

Medicaid Certified School Match Program Fee Schedule 2019

**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 Individual Session	\$17.86	4 per day, 14 per week
97530	HM	Occupational Therapy Individual Session 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
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 Individual Session	\$17.86	4 per day, 14 per week
97110	HM	Physical Therapy Individual Session 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-Language Pathology Individual Session 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 month.
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 month.
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 month.

		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 month.
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 month.
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