

Medicaid School-Based Services Reimbursement Rates Effective 7/1/2022

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Speech Therapy (Provider Type 457 or 458)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
92521 TM/SC**, GT*	Evaluation of Speech Fluency (eg., stuttering, cluttering)	1 evaluation	\$110.28	No	1
92522 TM/SC**, GT*	Evaluation of Speech Sound Production (eg., articulation, phonological process, apraxia, dysarthria)	1 evaluation	\$89.75	No	1
92523 TM/SC**, GT*	Evaluation of Speech Sound Production (eg.,artic); WITH Evaluation of Language Comprehension and Expression (eg., receptive and expressive language)	1 evaluation	\$186.14	No	1
92524 TM/SC**, GT*	Behavioral and Qualitative Analysis of Voice and Resonance	1 evaluation	\$93.66	No	1
92507 TM/SC**, GT*	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder, Individual	1 hour	\$60.14	Yes	1
92508 TM/SC**, U2, GT*	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder, Group of 2	1 hour	\$45.12	Yes	2
92508 TM/SC**, U3, GT*	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder, Group of 3	1 hour	\$35.08	Yes	2
92508 TM/SC**, U4, GT*	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder, Group of 4	1 hour	\$30.07	Yes	2
92507 TM/SC**, U1	Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder, Home Visit	1 hour	\$77.60	Yes	1

Occupational Therapy (Provider Type 451 or 452)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
97165 TM/SC**, GT*	Occupational Therapy Evaluation Low Complexity	1 evaluation	\$24.66	No	1
97166 TM/SC**, GT*	Occupational Therapy Evaluation Moderate Complexity	1 evaluation	\$37.36	No	1
97167 TM/SC**, GT*	Occupational Therapy Evaluation High Complexity	1 evaluation	\$75.37	No	1
97168 TM/SC**, GT*	Occupational Therapy Re-Evaluation	1 re-evaluation	\$44.92	No	1
97110 TM/SC**, GO, GT*	Therapeutic Procedure, One or More Areas, Each 15 minutes, Individual	15 min	\$11.16	No	6
97150 TM/SC**, GO, U2, GT*	Therapeutic Procedure(s) Group of 2	1 visit	\$19.73	No	8
97150 TM/SC**, GO, U3, GT*	Therapeutic Procedure(s) Group of 3	1 visit	\$17.38	No	8
97150 TM/SC**, GO, U4, GT*	Therapeutic Procedure(s) Group of 4	1 visit	\$16.12	No	8
97110 TM/SC**, GO, U1	Therapeutic Procedure, One or More Areas, Each 15 minutes, Home Visit	15 min	\$19.40	No	6

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Physical Therapy (Provider Type 453 or 454)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
97161 TM/SC**, GT*	Physical Therapy Evaluation Low Complexity	1 evaluation	\$22.77	No	1
97162 TM/SC**, GT*	Physical Therapy Evaluation Moderate Complexity	1 evaluation	\$45.53	No	1
97163 TM/SC**, GT*	Physical Therapy Evaluation High Complexity	1 evaluation	\$68.99	No	1
97164 TM/SC**, GT*	Physical Therapy Re-Evaluation	1 re-evaluation	\$12.33	No	1
97110 TM/SC**, GP, GT*	Therapeutic Procedure, One or More Areas, Each 15 minutes, Individual	15 min	\$11.16	No	6
97150 TM/SC**, GP, U2, GT*	Therapeutic Procedure(s) Group of 2	1 visit	\$19.73	No	8
97150 TM/SC**, GP, U3, GT*	Therapeutic Procedure(s) Group of 3	1 visit	\$17.38	No	8
97150 TM/SC**, GP, U4, GT*	Therapeutic Procedure(s) Group of 4	1 visit	\$16.12	No	8
97110 TM/SC**, GP, U1	Therapeutic Procedure, One or More Areas, Each 15 minutes, Visit	15 min Home	\$19.40	No	6

