Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

www.mass.gov/masshealth

MassHealth

School-Based Medicaid Bulletin 24

June 2013

TO: School-Based Medicaid Providers Participating in MassHealth

FROM: Julian J. Harris, M.D., Medicaid Director

RE: School-Based Medicaid Program Interim Rates (Amended)

Background

This bulletin revises the per-unit service interim rates effective July 1, 2012. and updates several codes effective January 1, 2013, for the School-Based Medicaid Program.

For the old per-unit service interim rates please refer to School-Based Medicaid Bulletin 18, dated November 2009.

The Executive Office of Health and Human Services (EOHHS) is adding and deleting certain Mental Health service codes, due to a restructuring of certain mental health service HCPCS codes, effective January 1, 2013. Service Codes 90801 and 90804 have been deleted and Service Codes 90791 and 90832 have been added. Claims submitted with the old mental health service codes (90801-TM, 90804-TM, 90801-TM-U1, and 90804-TM-U1) between January 1, 2013, and March 28, 2013, should be resubmitted.

Revised Interim Rates and Codes

School-Based Medicaid providers must use the following codes and interim rateswhen filing claims for services provided through direct service claiming (DSC).

Service Code and Modifier

Service Description

Interim Rate

Practitioner

90791-TM (formerly 90801-TM)

Psychiatric diagnostic interview examination (pursuant to an IEP) (per 30 minutes: may bill up to eight units)

$34.33

Psychiatrist

Psychologist

Social Worker

Counselor

90791-TM-U1 (formerly 90801-TM-U1)

Psychiatric diagnostic interview examination (pursuant to an IEP) (per 30 minutes: may bill up to eight units) (in private residential school)

$17.17

Psychiatrist

Psychologist

Social Worker

Counselor

90832-TM(formerly 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 (pursuant to an IEP), (may bill up to eight units)

$13.94

Psychologist

Social Worker

Counselor

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Revised Interim Service Code and Modifier

Service Description

Interim Rate

Practitioner

90832-TM-U1 (formerly 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 (pursuant to an IEP) (may bill up to eight units) (in private residential school)

$6.97

Psychologist

Social Worker

Counselor

90847-TM

Family psychotherapy (conjoint psychotherapy) (with patient present) (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) (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) (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) (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, (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, pursuant to an IEP (per hour with a maximum of four hours) (in private residential school)

$10.43

Speech-Language Therapist

92507-TM

Treatment of speech, language, voice, communication, and/or auditory processing disorder (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 (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, two or more individuals (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, two or more individuals (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

Rates and

Codes (cont.)

 (continued on next page)

Service Code

and Modifier

Service Description

Interim

Rate

Practitioner

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, (pursuant to an IEP) (may bill multiple units)

$29.98

Psychiatrist

Psychologist

96101-TM-U1

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 (pursuant to an IEP) (may bill multiple units) (in private residential school)

$14.99

Psychiatrist

Psychologist

97001-TM

Physical therapy evaluation (related to an IEP) (per hour with a maximum of two hours)

$20.86

Physical Therapist

97001-TM-U1

Physical therapy evaluation related to an IEP (per hour with a maximum of two hours) (in private residential school)

$10.43

Physical Therapist

97003-TM

Occupational therapy evaluation (related to an IEP) (per hour with a maximum of two hours)

$20.86

Occupational Therapist

97003-TM-U1

Occupational therapy evaluation related 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 15minutes; 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

97110-TM-U1

Therapeutic procedure, one or more areas, each 15minutes; 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 (two 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 (two 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

Revised Interim

Rates and

Codes (cont.)

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Revised Interim Service Code and Modifier

Service Description

Interim Rate

Practitioner

99499-TM

Unlisted evaluation and management services (per 15-minutes, up to a maximum of six services per member per date of service) (related 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) (related to an IEP) (in private residential school)

$1.63

Audiologist

Hearing Instrument

Specialist

T1002-TM

RN services up to 15 minutes (pursuant to an IEP), (may bill multiple units)

$4.55

Nurse (RN)

T1002-TM-U1

RN services up to 15 minutes (pursuant to an IEP) (may bill multiple units) (in private residential school)

$2.27

Nurse (RN)

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) (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) (pursuant to an IEP) (in private residential school)

$0.61

Personal Care Services

Provider

Rates and

Codes (cont.)

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.