\$ 21.06	\$ 10.53
97110	OT therapeutic intervention/treatment in one or more areas; per encounter	GO; TM or TR; U1 or U3	\$ 5.27	\$ 2.63
97150	OT therapeutic intervention/treatment delivered to two or more patients in a group; per encounter	GO; TM or TR; U1 or U3	\$ 8.36	\$ 4.18
97755	Evaluation for assistive technology	TM or TR; U1 or U3	\$11.80	\$5.90
97535	Self-care/home management training (activities include instructions in use of assistive technology/adaptive devices)	TM or TR; U1 or U3	\$10.15	\$5.08

Personal Care Services			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
T1019	Personal care services for assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) as defined in 130 CMR 422.410; per day	TM or TR; U1 or U3	\$ 1.70	\$ 0.85

Physical Therapy (PT) & Evaluations			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
97161	PT evaluation, per evaluation	TM or TR; U1 or U3	\$ 21.06	\$ 10.53

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97164	PT re-evaluation, per evaluation	TM or TR; U1 or U3	\$ 21.06	\$ 10.53
97110	PT therapeutic intervention/treatment in one or more areas; per encounter	GP; TM or TR; U1 or U3	\$ 5.27	\$ 2.63
97150	PT therapeutic intervention/treatment delivered to two or more patients in a group; per encounter	GP; TM or TR; U1 or U3	\$ 8.36	\$ 4.18
97755	Evaluation for assistive technology	TM or TR; U1 or U3	\$11.80	\$5.90
97535	Self-care/home management training (activities include instructions in use of assistive technology/adaptive devices)	TM or TR; U1 or U3	\$10.15	\$5.08
Speech-Language Therapy & Evaluations			Non-Residential	Residential
Code	Description	Modifiers	Maximum Fee	
92521	Evaluation of speech fluency, per evaluation	TM or TR; U1 or U3	\$ 26.00	\$ 13.00
92522	Evaluation of speech sound production, per evaluation	TM or TR; U1 or U3	\$ 21.06	\$ 10.53
92523	Evaluation of speech sound production with evaluation of language comprehension and expression; per evaluation	TM or TR; U1 or U3	\$ 43.82	\$ 21.91
92524	Behavioral and qualitative analysis of voice and resonance; per encounter	TM or TR; U1 or U3	\$ 21.85	\$ 10.93
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder; per encounter	TM or TR; U1 or U3	\$ 24.08	\$ 12.04
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder delivered to two or more patients in a group; per encounter	TM or TR; U1 or U3	\$ 10.31	\$ 5.16
97755	Evaluation for assistive technology	TM or TR; U1 or U3	\$11.80	\$5.90
97535	Self-care/home management training (activities include instructions in use of assistive technology/adaptive devices)	TM or TR; U1 or U3	\$10.15	\$5.08