Nursing (Provider Type 317)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily
T1001 TM/SC**	Nursing Assessment/Evaluation	1 hour	\$43.60	Yes	2
T1002 TM/SC**	RN Services, Each 15 minutes	15 min	\$10.90	No	32
T1003 TM/SC**	LPN Services, Each 15 minutes	15 min	\$7.37	No	32
T1004 TM/SC**	Health Assistant/Delegated School Health Services, Each 15 minutes	15 min	\$5.45	No	32
T1502 TM/SC**, UD (Delegated) (see units for addt'l modifier)	Medication administered by an RN or LPN	U1 = 1 dose	\$12.00	No	2
		U2 = 2 doses	\$15.00		
		U3 = 3 doses	\$18.00		
		U4 = 4+ doses	\$21.00		
T1002 TM/SC**, U1	RN Services, Each 15 minutes, home visit	15 min	\$26.51	No	32
99173 SC, UD (Delegated)	Vision Screening	1 screening	\$2.50	No	1
92551 SC, UD (Delegated)	Hearing Screening	1 screening	\$2.50	No	1
96110 SC, UD (Delegated)	Combined Age-Appropriate Hearing & Vision Screening	1 screening	\$5.00	No	1

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Audiology (Provider Type 331)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
92552 TM/SC**	Pure Tone Audiometry (threshold), Air Only	1 evaluation	\$16.45	No	1
92553 TM/SC**	Pure Tone Audiometry (threshold), Air & Bone	1 evaluation	\$24.67	No	1
92555 TM/SC**	Speech Audiometry Threshold	1 evaluation	\$14.39	No	1
92557 TM/SC**	Comprehensive Audiometry Threshold Eval and Speech Recognition	1 evaluation	\$40.59	No	1
92567 TM/SC**	Tympanometry (Impedance Testing)	1 evaluation	\$19.88	No	1
92587 TM/SC**	Distortion Evoked Otoacoustic Emission, Limited Evaluation (3-6 frequencies) or Transient Evoked Otoacoustic Emissions, with Interpretation and Report	1 evaluation	\$56.07	No	1
92588 TM/SC**	Distortion Evoked Otoacoustic Emission, Comprehensive Evaluation (min 12 frequencies) with Interpretation and Report	1 evaluation	\$74.53	No	1
92630 TM/SC**, U1, GT*	Auditory Rehabilitation; Pre-lingual hearing loss	1 hour	\$60.14	Yes	8
92630 TM/SC**, U2, GT*	Auditory Rehabilitation; Pre-lingual hearing loss, Group of 2	1 hour	\$45.12	Yes	8
92630 TM/SC**, U3, GT*	Auditory Rehabilitation; Pre-lingual hearing loss, Group of 3	1 hour	\$35.08	Yes	8
92630 TM/SC**, U4, GT*	Auditory Rehabilitation; Pre-lingual hearing loss, Group of 4	1 hour	\$30.07	Yes	8
92633 TM/SC**, U1, GT*	Auditory Rehabilitation; Post-lingual hearing loss	1 hour	\$60.14	Yes	8
92633 TM/SC**, U2, GT*	Auditory Rehabilitation; Post-lingual hearing loss, Group of 2	1 hour	\$45.12	Yes	8
92633 TM/SC**, U3, GT*	Auditory Rehabilitation; Post-lingual hearing loss, Group of 3	1 hour	\$35.08	Yes	8
92633 TM/SC**, U4, GT*	Auditory Rehabilitation; Post-lingual hearing loss, Group of 4	1 hour	\$30.07	Yes	8
V5010 TM/SC**, GT*	Audiology assessment and hearing aid check	1 visit	\$12.18	No	1

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Behavioral Health (for most codes, rates vary by provider type)

National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
S9484 SC, GT*	Crisis Intervention, Mental Health Services	438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 431-Psychologist 443-Psych CNS 301-Physician 316-Nurse CNP	1 hour	\$32.00	Yes	3
90832 TM/SC**, GT*	Individual Psychotherapy , 30 min, face-to-face, patient and/or family	301-Physician MD 302-Physician DO	1 visit	\$29.59	No	1
		438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS	1 visit	\$23.28	No	1
		431-Psychologist	1 visit	\$24.25	No	1

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90834 TM/SC** , GT*	Individual Psychotherapy , 45 min, face-to-face, patient and/or family	301-Physician MD	1 visit	\$59.17	No	1
		302-Physician DO				
		438-Cert School Psychologist	1 visit	\$46.56	No	1
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
		445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 visit	\$48.50	No	1
90837 TM/SC** , GT*	Individual Psychotherapy , 60 min, face-to-face, patient and/or family	301-Physician MD	1 visit	\$88.76	No	1
		302-Physician DO				
		438-Cert School Psychologist	1 visit	\$69.84	No	1
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
		445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 visit	\$72.75	No	1

