



Bulletin

Michigan Department of Community Health

Distribution: School Based Services Providers 00-01

Issued: January 1, 2001

Subject: New Procedure Codes for Health and Ancillary Services
(Fee for Service Program)

Effective: February 1, 2001

Programs Affected: Medicaid, Children's Special Health Care Services

The Department of Community Health (DCH) is committed to simplifying the Medicaid billing process by working to establish uniform billing processes for Medicaid providers to use. This includes adopting claim formats routinely used by Medicare and other insurers. In keeping with this effort, the procedure codes for School Based Services (SBS) health and ancillary services must be changed to a five digit alphanumeric format.

Effective for dates of service on and after February 1, 2001, SBS providers must bill using new five digit procedure codes; therefore, the six digit codes currently used for SBS are being discontinued. Any claims that are submitted using the six digit codes for dates of service on and after February 1, 2001 will not be paid.

Listed below in **Table I** are the existing six digit procedure codes (570013 – 570064), the descriptions, and the corresponding new five digit procedure codes (Z5713 – Z5764) for health and ancillary services covered under the Fee for Service, SBS Program. Listed in **Table II** are the existing service levels (Limited, Intermediate, Comprehensive, and Complex) and their descriptions, which **will not be changed**. The SBS definitions for Speech, Language and Hearing, Occupational Therapy, Physical Therapy, Psychological Counseling, Developmental Testing, IDEA Assessment, Nursing, Social Work, and Counseling will continue to be distinguished by these service levels.

TABLE I

Existing Procedure Codes	Descriptions	New Procedure Codes
570013	Speech, Language & Hearing - Intermediate	Z5713
570014	Speech, Language & Hearing – Comprehensive	Z5714
570015	Speech, Language & Hearing – Complex	Z5715
570016	Speech, Language & Hearing – Group	Z5716
570017	Occupational Therapy – Intermediate	Z5717
570018	Occupational Therapy – Comprehensive	Z5718

Existing Procedure Codes	Descriptions	New Procedure Codes
570019	Occupational Therapy – Complex	Z5719
570020	Occupational Therapy – Group	Z5720
570021	Physical Therapy – Intermediate	Z5721
570022	Physical Therapy – Comprehensive	Z5722
570023	Physical Therapy – Complex	Z5723
570024	Physical Therapy – Group	Z5724
570025	Psychological Counseling – Intermediate	Z5725
570026	Psychological Counseling – Comprehensive	Z5726
570027	Psychological Counseling & Social Work - Complex	Z5727
570028	Psychological Counseling – Group	Z5728
570029	Developmental Testing – Intermediate	Z5729
570030	Developmental Testing – Comprehensive	Z5730
570031	IDEA Assessment – Intermediate	Z5731
570032	IDEA Assessment – Comprehensive	Z5732
570033	IDEA Assessment – Complex	Z5733
570034	Nursing – Limited	Z5734
570035	Nursing – Intermediate	Z5735
570036	Nursing – Comprehensive	Z5736
570037	Nursing – Complex	Z5737
570038	Special Transportation Owned/Leased	Z5738
570039	Special Transportation Owned/Leased with Attendant	Z5739
570040	Special Transportation Contracted	Z5740
570041	Special Transportation Contracted with Attendant	Z5741
570042	Transportation – No Special Accommodations	Z5742
570045	Social Work, Counseling – Intermediate	Z5745
570046	Social Work, Counseling – Comprehensive	Z5746
570047	Social Work, Counseling – Group	Z5747
570048	Assistive Technology Device Service, Physical Therapy – Intermediate	Z5748
570049	Assistive Technology Device Service, Physical Therapy – Comprehensive	Z5749
570050	Assistive Technology Device Service, Physical Therapy – Complex	Z5750
570051	Assistive Technology Device Service, Occupational Therapy – Intermediate	Z5751
570052	Assistive Technology Device Service, Occupational Therapy – Comprehensive	Z5752
570053	Assistive Technology Device Service, Occupational Therapy – Complex	Z5753
570054	Assistive Technology Device Service, Speech, Language, Hearing – Intermediate	Z5754
570055	Assistive Technology Device Service, Speech, Language, Hearing – Comprehensive	Z5755
570056	Assistive Technology Device Service, Speech, Language, Hearing – Complex	Z5756
570057	Orientation and Mobility – Intermediate	Z5757
570058	Orientation and Mobility – Comprehensive	Z5758
570059	Orientation and Mobility – Complex	Z5759
570060	Orientation and Mobility – Group	Z5760
570061	Physician – Evaluation, Consultation	Z5761
570062	Physician – Record Review	Z5762
570063	Service Coordination	Z5763
570064	Vision Services	Z5764

TABLE II

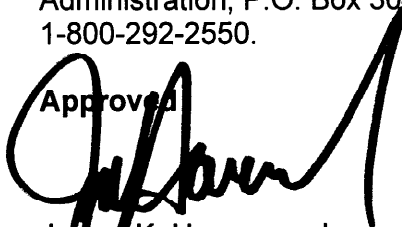
SERVICE LEVEL	DEFINITION
LIMITED for nursing services only	Performance of a treatment or service, and documentation which indicates a brief or limited encounter. (This service does not include informal conferences, meetings or discussions with family or other treatment staff.)
INTERMEDIATE	Performance of a new, routine, or periodic treatment or service and related documentation of treatment progress or service notes; or Detailed discussion of covered services performed, effectiveness of covered services and findings, or physical or mental condition with family or other professional staff, and documentation of issues discussed and participants; or Participation at a formal IEP or IFSP conference for an individual receiving covered services and documentation of the conference outcome.
COMPREHENSIVE	Performance of a detailed evaluation and documentation of evaluation findings; or Performance of a treatment or service which includes adjustment and reaction to unusual treatment or service events, and documentation of treatment progress which includes adjustment of therapeutic management or service and referral to a physician.
COMPLEX	Performance of the comprehensive evaluation for Special Education required to be performed at least once every 36 months; or Performance of a treatment or service which includes an unusual amount of effort or judgment requiring immediate physician referral with extensive and detailed documentation. Services at this level are infrequent, unusual and indicate inappropriate placement or treatment setting.

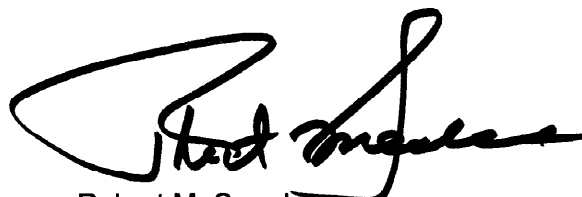
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979. Provider may phone toll free 1-800-292-2550.

Approved

 James K. Haveman, Jr.
 Director


 Robert M. Smedes
 Deputy Director for
 Medical Services Administration