

LEA SERVICE CODES, UNITS AND MAXIMUM PAYMENT RATES
as of February, 2024

ALL CLAIMS

Beginning February, 2024 all claims submitted for covered services rendered on or after July 1, 2022, **must** include a modifier as follows:

TM modifier = must be used for services provided **pursuant** to an IEP.

TR modifier = must be used for services provided **not** pursuant to an IEP.

Claims that do not include the TM or TR modifier, will be denied!

THERAPY SERVICES

| Code | Service Description | Unit | MAX. RATE* |
|-------|---|----------------------------|------------|
| 97163 | Physical Therapy Assessment/Evaluation | Per assessment/evaluation | 115.32 |
| 97110 | Physical Therapy Individual Visit/Session | Per visit/session | 95.91 |
| 97150 | Physical Therapy Group Session | Per individual per session | 31.91 |
| 97167 | Occupational Therapy Assessment/Evaluation | Per assessment/evaluation | 115.32 |
| 97530 | Occupational Therapy Individual Visit/Session | Per visit/session | 95.91 |
| S9129 | Occupational Therapy Group Session | Per individual per session | 31.91 |
| 92522 | Speech/Language Assessment/Evaluation * | Per assessment/evaluation | 115.32 |
| 92507 | Speech Therapy Individual Visit/Session | Per visit/session | 95.91 |
| 92508 | Speech Therapy Group Session | Per individual per session | 31.91 |

*Assistive Technology evaluations are billed per discipline, using the above evaluation codes

NURSING SERVICES

| Code | Modifier | Service Description | Unit | Max Rate |
|-------|----------|---|------------|----------|
| T1002 | UC | Services pursuant to a student specific physician order. NPI for ORP must be included. | 15 minutes | 9.00 |
| T1002 | UD | Services not pursuant to a student specific order. No NPI required. | 15 minutes | 9.00 |

Nursing claims requiring UC/UD modifier that are not included, will be denied!

Service Limits for Nursing: Nursing services are limited to 8 hours per day. To calculate monthly units billed, take the total monthly time spent providing nursing services and divide by 15 (a unit) to get the total number of units to be billed for that month. If the calculation of the total number of units billed ends up with a fraction of a unit, round to the nearest unit.

BEHAVIORAL/MENTAL HEALTH SERVICES

| Code | Service Description | Unit | MAX. RATE |
|-------|--|-------------------------------|-----------|
| 90791 | Behavioral Health Evaluation (Psychiatric diagnostic interview examination) | Per exam | 135.66 |
| 90832 | Mental Health Counseling Services – Individual (individual psychotherapy) | Per session | 66.26 |
| 90839 | Crisis Intervention Services | Per intervention/session | 162.26 |
| 90846 | Family Mental Health Counseling – <i>without</i> student present (Family Psychotherapy) <i>Billed per session regardless of the number of family members present.</i> | Per session | 98.25 |
| 90847 | Family Mental Health Counseling – student present (Family Psychotherapy) <i>Billed per session regardless of number of family members present. Only one Medicaid recipient (primary) can be claimed, even if there were additional enrolled siblings present.</i> | Per session | 102.43 |
| 90853 | Group Counseling/Psychotherapy | Per individual/per session | 12.67 |
| 96110 | Developmental Screening, Scoring and Documentation | Per screening | 8.17 |
| 97151 | Adaptive behavior assessment | Per 15 minutes | 23.48 |
| 97153 | Adaptive behavior treatment | Per 15 minutes | 15.00 |
| 97154 | Group adaptive behavior treatment by protocol (maximum group size is 8 individuals) | Per individual/per 15 minutes | 12.77 |
| 97155 | Adaptive behavior treatment with protocol modification | Per 15minutes | 23.48 |
| 97158 | Group adaptive behavior treatment (maximum group size is 8 individuals) | Per individual/per 15 minutes | 22.83 |

AUDIOLOGY SERVICES

| Code | Service Description | MAX. RATE |
|-------|--|-----------|
| 92550 | Tympanometry and reflex threshold measurements (Do <u>not</u> report 92550 in conjunction with 92567, 92568. Audiologists performing both tests on the same day should use 92550. Bill the individual CPT code if you do not perform both tests on the same day.) | 18.86 |
| 92551 | Hearing Screening test | 10.29 |
| 92552 | Pure tone audiometry (threshold); air only | 25.97 |
| 92553 | Pure tone audiometry (threshold); Air and bone | 31.52 |
| 92555 | Speech audiometry threshold | 19.84 |
| 92556 | Speech audiometry threshold, with speech recognition | 31.22 |
| 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) (Billing of 92552, 92553, 92555, or 92556 are not allowed on the same day, as they are components of comprehensive audiometry. Do not report 92557 if you do not complete all required components—pure tone air and | 31.43 |

