

Distribution: School Based Services 03-03

Issued: September 19, 2003

Subject: Corrections to:

- TCM Procedure Code (bulletin School Based Services 03-02)
- Covered Services (bulletin School Based Services 03-02)
- Special Billing Instructions (bulletin MSA 03-15)

Effective: October 1, 2003

Programs Affected: Medicaid School Based Services (SBS) Fee-for-Service Program

PURPOSE

This bulletin is to notify providers of corrections which need to be made to information in your School Based Services Medicaid provider manual. Please make corrections to your manual. The corrections are as follows:

- **Chapter III, Section 2.1, page 9:** The following sentence is to be added at the end of the first bullet in the Procedure Codes portion of the table:

The determination date must be included in the assessment, test, or evaluation.

- **Chapter III, Section 2.10, page 22:** In the Procedure Codes portion of the table, replace the procedure code noted for Staff Case Management with **T1017** (Target case management; each 15 minutes).
- **Chapter IV, Section 6, page 7:** The 4th and 5th bullets under School Based Services are to be replaced with the following:
 - Qualified staff may bill for assessments, tests and evaluations performed for the Individuals with Disabilities Education Act (IDEA) assessment using the appropriate procedure code with the HT modifier. The date of service is the date of the determination of eligibility for special education or early-on services. The determination date must be included in the assessment, test, or evaluation.
 - Qualified staff may bill for the multi-disciplinary team assessment to develop, review and revise an IEP/IFSP treatment plan using the appropriate procedure code and the TM modifier. The date of service is the date of the multi-disciplinary team assessment.

MANUAL MAINTENANCE

Retain this bulletin for future reference.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

APPROVAL

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is written in a cursive style with a large initial "P".

Paul Reinhart, Director
Medical Services Administration