

## Preschool/School Supportive Health Services Program (SSHSP)

**SSHSP providers must use this select list of Current Procedural Terminology (CPT) codes to bill Medicaid for SSHSP services. This handout contains CPT codes for the following SSHSP services that can be billed to Medicaid:**

[Psychological Evaluation \(click on the link to go to these codes\)](#)

[Psychological Counseling \(click on the link to go to these codes\)](#)

[Speech Therapy \(click on the link to go to these codes\)](#)

[Audiological Evaluation \(click on the link to go to these codes\)](#)

[Physical Therapy \(click on the link to go to these codes\)](#)

[Occupational Therapy \(click on the link to go to these codes\)](#)

[Medical Evaluation \(click on the link to go to these codes\)](#)

[Skilled Nursing \(click on the link to go to these codes\)](#)

[Special Transportation \(click on the link to go to these codes\)](#)

Effective September 1, 2009, all SSHSP services will be reimbursed using an encounter-based claiming methodology, based on fees established by the Department of Health.

CPT codes are numbers assigned to services practitioners may provide to a patient including medical, surgical and diagnostic services. CPT codes are then used by insurers to identify the service provided and ultimately the reimbursement rates. Since CPT codes are used nationally, they ensure uniformity, while adding a level of precision. CPT codes are developed, maintained and copyrighted by the American Medical Association (AMA). As the practice of health care changes, new codes are developed for new services, current codes may be revised, and old, unused codes are discarded. Thousands of codes are in use, (over 14,000) and are updated annually. Development and maintenance of these codes is overseen by editorial boards at the AMA. DOH in coordination with SED has developed a list (just over 100 codes) that is available for SSHSP claiming.

CPT codes are either **timed or untimed**. **Timed codes** require the entry of units. When the practitioner chooses a code, the number of units must also be indicated. For example, if the physical therapist provided a service (CPT code 97140) and the session lasted 30 minutes, two units would be billed. **Untimed codes** are used on a one-per-session/per day basis. With one exception, providers should not report more than one physical medicine and rehabilitation therapy service for the same 15 minute time period. The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same 15 minute time period as other therapy services. For more information on the use of CPT codes and the claiming parameters, please contact your individual professional organizations.

## Preschool/School Supportive Health Services Program (SSHSP)

Psychological Evaluation   Psychological Evaluation   Psychological Evaluation   Psychological Evaluation   Psychological Evaluation					
SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Psychological Evaluation	90791	2000	PSYCHIATRIC DIAGNOSTIC EXAMINATION	1 per session	\$116.57
Psychological Evaluation	90792	2001	PSYCHIATRIC DIAGNOSTIC EXAMINATION WITH MEDICAL SERVICES	1 per session	\$95.16
Psychological Evaluation	96101	2002	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$63.53
Psychological Evaluation	96105	2003	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR	60 minutes	\$60.13
Psychological Evaluation	96110	2004	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT	1 per session	\$5.76
Psychological Evaluation	96111	2005	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT	1 per session	\$99.66
Psychological Evaluation	96116	2006	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$70.38
Psychological Evaluation	96118	2007	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$77.81

## Preschool/School Supportive Health Services Program (SSHSP)

❧ Psychological Counseling ❧ Psychological Counseling ❧ Psychological Counseling ❧ Psychological Counseling ❧ Psychological Counseling ❧

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Psychological Counseling	90832	2008	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	30 minutes	\$48.30
Psychological Counseling	90833	2009	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICES (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	30 minutes	\$31.82
Psychological Counseling	90834	2010	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	45 minutes	\$61.83
Psychological Counseling	90836	2011	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	45 minutes	\$51.63
Psychological Counseling	90837	2012	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	60 minutes	\$90.44
Psychological Counseling	90838	2013	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	60 minutes	\$83.48
Psychological Counseling	90785	2014	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	1 per session	\$3.66
Psychological Counseling	90847	2020	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	1 per session	\$82.97
Psychological Counseling	90853	2021	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	1 per session	\$24.50

