

Medicaid Certified School Match Program Fee Schedule

***Reimbursement amount is the Federal Share of these fees. However, reimbursement can also be based on the individual school district's cost and vary from school district to school district.**

| Occupational Therapy Services | | | | |
|--------------------------------------|-----------------|--|--------------------|--------------------------------|
| Code | Modifier | Description of Service | Maximum Fee | Maximum Allowable Units |
| 97165 | | Occupational Therapy Evaluation, Low Complexity | \$51.05 | 1 per year |
| 97166 | | Occupational Therapy Evaluation, Moderate Complexity | \$51.05 | 1 per year |
| 97167 | | Occupational Therapy Evaluation, High Complexity | \$51.05 | 1 per year |
| 97530 | | Occupational Therapy Treatment Visit | \$17.86 | 4 per day, 14 per week |
| 97530 | HM | Occupational Therapy Visit Provided by an Occupational Therapy Assistant | \$14.30 | 4 per day, 14 per week |
| 97150 | GO | Occupational Therapy Group Session by an Occupational Therapist | \$3.47 | 4 per day, per week |
| 97150 | UC | Occupational Therapy Group Session by an Occupational Therapy Assistant | \$2.74 | 4 per day |
| 97542 | GO | Wheelchair Evaluation and Fitting by an Occupational Therapist | \$51.05 | 1 per 5 years |
| 92597 | GO | AAC Initial Evaluation Provided by an Occupational Therapist | \$102.63 | 1 per 5 years |
| 29799 | HA | Application of Casting or Strapping | \$19.56 | 2 per day |

| Physical Therapy Services | | | | |
|----------------------------------|-----------------|--|--------------------|--------------------------------|
| Code | Modifier | Description of Service | Maximum Fee | Maximum Allowable Units |
| 97161 | | Physical Therapy Evaluation, Low Complexity | \$51.05 | 1 per year |
| 97162 | | Physical Therapy Evaluation, Moderate Complexity | \$51.05 | 1 per year |
| 97163 | | Physical Therapy Evaluation, High Complexity | \$51.05 | 1 per year |
| 97110 | | Physical Therapy Treatment Visit | \$17.86 | 4 per day, 14 per week |
| 97110 | HM | Physical Therapy Visit Provided by a Physical Therapy Assistant | \$14.29 | 4 per day, 14 per week |
| 97150 | GP | Physical Therapy Group Session by a Physical Therapist | \$3.47 | 4 per day |
| 97150 | HM | Physical Therapy Group Session by a Physical Therapist Assistant | \$2.74 | 4 per day |
| 97542 | GP | Wheelchair Evaluation and Fitting by a Physical Therapist | \$51.05 | 1 per 5 years |
| 92597 | GP | AAC Initial Evaluation Provided by a Physical Therapist | \$102.63 | 1 per 5 years |
| 29799 | HA | Application of Casting or Strapping | \$19.56 | 2 per day |

| Speech-Language Pathology Services | | | | |
|---|-----------------|--|--------------------|--------------------------------|
| Code | Modifier | Description of Service | Maximum Fee | Maximum Allowable Units |
| 92521 | | Evaluation/ Re-evaluation of speech fluency (e.g., stuttering, cluttering) | \$51.05 | 1 per 5 months |
| 92522 | | Evaluation/ Re-evaluation of speech sound production (e.g., | \$51.05 | 1 per 5 months |

