# MDCH School Based Services Providers Database

## FISCAL 2005 FEE SCREENS (effective 10/01/04 - 9/30/05)

| CODE | DESCRIPTION | MODIFIERS | STATUS | FEE | LIMITS | QUANTITY PER DAY | OCCURANCE DESCRIPTION |
|---|---|---|---|---|---|---|---|
| 90804 | IND PSYCH THER INSIGHT ORIENT 20-30 MIN | | A | $83.54 | 30 MIN PER DAY | 1 | 1 DISCIPLINE BILLING PER DAY/PER CHILD |
| 90806 | IND PSYCH THER INSIGHT ORIENT 45-50 MIN | | A | $167.08 | 1 HOUR PER DAY | 1 | 1 DISCIPLINE BILLING PER DAY/PER CHILD |
| 90810 | IND PSYCH THER INTERACTIVE 20-30 MIN | | A | $83.54 | 1 HOUR PER DAY | 1 | 1 DISCIPLINE BILLING PER DAY/PER CHILD |
| 90812 | IND PSYCH THER INTERACTIVE 45-50 MIN | | A | $167.08 | 1 HOUR PER DAY | 1 | 1 DISCIPLINE BILLING PER DAY/PER CHILD |
| 90846 | FAMILY PSYCHOTHERAPY W/O PT (ENC) | | A | $75.74 | 4 PER MONTH | 1 | 1 DISCIPLINE BILLING AT A TIME/MAX OF 4 ENC/MONTH |
| 90847 | FAMILY PSYCHOTHERAPY W PT (ENC) | | A | $75.74 | 4 PER MONTH | 1 | 1 DISCIPLINE BILLING AT A TIME/MAX OF 4 ENC/MONTH |
| 90853 | GROUP PSYCHOTHERAPY MULT FAM (ENC) | | A | $23.51 | 4 PER MONTH | 1 | 1 DISCIPLINE BILLING AT A TIME/MAX OF 4 ENC/MONTH |
| 92506 | EVAL SPEECH LANGUAGE VOICE (ENC) | | A | $122.99 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 92506 | EVAL SPEECH LANGUAGE VOICE (ENC) | HT | A | $256.97 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| 92506 | EVAL SPEECH LANGUAGE VOICE (ENC) | TM | A | $92.24 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF6 PER YEAR |
| 92507 | TX SPEECH LANG VOICE COMM AUG (ENC) | | A | $95.87 | 1 PER DAY | 1 | 1 PER DAY/MAX OF 30 PER MONTH |
| 92508 | GROUP TWO OR MORE INDIVID (ENC) | | A | $47.95 | 1 PER DAY | 1 | 1 PER DAY/MAX OF 30 PER MONTH |
| 96100 | PSYCH TEST INTER W REP (PER HOUR) | | A | $122.80 | 5 HOURS PER YEAR | 5 | 5 HOURS PER YEAR MAX |
| 96100 | PSYCH TEST INTER W REP (PER HOUR) | HT | A | $329.63 | 5 HOURS PER YEAR | 5 | 5 HOURS PER YEAR MAX |
| 96100 | PSYCH TEST INTER W REP (PER HOUR) | TM | A | $75.74 | 5 HOURS PER YEAR | 5 | 5 HOURS PER YEAR MAX |
| 96110 | DEV TESTING LIMITED W INT/REP (ENC) | | A | $75.74 | 12 PER YEAR | 1 | 1 PER DAY/MAX OF 12 PER YEAR |
| 96110 | DEV TESTING LIMITED W INT/REP (ENC) | HT | A | $75.74 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| 96110 | DEV TESTING LIMITED W INT/REP (ENC) | TM | A | $75.74 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 96111 | DEV TEST EXT W INT/REP (PER HOUR) | | A | $75.74 | 2 HRS PER MONTH/PER DISCIPLINE | 2 | 3 DISCIPLINES BILLING 2 HOURS PER MONTH/MAX OF 72 HOURS PER YEAR |