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| | bone conduction, speech reception thresholds, and speech recognition testing. Instead, bill for the individual components of testing using 92552, 92553, 92555, and/or 92556.) | |
| 92565 | Stenger test, pure tone | 12.55 |
| 92567 | Tympanometry (impedance testing) | 14.00 |
| 92568 | Acoustic reflex testing; threshold | 13.14 |
| 92570 | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing (Do <u>not</u> report 92570 in conjunction with 92567, 92568. Audiologists billing 92567, 92568, and acoustic reflex decay test [formerly 92569] on the same day should now use 92550. Bill the individual CPT code if you do not perform all of the tests on the same day.) | 27.43 |
| 92571 | Filtered speech test | 22.18 |
| 92572 | Staggered spondaic word test | 35.31 |
| 92576 | Synthetic sentence identification test | 30.06 |
| 92577 | Stenger test, speech | 11.38 |
| 92579 | Visual reinforcement audiometry (VRA) | 38.29 |
| 92582 | Conditioning play audiometry | 60.11 |
| 92587 | Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products) | 18.57 |
| 92588 | Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies) | 28.86 |
| 92592 | Hearing aid check; monaural | 75.06 |
| 92593 | Hearing aid check; binaural | 75.06 |
| 92594 | Electroacoustic Evaluation for hearing aid; monaural | 300.00 |
| 92595 | Electroacoustic Evaluation for hearing aid; binaural | IC |
| 92620 | Evaluation of central auditory function, with report | 75.43 |
| 92626 | Evaluation of auditory rehabilitation status (Do not bill for CPT codes 92592, 92593, 92594, or 92595 in conjunction with 92626. These hearing aid-related procedures are included in the evaluation time of 92626 and cannot be billed separately if they are performed for the same patient by the same provider on the same date of service. This is specifically noted in the CPT code descriptor and is included in same-day billing restrictions for Medicaid.) | 74.01 |
| 92630 | Auditory rehabilitation; prelingual hearing loss | 95.91 |
| 92633 | Post lingual hearing loss | 95.91 |

Codes to use for auditory processing (AP) evaluation and treatment:

An audiologist performing an AP evaluation can code the procedure in one of two ways:

1. If the audiologist is performing more than one test, or a central auditory function battery, 92620 (Evaluation of central auditory function, with report).
2. If the audiologist is performing only a single test, one of the following codes should be used, as appropriate:
 - 92571 – Filtered speech test
 - 92572 – Staggered spondaic word test
 - 92576 – Synthetic sentence identification test

PERSONAL CARE SERVICES

| CODE | SERVICE DESCRIPTION | UNIT | MAX. RATE |
|-------|--|---|-----------|
| T2027 | Personal Care Services – individual | 15 minutes or less | 3.58 |
| S5125 | Personal Care Services – group up to six individuals | Per individual/ per 15 minutes or less | 3.58 |

Service Limits for Personal Care Assistance Services:

- Personal care assistance services are limited to 8.5 hours per day or 34 units per day.
- To calculate monthly units billed, take the total monthly time spent providing personal care assistance services and divide by 15 (a unit) to get the total number of units to be billed for that month. If the calculation of the total number of units billed ends up with a fraction of a unit, round to the nearest unit.
- For example, the total time to assist a student with feeding during lunch is 550 minutes for a month. Divide the total time by 15 to get the billable minutes (550 / 15 = 36.66). The total units billed would be 37 (round to the nearest unit). If the total time to assist the student with feeding during lunch is 500 minutes for a month, the total time would be divided by 15 to get the billable minutes (500 / 15 = 33.33) and rounded to nearest unit (33.33 = 33 units).

MEDICAL EVALUATIONS

| CODE | SERVICE DESCRIPTION | UNIT | MAX. RATE |
|-------|---|---------------|-----------|
| T1024 | Medical Evaluation by Medical Doctor, Nurse Practitioner or Physician Assistant | Per encounter | 96.51 |

VISION SERVICES

| Code | Service Description | Unit | MAX. RATE |
|-------|---|----------|-----------|
| 99173 | Screening test of visual acuity, quantitative bilateral | Per test | 2.47 |

The modifier GT must be used when billing services delivered via telehealth.

Procedure Code Q3014 must be used for school employees supervising students during telehealth.

* Maximum rates are as of 4/20/2020. Providers are responsible for obtaining current rate information available at <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT>. Please consult the LEA Provider Manual, Chapter 5 for a complete listing of billing-related requirements (e.g., daily limits, use of modifiers).

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