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90846 TM/SC** , GT*	Family Psychotherapy, without the patient present	301-Physician MD	1 hour	\$95.26	Yes	3
		302-Physician DO				
		438-Cert School Psychologist	1 hour	\$66.93	Yes	3
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
90847 TM/SC** , GT*	Family Psychotherapy, with the patient present	445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 hour	\$67.90	Yes	3
		301-Physician MD	1 hour	\$104.76	Yes	2
		302-Physician DO				
		438-Cert School Psychologist	1 hour	\$77.60	Yes	2
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
		445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 hour	\$82.45	Yes	2

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90849 TM/SC** , GT*	Multiple Family Group Psychotherapy	301-Physician MD 302-Physician DO	1 hour	\$30.50	Yes	2
		438-Cert School Psychologist	1 hour	\$24.25	Yes	2
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
		445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 hour	\$24.25	Yes	2
90853 TM/SC** , U2 , GT*	Group Psychotherapy (other than multiple family), Group of 2	301-Physician MD 302-Physician DO	1 hour	\$29.10	Yes	2
		438-Cert School Psychologist	1 hour	\$34.92	Yes	2
		445/119-LBSW				
		445/087-LMSW				
		444-LISW/LCSW				
		445/122-LMHC(LPC)				
		435-LPCC				
		445/058-LAMFT				
		436-LMFT				
		445/088-Lic Psychologist Associate				
		443-Psych CNS				
		431-Psychologist	1 hour	\$36.39	Yes	2

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90853 TM/SC**, U3, GT*	Group Psychotherapy (other than multiple family), Group of 3	301-Physician MD	1 hour	\$29.10	Yes	2
		302-Physician DO				
		438-Cert School Psychologist	1 hour	\$27.16	Yes	2
		445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS				
		431-Psychologist	1 hour	\$28.29	Yes	2
90853 TM/SC**, U4, GT*	Group Psychotherapy (other than multiple family), Group of 4	301-Physician MD	1 hour	\$29.10	Yes	2
		302-Physician DO				
		438-Cert School Psychologist	1 hour	\$23.28	Yes	2
		445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS				
		431-Psychologist	1 hour	\$24.29	Yes	2

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
96110 SC, GT*	Developmental Screening	438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 431-Psychologist 443-Psych CNS 301-Physician 316-Nurse CNP	1 Screening	\$5.00	No	5 (i.e. Multiple screenings can be given daily on one individual. GAD-7/Anxiety, PHQ-9/Depression, SNAP-IV/ADHD, etc.)
96127 SC, GT*	Brief Emotional/Behavioral Assessment	438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW/LCSW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 431-Psychologist 443-Psych CNS 301-Physician 316-Nurse CNP	1 Assessment	\$8.00	No	5 (i.e. Multiple screenings can be given daily on one individual. SCAS/Anxiety, CY-BOCS-II/OCD, C-SSRS/Suicide Prevention, etc.
90791 TM/SC**, GT*	Psychiatric Diagnostic Evaluation	431-Psychologist	1 Evaluation	\$48.50	No	1
		444-LISW/LCSW	1 Evaluation	\$87.30	No	1
		435-LPCC				
		436-LMFT				
		443-CNS	1 Evaluation	\$97.97	No	1
		431-Psychologist	1 Evaluation	\$107.67	No	1
90792 TM/SC**, GT*	Psychiatric Diagnostic Evaluation with Medical Services	301-Physician 316-Nurse CNP	1 Evaluation	\$136.77	No	1
G0155 TM/SC**	Services of Clinical Social Workers in Home Health Setting, Each 15 min.		15 min	\$19.40	No	12

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Transportation (Billing under District #)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
A0110 TM	IEP School Bus Transportation	Per one-way trip	Varies by district and year (Contact the Medicaid SHO for rate information)	No	None

Case Management (provider Type 462)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
T1017 TM	Targeted Case Management, Each 15 min. (provider must be enrolled with Conduent as a case manager)	15 min	\$9.25	No	99

Nutritional Counseling (Billing under District #)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
97802 TM/SC**, GT*	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, Each 15 minutes	15 min	\$11.64	No	4
97803 TM/SC**, GT*	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, Each 15 minutes	15 min	\$2.91	No	4