

MDCH
School Based Services Database
January 2014

Revised: 03/19/2014

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Limits	Comments
90785		Psytx Complex Interactive		\$0.00	23 per Month	
90832		Psytx Pt&/Family 30 Minutes		\$0.00	23 per Month	
90834		Psytx Pt&/Family 45 Minutes		\$0.00	23 per Month	
90846		Family Psytx W/O Patient		\$0.00	12 per Month	
90847		Family Psytx W/ Patient		\$0.00	12 per Month	
90853		Group Psychotherapy		\$0.00	12 per Month	
92506		Speech/Hearing Evaluation	D	\$0.00	12 per Month	For hearing evaluations, refer to the Audiology Section of the CPT manual.
92506	HT	Speech/Hearing Evaluation	D	\$0.00	8 per School Fiscal Year	For hearing evaluations, refer to the Audiology Section of the CPT manual.
92506	TL	Speech/Hearing Evaluation	D	\$0.00	8 per School Fiscal Year	For hearing evaluations, refer to the Audiology Section of the CPT manual.
92506	TM	Speech/Hearing Evaluation	D	\$0.00	6 per School Fiscal Year	For hearing evaluations, refer to the Audiology Section of the CPT manual.
92507		Speech/Hearing Therapy		\$0.00	23 per Month	
92508		Speech/Hearing Therapy		\$0.00	23 per Month	
92521		Evaluation Of Speech Fluency	A	\$0.00	12 per Month	
92521	HT	Evaluation Of Speech Fluency	A	\$0.00	8 per School Fiscal Year	
92521	TL	Evaluation Of Speech Fluency	A	\$0.00	8 per School Fiscal Year	
92521	TM	Evaluation Of Speech Fluency	A	\$0.00	6 per School Fiscal Year	
92522		Evaluate Speech Production	A	\$0.00	12 per Month	
92522	HT	Evaluate Speech Production	A	\$0.00	8 per School Fiscal Year	
92522	TL	Evaluate Speech Production	A	\$0.00	8 per School Fiscal Year	
92522	TM	Evaluate Speech Production	A	\$0.00	6 per School Fiscal Year	
92523		Speech Sound Lang Comprehen	A	\$0.00	12 per Month	
92523	HT	Speech Sound Lang Comprehen	A	\$0.00	8 per School Fiscal Year	
92523	TL	Speech Sound Lang Comprehen	A	\$0.00	8 per School Fiscal Year	
92523	TM	Speech Sound Lang Comprehen	A	\$0.00	6 per School Fiscal Year	
92524		Behavral Qualit Analys Voice	A	\$0.00	12 per Month	
92524	HT	Behavral Qualit Analys Voice	A	\$0.00	8 per School Fiscal Year	
92524	TL	Behavral Qualit Analys Voice	A	\$0.00	8 per School Fiscal Year	
92524	TM	Behavral Qualit Analys Voice	A	\$0.00	6 per School Fiscal Year	
92550		Tympanometry & Reflex Thresh		\$0.00	1 per Day	Revised: Coverage effective 01/01/2014
92551		Pure Tone Hearing Test Air		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92552		Pure Tone Audiometry Air		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92552	HT	Pure Tone Audiometry Air		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92552	TL	Pure Tone Audiometry Air		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92552	TM	Pure Tone Audiometry Air		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92553		Audiometry Air & Bone		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92553	HT	Audiometry Air & Bone		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014

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92553	TL	Audiometry Air & Bone		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92553	TM	Audiometry Air & Bone		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92555		Speech Threshold Audiometry		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92556		Speech Audiometry Complete		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92557		Comprehensive Hearing Test		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92557	HT	Comprehensive Hearing Test		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92557	TL	Comprehensive Hearing Test		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92557	TM	Comprehensive Hearing Test		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92558		Evoked Auditory Test Qual		\$0.00	3 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92567		Tympanometry		\$0.00	1 per Day	Revised: Coverage effective 01/01/2014
92567	HT	Tympanometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92567	TL	Tympanometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92567	TM	Tympanometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92568		Acoustic Refl Threshold Tst		\$0.00	1 per Day	Revised: Coverage effective 01/01/2014
92582		Conditioning Play Audiometry		\$0.00	1 per Day	Revised: Coverage effective 01/01/2014
92582	HT	Conditioning Play Audiometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92582	TL	Conditioning Play Audiometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92582	TM	Conditioning Play Audiometry		\$0.00	4 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92594		Electro Hearng Aid Test One		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92595		Electro Hearng Aid Tst Both		\$0.00	2 per School Fiscal Year	Revised: Coverage effective 01/01/2014
92630		Aud Rehab Pre-Ling Hear Loss		\$0.00	36 per 3 Months	Revised: Coverage effective 01/01/2014
92633		Aud Rehab Postling Hear Loss		\$0.00	36 per 3 Months	Revised: Coverage effective 01/01/2014
96101		Psycho Testing By Psych/Phys		\$0.00	5 per School Fiscal Year	
96101	HT	Psycho Testing By Psych/Phys		\$0.00	4 per School Fiscal Year	
96101	TL	Psycho Testing By Psych/Phys		\$0.00	4 per School Fiscal Year	
96110		Developmental Screen		\$0.00	12 per School Fiscal Year	
96110	HT	Developmental Screen		\$0.00	8 per School Fiscal Year	
96110	TM	Developmental Screen		\$0.00	6 per School Fiscal Year	
96111		Developmental Test Extend		\$0.00	12 per School Fiscal Year	
96111	HT	Developmental Test Extend		\$0.00	8 per School Fiscal Year	
96111	TM	Developmental Test Extend		\$0.00	6 per School Fiscal Year	