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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Speech	92506	2023	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING	1 per evaluation	\$122.94
Speech	92507	2024	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1 per session	\$50.57
Speech	92508	2025	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSINGDISORDER; GROUP, 2 OR MORE INDIVIDUALS	1 per session	\$24.85
Speech	92520	2026	LARANGEAL FUNCTION STUDIES (I.E. AERODYNAMIC TESTING AND ACOUSTIC TESTING)	1 per session	\$48.07
Speech	92526	2027	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	1 per session	\$77.73
Speech	92597	2028	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	1 per session	\$82.17
Speech	92626	2029	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	60 minutes	\$62.56
Speech	92627	2030	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	15 minutes	\$15.11

## Preschool/School Supportive Health Services Program (SSHSP)

🌀 Audiological Evaluation 🌀 Audiological Evaluation 🌀 Audiological Evaluation 🌀 Audiological Evaluation 🌀 Audiological Evaluation 🌀

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Audio Evaluation	92550	2031	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	1 per session	\$15.95
Audio Evaluation	92552	2032	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	1 per session	\$17.42
Audio Evaluation	92553	2033	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	1 per session	\$22.37
Audio Evaluation	92555	2034	SPEECH AUDIOMETRY THRESHOLD;	1 per session	\$12.47
Audio Evaluation	92556	2035	SPEECH AUDIOMETRY WITH SPEECH RECOGNITION	1 per session	\$19.17
Audio Evaluation	92557	2036	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	1 per evaluation	\$31.49
Audio Evaluation	92565	2037	STENGER TEST, PURE TONE	1 per session	\$9.55
Audio Evaluation	92567	2038	TYMPANOMETRY (IMPEDANCE TESTING)	1 per session	\$12.12
Audio Evaluation	92568	2039	ACOUSTIC REFLEX TESTING, THRESHOLD	1 per session	\$12.85
Audio Evaluation	92570	2040	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING	1 per session	\$24.29
Audio Evaluation	92571	2041	FILTERED SPEECH TEST	1 per session	\$13.05
Audio Evaluation	92572	2042	STAGGERED SPONDAIC WORD TEST	1 per session	\$18.29

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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Audio Evaluation	92576	2043	SYNTHETIC SENTENCE IDENTIFICATION TEST	1 per session	\$17.42
Audio Evaluation	92577	2044	STENGER TEST, SPEECH	1 per session	\$11.88
Audio Evaluation	92579	2045	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	1 per session	\$33.58
Audio Evaluation	92582	2046	CONDITIONING PLAY AUDIOMETRY	1 per session	\$33.74
Audio Evaluation	92583	2047	SELECT PICTURE AUDIOMETRY	1 per session	\$25.88
Audio Evaluation	92585	2048	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; COMPREHENSIVE	1 per session	\$78.87
Audio Evaluation	92586	2049	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; LIMITED	1 per session	\$48.32
Audio Evaluation	92587	2050	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	1 per session	\$27.62
Audio Evaluation	92588	2051	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	1 per evaluation	\$47.63
Audio Evaluation	92620	2056	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	60 minutes	\$59.40
Audio Evaluation	92621	2057	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTE	15 minutes	\$13.62

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Physical and Occupational Therapy Physical and Occupational Therapy Physical and Occupational Therapy Physical and Occupational Therapy

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Physical Therapy	97001	2058	PHYSICAL THERAPY EVALUATION	1 per evaluation	\$54.81
Physical Therapy	97002	2059	PHYSICAL THERAPY RE-EVALUATION	1 per evaluation	\$29.74
Occupational or Physical Therapy	97010	2060	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	1 per session	\$3.91
Occupational or Physical Therapy	97012	2061	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	1 per session	\$11.45
Occupational or Physical Therapy	97014	2062	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	1 per session	\$10.70
Occupational or Physical Therapy	97016	2063	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	1 per session	\$12.45
Occupational or Physical Therapy	97018	2064	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	1 per session	\$6.53
Occupational or Physical Therapy	97022	2065	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL BATH	1 per session	\$14.51
Occupational or Physical Therapy	97024	2066	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	1 per session	\$4.49
Occupational or Physical Therapy	97026	2067	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	1 per session	\$3.91
Occupational or Physical Therapy	97028	2068	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	1 per session	\$5.04
Occupational or Physical Therapy	97032	2069	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL) EACH 15 MINUTES	15 minutes	\$12.92
Occupational or Physical Therapy	97033	2070	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	15 minutes	\$20.18

