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Speech Therapy (Provider Type 457 or 458)

* GT modifier MUST be used for any service provided via Tele-Therapy

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

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

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Audiology (Provider Type 331)

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

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Occupational Therapy (Provider Type 451 or 452)

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

Physical Therapy (Provider Type 453 or 454)

National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
97161 TM, GT*	Physical Therapy Evaluation Low Complexity	1 evaluation	$22.77	No	1
97162 TM, GT*	Physical Therapy Evaluation Moderate Complexity	1 evaluation	$45.53	No	1
97163 TM, GT*	Physical Therapy Evaluation High Complexity	1 evaluation	$68.99	No	1
97164 TM, GT*	Physical Therapy Re-Evaluation	1 re-evaluation	$12.33	No	1
97110 TM, GP, GT*	Therapeutic Procedure, One or More Areas, Each 15 minutes, Individual	15 min	$11.16	No	6

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National Code/Modifiers	Description	Unit	Rate	Partial Units	Maximum Daily Units
97150 TM, GP, U2, GT*	Therapeutic Procedure(s) Group of 2	1 visit	$19.73	No	8
97150 TM, GP, U3, GT*	Therapeutic Procedure(s) Group of 3	1 visit	$17.38	No	8
97150 TM, GP, U4, GT*	Therapeutic Procedure(s) Group of 4	1 visit	$16.12	No	8
97110 TM, GP, U1	Therapeutic Procedure, One or More Areas, Each 15 minutes, Home Visit	15 min	$19.40	No	6

Nursing (Provider Type 317)

National	Description	Unit	Rate	Partial Units	Maximum
T1001 TM	Nursing Assessment/Evaluation	1 hour	$43.60	Yes	2
T1002 TM	RN Services, Each 15 minutes	15 min	$10.90	No	32
T1003 TM	LPN Services, Each 15 minutes	15 min	$7.37	No	32
T1502 TM ***(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, U1	RN Services, Each 15 minutes, home visit	15 min	$26.51	No	32

Nutritional Counseling (Billing under District #)

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

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

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90832 TM, 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 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

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

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

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

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90847 TM, GT*	Family Psychotherapy, with the patient present	301-Physician MD 302-Physician DO	1 hour	$104.76	Yes	2
		438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS	1 hour	$77.60	Yes	2
		431-Psychologist	1 hour	$82.45	Yes	2

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

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90853 TM, 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 445/119-LBSW 445/087-LMSW 444-LISW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS	1 hour	$34.92	Yes	2
		431-Psychologist	1 hour	$36.39	Yes	2

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

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National Code/Modifiers	Description	Provider Type/ Specialty	Unit	Rate	Partial Units	Maximum Daily Units
90853 TM, U4, GT*	Group Psychotherapy (other than multiple family), Group of 4	301-Physician MD 302-Physician DO	1 hour	$29.10	Yes	2
		438-Cert School Psychologist 445/119-LBSW 445/087-LMSW 444-LISW 445/122-LMHC(LPC) 435-LPCC 445/058-LAMFT 436-LMFT 445/088-Lic Psychologist Associate 443-Psych CNS	1 hour	$23.28	Yes	2
		431-Psychologist	1 hour	$24.29	Yes	2
National Code/Modifiers	**Description**	**Provider Type/ Specialty**	**Unit**	**Rate**	**Partial Units**	**Maximum Daily Units**
90791 TM, GT*	Psychiatric Diagnostic Evaluation	438-Cert School Psychologist	1 Evaluation	$48.50	No	1
		444-LISW 435-LPCC 436-LMFT		$87.30	No	1
		443-CNS		$97.97	No	1
		431-Psychologist		$107.67	No	1
90792 TM, GT*	Psychiatric Diagnostic Evaluation with Medical Services	301-Physician 316-Nurse CNP	1 Evaluation	$136.77	No	1
G0155 TM	Services of Clinical Social Workers in Home Health Setting, Each 15 min.		15 min	$19.40	No	12