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96116		Neurobehavioral Status Exam		\$0.00	5 per School Fiscal Year	
96116	HT	Neurobehavioral Status Exam		\$0.00	4 per School Fiscal Year	
96116	TL	Neurobehavioral Status Exam		\$0.00	4 per School Fiscal Year	
96118		Neuropsych Tst By Psych/Phys		\$0.00	5 per School Fiscal Year	
96118	HT	Neuropsych Tst By Psych/Phys		\$0.00	4 per School Fiscal Year	
96118	TL	Neuropsych Tst By Psych/Phys		\$0.00	4 per School Fiscal Year	
97001		Pt Evaluation		\$0.00	6 per School Fiscal Year	
97001	HT	Pt Evaluation		\$0.00	4 per School Fiscal Year	
97001	TL	Pt Evaluation		\$0.00	4 per School Fiscal Year	
97001	TM	Pt Evaluation		\$0.00	6 per School Fiscal Year	
97003		Ot Evaluation		\$0.00	6 per School Fiscal Year	
97003	HT	Ot Evaluation		\$0.00	4 per School Fiscal Year	
97003	TL	Ot Evaluation		\$0.00	4 per School Fiscal Year	
97003	TM	Ot Evaluation		\$0.00	6 per School Fiscal Year	
97110		Therapeutic Exercises		\$0.00	184 per Month	
97112		Neuromuscular Reeducation		\$0.00	184 per Month	
97116		Gait Training Therapy		\$0.00	8 per Day	
97150		Group Therapeutic Procedures		\$0.00	3 per Day	
97530		Therapeutic Activities		\$0.00	92 per Month	
97533		Sensory Integration		\$0.00	92 per Month	
97535		Self Care Mngment Training		\$0.00	92 per Month	
97542		Wheelchair Mngment Training		\$0.00	32 per Month	
97755		Assistive Technology Assess		\$0.00	184 per Month	
97760		Orthotic Mgmt And Training		\$0.00	92 per Month	
97761		Prosthetic Training		\$0.00	92 per Month	
99367		Team Conf W/o Pat By Phys		\$0.00	46 per Month	
99367	HT	Team Conf W/o Pat By Phys		\$0.00	6 per School Fiscal Year	
99367	TL	Team Conf W/o Pat By Phys		\$0.00	6 per School Fiscal Year	
99367	TM	Team Conf W/o Pat By Phys		\$0.00	4 per School Fiscal Year	
A0120		Noner Transport Mini-Bus		\$0.00	46 per Month	
A0130		Noner Transport Wheelch Van		\$0.00	46 per Month	
G9008		Mccd,Phys Coord-Care Ovrsght		\$0.00	6 per School Fiscal Year	
H0004		Alcohol And/Or Drug Services		\$0.00	138 per Month	
H0031		MH Health Assess By Non-MD		\$0.00	6 per School Fiscal Year	
H0031	HT	MH Health Assess By Non-MD		\$0.00	12 per School Fiscal Year	
H0031	TL	MH Health Assess By Non-MD		\$0.00	12 per School Fiscal Year	
H0031	TM	MH Health Assess By Non-MD		\$0.00	6 per School Fiscal Year	
S9484		Crisis Intervention Per Hour		\$0.00	96 per School Fiscal Year	
T1001		Nursing Assessment/Evaluatn		\$0.00	6 per School Fiscal Year	
T1001	HT	Nursing Assessment/Evaluatn		\$0.00	4 per School Fiscal Year	
T1001	TL	Nursing Assessment/Evaluatn		\$0.00	4 per School Fiscal Year	
T1001	TM	Nursing Assessment/Evaluatn		\$0.00	6 per School Fiscal Year	
T1002		Rn Services, Up To 15 Min		\$0.00	120 per Month	
T1003		LPN/LVN Services Up To 15min		\$0.00	120 per Month	
T1020		Personal Care Ser Per Diem		\$0.00	23 per Month	
T1024	TM	Team Evaluation & Management		\$0.00	6 per School Fiscal Year	
T2023		Targeted Case Mgmt Per Month		\$0.00	1 per Month	
V2799		Miscellaneous Vision Service		\$0.00	6 per School Fiscal Year	
V2799	HT	Miscellaneous Vision Service		\$0.00	4 per School Fiscal Year	
V2799	TL	Miscellaneous Vision Service		\$0.00	4 per School Fiscal Year	
V2799	TM	Miscellaneous Vision Service		\$0.00	6 per School Fiscal Year	

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