| 96111 | DEV TEST EXT W INT/REP (PER HOUR) | HT | A | $122.80 | 2 HRS PER MONTH/PER DISCIPLINE | 2 | 2 HOURS PER MONTH 12 MAX PER YEAR |
| 96111 | DEV TEST EXT W INT/REP (PER HOUR) | TM | A | $75.74 | 2 HOURS PER MONTH/PER DISCIPLINE | 2 | 3 DISCIPLINES BILLING 2 HOURS PER MONTH/MAX OF 72 HOURS PER YEAR |
| 96115 | NEUROBEH STATUS EXAM (PER HOUR) | | A | $122.80 | 5 HOURS PER YEAR | 5 | 5 HOURS MAX PER YEAR |
| 96115 | NEUROBEH STATUS EXAM (PER HOUR) | HT | A | $329.63 | 5 HOURS PER YEAR | 5 | 5 HOURS MAX PER YEAR |

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|---|---|---|---|---|---|---|---|
| 96117 | NEUROPSYCH TESTING BATT (PER HOUR) | | A | $122.80 | 5 HOURS PER YEAR | 5 | 5 HOURS MAX PER YEAR |
| 96117 | NEUROPSYCH TESTING BATT (PER HOUR) | HT | A | $329.63 | 5 HOURS PER YEAR | 5 | 5 HOURS MAX PER YEAR |
| 97001 | PHYSICAL THERAPY EVALUATION (ENC) | | A | $124.60 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 97001 | PHYSICAL THERAPY EVALUATION (ENC) | HT | A | $197.85 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| 97001 | PHYSICAL THERAPY EVALUATION (ENC) | TM | A | $65.96 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 97003 | OCCUPATIONAL THERAPY EVAL (ENC) | | A | $131.88 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 97003 | OCCUPATIONAL THERAPY EVAL (ENC) | HT | A | $197.85 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| 97003 | OCCUPATIONAL THERAPY EVAL (ENC) | TM | A | $65.96 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| 97110 | THER PROC ONE OR MORE AREAS (15 MIN) | | A | $33.56 | 1 HOUR PER DISCIPLINE/PER DAY (TWO DISCIPLINES) | 8 | 4 UNITS (1 HR) PER DISCIPLINE PER DAY/TWO DISCIPLINES BILLING/MAX OF 240 |
| 97112 | NEUROMUSCULAR RE EDUC (ENC) | | A | $68.41 | 1 PER DAY | 1 | 1 PER DAY/MAX OF 30 PER MONTH |
| 97150 | THERAPEUTIC PROC GROUP (ENC) | | A | $34.30 | 1 PER DAY/PER DISCIPLINE (THREE DISCIPLINES) | 3 | 1 PER DISCIPLINE PER DAY/THREE DISCIPLINES BILLING/MAX OF 90 PER |
| 97504 | ORTHOTIC FITTING/TRAIN (15 MIN) | | A | $34.21 | 1 HOUR PER DAY | 4 | 4 UNITS PER DAY(1 HOUR)/MAX OF 92 PER MONTH |
| 97520 | PROSTHETIC TRAIN UPP/LOWER (15 MIN) | | A | $34.21 | 1 HOUR PER DAY | 4 | 4 UNITS PER DAY(1 HOUR)/MAX OF 92 PER MONTH |
| 97533 | SENSORY INTEG TECH 1 ON 1 (15 MIN) | | A | $32.62 | 1 HOUR PER DAY | 4 | 4 UNITS PER DAY(1 HOUR)/MAX OF 92 PER MONTH |
| 97535 | SELF CARE HOME MGMT TRAIN (15 MIN) | | A | $43.35 | 1 HOUR PER DAY | 4 | 4 UNITS PER DAY(1 HOUR)/MAX OF 92 PER MONTH |
| 99361 | MED CONF PHYS W INTER DIS TEAM (30 MIN) | | A | $130.83 | 2 HOURS PER DAY | 4 | 4 UNITS (2 HRS)/PER DAY/MAX OF 8 UNITS (4 HRS) PER YEAR |