| | | | | |
|-------|----|--|----------|------------------------|
| | | articulation, phonological process, apraxia, dysarthria) | | |
| 92523 | | Evaluation/ Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) | \$51.05 | 1 per 5 months |
| 92524 | | Evaluation/ Re-evaluation Behavioral and qualitative analysis of voice and resonance | \$51.05 | 1 per 5 months |
| 92610 | | Evaluation/Re-Evaluation of oral and pharyngeal swallowing function | \$48.94 | 1 per 5 months |
| 92507 | | Speech-Language Pathology Individual Session by a Speech-Language Pathologist | \$17.86 | 4 per day, 14 per week |
| 92507 | HM | Speech Therapy Visit Provided by a Speech Therapy Assistant | \$14.30 | 4 per day, 14 per week |
| 92508 | | Speech-Language Pathology Group Session by a Speech-Language Pathologist | \$3.47 | 4 per day 14 per week |
| 92508 | HM | Speech-Language Pathology Group Session by a Speech-Language Pathology Assistant | \$3.74 | 4 per day, 14 per week |
| 92597 | | AAC Initial Evaluation Provided by a Speech-Language Pathologist | \$102.63 | 1 per 5 years |
| 92597 | GN | AAC Re-Evaluation Provided by a Speech-Language Pathologist | \$52.63 | 1 per 6 months |
| 92609 | | AAC Fitting, Adjustment, and Training Visit | \$42.11 | 8 per year |

TRANSPORTATION

Transportation fees vary for each school district. They are not included in this appendix, instead each district is notified of its fee.

| Behavioral Services | | | | |
|----------------------------|-----------------|--|--------------------|---|
| Code | Modifier | Description of Service | Maximum Fee | Maximum Allowable Unit |
| 96150 | AH | Psychologist-Individual Service-Evaluation | \$9.66 | 32 units per school district staff member, per day. |
| 96152 | AH | Psychologist-Individual Service-All Else | \$9.66 | 8 units per school district staff member, per day. |
| 96153 | AH | Psychologist-Group Service | \$4.95 | 32 units per school district staff member, per day. |
| 96150 | | Certified Behavior Analyst-Individual Service-Evaluation | \$8.00 | 32 units per school district staff member, per day. |
| 96152 | | Certified Behavior Analyst-Individual Service-All Else | \$10.41 | 8 units per school district staff member, per day. |
| 96153 | | Certified Behavior Analyst-Group Service | \$3.24 | 32 units per school district staff member, per day. |
| 96150 | HN | Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst-Individual Service-Evaluation | \$6.70 | 32 units per school district staff member, per day. |
| 96152 | HN | Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior | \$6.70 | 8 units per school district staff member, per day. |

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|-------|----|---|--------|--|
| | | Analyst-Individual Service- All Else | | |
| 96153 | HN | Certified Behavior Analyst (Bachelor's Level) and Certified Assistant Behavior Analyst-Group Service | \$3.35 | 32 units per school district staff member, per day. |
| 96150 | HO | Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors Individual Service -Evaluation | \$8.97 | 32 units per school district staff member, per day. |
| 96152 | HO | Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors- Individual Service-All Else | \$8.97 | 8 units per school district staff member, per day. |
| 96153 | HO | Social Worker (Master's Level); Marriage and Family Therapist; Mental Health and Guidance Counselors- Group Service | \$4.25 | 32 units per school district staff member, per day. |
| 96150 | UD | Social Worker (Bachelor's Level)-Individual Service- Evaluation | \$7.17 | 32 units per school district staff member, per day. |
| 96152 | UD | Social Worker (Bachelor's Level)-Individual Service-All Else | \$7.17 | 8 units per school district staff member, per day. |
| 96153 | UD | Social Worker (Bachelor's Level)-Group Service | \$3.40 | 32 units per school district staff member, per day. |

| Nursing Services | | | | |
|-------------------------|-----------------|--|--------------------|-------------------------------------|
| Code | Modifier | Description of Service | Maximum Fee | Maximum Allowable Units |
| T1002 | | Nursing Service-Registered Nurse | \$6.20 | 32 units per nurse or aide, per day |
| T1003 | | Nursing Service-Licensed Practical Nurse | \$4.80 | 32 units per nurse or aide, per day |
| T1004 | | Nursing Service-School Health Aide | \$3.80 | 32 units per nurse or aide, per day |
| T1002 | KO | Medication Administration-Registered Nurse | \$2.07 | 32 units per nurse or aide, per day |
| T1003 | KO | Medication Administration-Licensed Practical Nurse | \$1.06 | 32 units per nurse or aide, per day |
| T1004 | KO | Medication Administration-School Health Aide | \$.80 | 32 units per nurse or aide, per day |