

## *School Supportive Health Services Program (SSHSP) Claiming Frequency*

	BILLING CODES	FREQUENCY: MINIMUM	
<b>SERVICES</b>			
Speech Therapy (Including Evaluation)	5326	2	(a)
Physical Therapy (Including Evaluation)	5328	2	(a)
Occupational Therapy (Including Evaluation)	5330	2	(a)
Psychological Counseling Services	5329	2	(a)
Nursing Services	5304	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (BASIC)	5322		(b)
Comprehensive Psych. Eval. (with Soc.History)	5305		(b)
Medical Evaluation	5301		(c)
Specialist Medical Evaluation (Referral)	5302		(d)
Audiological Evaluation	5303		(e)
<b>SPECIAL TRANSPORTATION</b>	<b>5496</b>		<b>24</b>
<b>TARGETED CASE MANAGEMENT</b>			
Initial Review	5491		AS NEEDED
Triennial Evaluation Review	5493	ONCE EVERY 3 SCHOOL YRS	
Annual Review	5492	ONCE EVERY SCHOOL YR	
Amended/Requested Review	5494		AS NEEDED
Ongoing Service Coordination	5495	2	(a)

(a) Provider must submit actual number of services delivered per month for statistical purposes.

(b) A Comprehensive Psychological Evaluation with a Social History to establish a baseline is only done for INITIAL and TRIENNIAL reviews except when there are significant changes in the student's SOCIAL, FAMILIAL, ENVIRONMENTAL or DIAGNOSTIC situation.

(c) A Medical Evaluation is done as necessary.

(d) A Specialist Medical Evaluation on a referral basis is done by a physician as necessary.

(e) An Audiological Evaluation is done on a referral basis by a physician to establish the level and severity of a hearing impairment.

**NOTE:** A session / unit is defined by the school district. A session / unit of time must be the same for all students. The only exception is nursing services which is always defined in 15 minutes session/unit, e.g. 1 hour equates to 4 sessions / units.

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

### INDIVIDUAL BASED

SERVICES	Billing Codes	Frequency minimum	
Speech Therapy (Including Evaluation)	5331	2	(a)
Physical Therapy (Including Evaluation)	5332	2	(a)
Occupational Therapy (Including Evaluation)	5333	2	(a)
Psychological Counseling Services	5306	2	(a)
Nursing Services	5372	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (Basic)	5308		(b)
Comprehensive Psych. Eval. (with Social History)	5309		(b)
Medical Evaluation	5310		(c)
Specialist Medical Evaluation (Referral)	5311		(d)
Audiological Evaluation	5371		(e)

### CENTER BASED

SERVICES		Frequency minimum	
Speech Therapy (Including Evaluation)	5323	2	(a)
Physical Therapy (Including Evaluation)	5324	2	(a)
Occupational Therapy (Including Evaluation)	5325	2	(a)
Psychological Counseling Services	5307	2	(a)
Nursing Services	5373	2	(a)
<b>EVALUATIONS</b>			
Psychological Evaluation (Basic)	5308		(b)
Comprehensive Psych. Eval. (with Social History)	5309		(b)
Medical Evaluation	5310		(c)
Specialist Medical Evaluation (Referral)	5311		(d)
Audiological Evaluation	5371		(e)
<b>SPECIAL TRANSPORTATION</b>			
New York City	5327		24
Nassau /suff. wes	5327		24
Rest of State	5327		24

- (a) Provider must submit actual number of services delivered per month for statistical purposes.
- (b) A Comprehensive Psychological Evaluation with a Social History to establish a baseline is only done for INITIAL and TRIENNIAL reviews and except when there are significant changes in the student's SOCIAL, FAMILIAL, ENVIRONMENTAL or DIAGNOSTIC situation.
- (c) A Medical Evaluation is done as necessary.
- (d) A Specialist Medical Evaluation on a referral basis is done by a physician as necessary.
- (e) An Audiological Evaluation is done on a referral basis by a physician to establish the level and severity of a hearing impairment.
- NOTE:** A session / unit is defined by the school district. A session/unit of time must be the same for all students. The only exception is nursing services which is always defined in 15 minutes session/unit; e.g. 1 hour equates to 4 sessions/units. Note the exception: See page A-5