| 99361 | MED CONF PHYS W INTER DIS TEAM (30 MIN) | HT | A | $130.83 | 2 HOURS PER DAY | 4 | 4 UNITS (2 HRS)/PER DAY/MAX OF 8 UNITS (4 HRS) PER YEAR |
| 99361 | MED CONF PHYS W INTER DIS TEAM (30 MIN) | TM | A | $130.83 | 2 HOURS PER DAY | 4 | 4 UNITS (2 HRS)/PER DAY/MAX OF 8 UNITS (4 HRS) PER YEAR |
| A0120 | NON EMER TRANS MINI BUS ETC (PER TRIP) | | A | $26.49 | 1 ROUND TRIP PER DAY | 1 | 1 ROUND TRIP PER DAY/MAX OF 23 PER MONTH |
| A0130 | NON EMER TRANS WHEELCHR VAN(PER TRIP) | | A | $46.64 | 1 ROUND TRIP PER DAY | 1 | 1 ROUND TRIP PER DAY/MAX OF 23 PER MONTH |
| G9008 | COORDINATED CARE FEE PHYS (ENC) | | A | $65.42 | 1 PER DAY | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| H0004 | BEHAVIORAL HLTH COUN (15 MIN) | | A | $41.78 | 30 MIN PER DISCIPLINE/PER DAY | 6 | 2 UNITS (30 MIN) PER DISCIPLINE PER DAY/THREE DISCIPLINES BILLING/MAX OF |
| H0031 | MENTAL HEALTH ASSESSMENT (ENC) | | A | $235.40 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |

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| H0031 | MENTAL HEALTH ASSESSMENT (ENC) | HT | A | $329.63 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| H0031 | MENTAL HEALTH ASSESSMENT (ENC) | TM | A | $75.74 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| S9484 | CRISIS INTERVENTION (PER HOUR) | | A | $235.40 | 8 HOURS PER DAY | 8 | 8 HOURS PER DAY/MAX OF 96 PER YEAR |
| T1001 | NURSING ASSESS/EVAL (ENC) | | A | $101.64 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| T1001 | NURSING ASSESS/EVAL (ENC) | HT | A | $263.80 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| T1001 | NURSING ASSESS/EVAL (ENC) | TM | A | $98.91 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| T1002 | RN SERVICES (UP TO 15 MIN) | | A | $32.97 | 1 HOUR PER DAY | 4 | 4 UNITS (1 HR) PER DAY/MAX OF 120 PER MONTH |
| T1003 | LPN/LVN SERVICES (UP TO 15 MIN) | | A | $28.02 | 1 HOURS PER DAY | 4 | 4 UNITS (1 HR) PER DAY/MAX OF 120 PER MONTH |
| T1017 | TARGETED CASE MGMT (15 MIN) | | A | $39.40 | 30 MIN PER DISCIPLINE/PER DAY | 24 | 30 MIN PER DISCIPLINE (12 DISCIPLINES)/ MAX OF 720 PER MONTH |
| T1024 | EVAL /TREAT BY AN INT SPEC TEAM (ENC) | TM | A | $67.64 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| T2023 | TARGETED CASE MGMT (PER MONTH) | | A | $509.32 | 1 PER MONTH | 1 | I PER MONTH/ MAX OF 12 PER YEAR |
| V2799 | VISION SERV, MISC (ENC) | | A | $120.88 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| V2799 | VISION SERV, MISC (ENC) | HT | A | $191.93 | 4 PER YEAR | 1 | 1 PER DAY/MAX OF 4 PER YEAR |
| V2799 | VISION SERV, MISC (ENC) | TM | A | $63.98 | 6 PER YEAR | 1 | 1 PER DAY/MAX OF 6 PER YEAR |
| | | | | | | | |