




**MassHealth
 School-Based Medicaid Provider
 Bulletin 26
 October 2013**

TO: School-Based Medicaid Providers Participating in MassHealth
FROM: Kristin L. Thorn, Medicaid Director 
RE: School-Based Medicaid Program Interim Rates (State Fiscal Year 2014)

Background This bulletin revises the per-unit service interim rates effective July 1, 2013, for the school-based Medicaid program (SBMP), and clarifies interim claiming requirements. The revised interim rates are in effect for State Fiscal Year 2014 (SFY 2014) or until further notice.

The Executive Office of Health and Human Services (EOHHS) has revised the rates for the following service codes, effective July 1, 2013.

92506	92507	92508	97110	97150
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Interim Claiming Requirements While final reimbursement for the Direct Service Claiming (DSC) component of the SBMP is based on actual, incurred Medicaid-allowable expenditures that have been certified using the annual *School-Based Cost Report*, local educational authorities (LEAs) must submit interim claims for per-unit services to the Medicaid Management Information System (MMIS). Claims for interim payments must be submitted within 90 days of the date of service. LEAs may submit interim claims only for services that are included in a MassHealth member's Individualized Education Plan (IEP).

Documentation of Services LEAs must document health-related services provided to those students for whom the provider claims payment under its SBMP Agreement. MassHealth issued [Municipally Based Health Services Bulletin 9](#) in October 2003, and [Municipally Based Health Services Bulletin 10](#) in January 2004, both of which describe the required documentation data elements.

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Documentation of Services

It is the responsibility of the LEA to ensure that all subcontractors, including private schools, 766 charter schools, and collaboratives, maintain this documentation. The revised Communication from the State Director of Special Education regarding Mandated Form 28M/12 is available at www.doe.mass.edu/news/news.aspx?id=6695, dated February 23, 2012.

Provider Qualifications

This is a reminder that LEAs may submit only interim claims for services delivered by qualified practitioners, as described in [School-Based Medicaid Provider Bulletin 17](#), dated April 2009, and [School-Based Medicaid Provider Bulletin 18](#), dated November 2009. Practitioners for whom there are supervision requirements must be so supervised in order for the service to be reimbursable.

Revised Interim Rates and Codes

School-based Medicaid providers must use the following codes when filing claims for services provided on or after July 1, 2013, through direct service claiming (DSC). The chart below displays the revised rates associated with each code.

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
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

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**Revised Interim
Rates and
Codes (cont.)**

Service Code and Modifier	Service Description	Interim Rate	Practitioner
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)	\$15.05	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)	\$7.51	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)	\$10.02	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)	\$5.01	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)	\$5.43	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)	\$2.72	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, (pursuant to an IEP) (may bill multiple units)	\$29.98	Psychiatrist Psychologist

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**Revised Interim
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Service Code and Modifier	Service Description	Interim Rate	Practitioner
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 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (provided pursuant to an IEP) (may bill multiple units)	\$4.80	Physical Therapist Occupational Therapist Physical Therapy Assistant Occupational Therapy Assistant
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)	\$2.40	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)	\$6.28	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)	\$3.19	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) (related to an IEP)	\$3.26	Audiologist Hearing Instrument Specialist

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Service Code and Modifier	Service Description	Interim Rate	Practitioner
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

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.