




**MassHealth  
School-Based Medicaid Provider  
Bulletin 27  
June 2014**

**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)**

### **Revised Speech Codes**

The Executive Office of Health and Human Services is replacing certain service codes related to speech evaluations. Effective January 1, 2014, codes 92506-TM and 92506-TM-U1 were deleted and the following codes were added in their place.

92521-TM  
92521-TM-U1  
92522-TM  
92522-TM-U1  
92523-TM  
92523-TM-U1  
92524-TM  
92524-TM-U1

A complete list of all codes is provided at the end of this bulletin.

### **Interim Claiming Requirements**

Local educational authorities (LEAs) must submit interim claims for per-unit services to the Medicaid Management Information System (NewMMIS). 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).

Final reimbursement for the direct service claiming (DSC) component of the School-Based Medicaid Program (SBMP) is based on actual, incurred, Medicaid-allowable expenditures that LEAs have been certified on the annual *School-Based Cost Report*.

### **Documentation of Services**

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

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**Documentation of Services (cont.)**

MassHealth requires LEAs to ensure that all subcontractors, including private schools, Chapter 766 charter schools, and collaboratives, maintain this documentation. The revised communication from the State Director of Special Education regarding Mandated Form 28M/12, dated February 23, 2012, is available at [State Mandated Form for Documentation of Medicaid Service Delivery in Out-of-District Settings \(28M/12\) - Revised](#).

**Provider Qualifications**

LEAs may submit only interim claims for services delivered by qualified practitioners, as described in [School-Based Medicaid Provider Bulletin 17](#) (April 2009) and [School-Based Medicaid Provider Bulletin 18](#) (November 2009). Practitioners for whom there are supervision requirements must be so supervised in order for the service to be reimbursable. LEAs may not submit claims or include on cost reports any services provided by practitioners who are required to be supervised and who have not been supervised.

**Codes and Rates**

Effective for dates of service on and after January 1, 2014, providers must select the appropriate speech evaluation code and modifier(s) from the list below, and submit claims using the new code and modifier(s).

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
90791-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	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	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	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

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**Codes and Rates (cont.)**

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
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
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
92521-TM (formerly 92506-TM)	Evaluation of speech fluency 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
92521-TM-U1 (formerly 92506-TM-U1)	Evaluation of speech fluency 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

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**Codes and Rates (cont.)**

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
92522-TM (formerly 92506-TM)	Evaluation of speech sound production processing (pursuant to an IEP) (per hour with a maximum of four hours)	\$15.05	Speech/Language Therapist
92522-TM-U1 (formerly 92506-TM-U1)	Evaluation of speech sound production processing (pursuant to an IEP) (per hour with a maximum of four hours) (in private residential school)	\$7.51	Speech/Language Therapist
92523-TM (formerly 92506-TM)	Evaluation of speech sound production processing with evaluation of language comprehension and expression (pursuant to an IEP) (per hour with a maximum of four hours)	\$15.05	Speech/Language Therapist
92523-TM-U1 (formerly 92506-TM-U1)	Evaluation of speech sound production processing with evaluation of language comprehension and expression (pursuant to an IEP) (per hour with a maximum of four hours) (in private residential school)	\$7.51	Speech/Language Therapist
92524-TM (formerly 92506-TM)	Behavioral and qualitative analysis of voice and resonance (pursuant to an IEP) (per hour with a maximum of four hours)	\$15.05	Speech/Language Therapist
92524-TM-U1 (formerly 92506-TM-U1)	Behavioral and qualitative analysis of voice and resonance (pursuant to an IEP) (per hour with a maximum of four hours) (in private residential school)	\$7.51	Speech/Language Therapist
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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**Codes and Rates (cont.)**

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
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

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**Codes and Rates (cont.)**

<b>Service Code and Modifier</b>	<b>Service Description</b>	<b>Interim Rate</b>	<b>Practitioner</b>
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
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

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## **Questions**

If you have any questions about the information in this bulletin, please contact University of Massachusetts Medical Services (UMMS) at 1-800-535-6741 (phone), 508-856-7643 (fax), or e-mail your inquiry to [schoolbasedclaiming@umassmed.edu](mailto:schoolbasedclaiming@umassmed.edu).