

# School Supportive Health Services Program (SSHSP)

## Claiming Fees

New York City			Rest of State	
Fees	Billing Codes	SERVICES	Fees	Billing Codes
<b>MONTHLY SERVICES *</b>				
\$432.00	5326	Speech Therapy (Including Evaluation)	\$432.00	5326
\$430.00	5328	Physical Therapy (Including Evaluation)	\$430.00	5328
\$422.00	5330	Occupational Therapy (Including Evaluation)	\$422.00	5330
\$223.00	5329	Psych Counseling Services	\$223.00	5329
\$177.00	5304	Nursing Services	\$177.00	5304
<b>EVALUATIONS *</b>				
\$242.00	5322	Psychological Evaluation (Basic)	\$200.00	5322
\$379.00	5305	Comprehensive Psychological Evaluation (with Soc.	\$312.00	5305
\$160.00	5301	Medical Evaluation	\$130.00	5301
\$177.00	5302	Specialist Medical Evaluation (Referral)	\$147.00	5302
\$160.00	5303	Audiological Evaluation	\$130.00	5303
<b>SPECIAL TRANSPORTATION * / **</b>				
Refer to the SSHSP rates for all Special Transportation fees at the Medicaid WEB Page (directions for access to the WEB page are on the last page of this guidebook).				
5496				
<b>TARGETED CASE MANAGEMENT *</b>				
(Fee for Service)				
\$1,333.00	5491	Initial Review	\$775.00	5491
\$1,333.00	5493	Triennial Review	\$492.00	5493
\$347.00	5492	Annual Review	\$265.00	5492
\$1,333.00	5494	Amended/Requested Review	\$520.00	5494
(Monthly Fee)				
N / A	5495	Ongoing Service Coordination	\$100.00	5495
* Claims for services should be submitted within 20 months of service delivery in order to meet the 24 month statute of limitations on billing requirement.				
** Transportation is allowed once per day on a day that the student receives a covered service.				

## Preschool Supportive Health Services Program (PSHSP) Claiming Fees

NEW YORK CITY		INDIVIDUAL BASED***	REST OF STATE		
FEES	BILLING CODES		PROC. CODES	FEES	BILLING CODES
<b>MONTHLY SERVICES *</b>					
\$410.00	5331	Speech Therapy (Including Evaluation)	93.75	\$410.00	5331
\$306.00	5332	Physical Therapy (Including Evaluation)	93.39	\$306.00	5332
\$299.00	5333	Occupational Therapy (Including Evaluation)	93.83	\$299.00	5333
\$278.00	5306	Psychological Counseling Services	94.49	\$278.00	5306
\$132.00	5372	Nursing Services	93.89	\$132.00	5372
<b>EVALUATIONS *</b>					
\$288.00	5308	Psychological Evaluation (Basic)	94.08	\$237.00	5308
\$450.00	5309	Comprehensive Psych. Eval. (with Soc.History)	94.08	\$370.00	5309
\$190.00	5310	Medical Evaluation	89.70	\$155.00	5310
\$210.00	5311	Specialist Medical Evaluation (Referral)	89.70	\$175.00	5311
\$190.00	5371	Audiological Evaluation	95.47	\$155.00	5371
NEW YORK CITY		CENTER BASED ***	REST OF STATE		
FEES	BILLING CODES		PROC. CODES	FEES	BILLING CODES
<b>MONTHLY SERVICES *</b>					
\$545.00	5323	Speech Therapy (Including Evaluation)	93.75	\$545.00	5323
\$405.00	5324	Physical Therapy (Including Evaluation)	93.39	\$405.00	5324
\$397.00	5325	Occupational Therapy (Including Evaluation)	93.83	\$397.00	5325
\$373.00	5307	Psychological Counseling Services	94.49	\$373.00	5307
\$177.00	5373	Nursing Services	93.89	\$177.00	5373
<b>EVALUATIONS *</b>					
\$288.00	5308	Psychological Evaluation (Basic)	94.08	\$237.00	5308
\$450.00	5309	Comprehensive Psych. Eval. (with Soc.History)	94.08	\$370.00	5309
\$190.00	5310	Medical Evaluation	89.70	\$155.00	5310
\$210.00	5311	Specialist Medical Evaluation (Referral)	89.70	\$175.00	5311
\$190.00	5371	Audiological Evaluation	95.47	\$155.00	5371
NEW YORK CITY		SPECIAL TRANSPORTATION ***	REST OF STATE		
5327		Refer to the PSHSP rates for all Special Transportation fees at the Medicaid WEB Page (directions for access to the WEB page are on the last page of this guidebook).			
			5327		
			5327		
<p>* CLAIMS FOR SERVICES SHOULD BE SUBMITTED WITHIN 20 MONTHS OF SERVICE DELIVERY IN ORDER TO MEET</p> <p>** SPECIAL TRANSPORTATION IS ALLOWED ONCE PER DAY, ON A DAY THE STUDENT RECEIVES A COVERED</p> <p>*** SEE APPENDIX "A" FOR DEFINITION OF CENTER / INDIVIDUAL BASED.</p>					