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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Occupational or Physical Therapy	97034	2071	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	15 minutes	\$12.11
Occupational or Physical Therapy	97035	2072	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND THERAPY, EACH 15 MINUTES	15 minutes	\$9.20
Occupational or Physical Therapy	97036	2073	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	15 minutes	\$21.25
Occupational or Physical Therapy	97110	2074	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	15 minutes	\$22.19
Occupational or Physical Therapy	97112	2075	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	15 minutes	\$23.29
Occupational or Physical Therapy	97113	2076	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	15 minutes	\$28.04
Occupational or Physical Therapy	97116	2077	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	15 minutes	\$19.65
Occupational or Physical Therapy	97124	2078	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	15 minutes	\$17.99
Occupational or Physical Therapy	97140	2080	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	15 minutes	\$20.77
Physical Therapy	97150	2081	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per session	\$14.33
Occupational Therapy	97003	2082	OCCUPATIONAL THERAPY EVALUATION	1 per evaluation	\$59.11
Occupational Therapy	97004	2083	OCCUPATIONAL THERAPY RE-EVALUATION	1 per evaluation	\$34.98





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Physical and Occupational Therapy Physical and Occupational Therapy Physical and Occupational Therapy Physical and Occupational Therapy

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Occupational or Physical Therapy	97530	2084	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	15 minutes	\$23.96
Occupational or Physical Therapy	97532	2085	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	15 minutes	\$19.00
Occupational or Physical Therapy	97533	2086	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	15 minutes	\$20.75
Occupational or Physical Therapy	97535	2087	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (adl) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY THE PROVIDER, EACH 15 MINUTES	15 minutes	\$23.94
Occupational or Physical Therapy	97537	2088	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	15 minutes	\$21.32
Occupational or Physical Therapy	97542	2089	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	15 minutes	\$21.61
Occupational Therapy	97150	2100	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per session	\$14.33
Occupational or Physical Therapy	97760	2107	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	15 minutes	\$25.61
Occupational or Physical Therapy	97761	2108	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	15 minutes	\$22.70
Occupational or Physical Therapy	97762	2109	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	15 minutes	\$28.07

## Preschool/School Supportive Health Services Program (SSHSP)

 Medical Evaluation 
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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Medical Evaluation	99201	2090	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 10 minutes	\$30.45
Medical Evaluation	99202	2091	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 20 minutes	\$52.51
Medical Evaluation	99203	2092	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 30 minutes	\$75.88
Medical Evaluation	99204	2093	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 45 minutes	\$117.17
Medical Evaluation	99205	2094	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 60 minutes	\$147.11

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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Medical Evaluation	99211	2095	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN,. USUALLY THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	Approximately 5 minutes	\$15.08
Medical Evaluation	99212	2096	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 10 minutes	\$30.45
Medical Evaluation	99213	2097	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 15 minutes	\$51.05
Medical Evaluation	99214	2098	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 25 minutes	\$76.46
Medical Evaluation	99215	2099	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 40 minutes	\$102.91

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☞ Skilled Nursing
☞ Skilled Nursing
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SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Skilled Nursing	T1002	2102	RN SERVICES, UP TO 15 MINUTES	15 minutes	\$9.25
Skilled Nursing	T1003	2103	LPN/LVN SERVICES, UP TO 15 MINUTES	15 minutes	\$8.00

# Preschool/School Supportive Health Services Program (SSHSP)

 Special Transportation 
  Special Transportation 
  Special Transportation 
  Special Transportation 
  Special Transportation 
 

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time /Units	Payment Rate
Transportation	T2003	2104	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	1 per one-way trip	See Handout 6