

MATRIX – School Based Child Health Covered Services, MSI Codes and Descriptions

ASSESSMENT

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
15	20	15 min / 8 units max	97755	Assistive Technology Assessment (to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility (direct 1:1 contact by provider, with written report	Audiologist, Audiologist Assistant, Chiropractor, Counselor, Hearing Instrument Specialist, Naturopath, Nurse LPN, Nurse Practitioner (APRN), Nurse (RN), Occupational Therapist, Occupational Therapy Assistant, Optometrist, Physical Therapist, Physical Therapy Assistant, Physician, Podiatrist, Psychiatrist, Psychologist, Respiratory Therapist, Social Worker, Speech-Language Pathology Assistant	“Assessment” means an evaluation conducted to determine a child’s health related needs for purposes of the IEP and shall be covered, as necessary, to assess or reassess the need for medical services in a child’s treatment plan. Assessment services include the identification and assessment of health-related needs for medical services for the purpose of determining educational recommendations. Payment for the assessment costs is available under Medicaid once a child’s IEP has been approved.
21	26			Unlisted evaluation and management services (per 15 minutes, up to a maximum of six services per member per date of service)		

AUDIOLOGY

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
22	27	15 min	Hearing Screening	Audiologist, Audiologist’s Assistant under the direction of the Audiologist	Audiology services include those services as defined in Subsection (3) of Section 20-408 of the CGS. Audiology services are provided by providers who meet the qualifications in accordance with 42 CFR 440.110(c)(3) and acting within his or her scope of practice under Connecticut State Law who is licensed to practice audiology pursuant to section 20-395 (a), (c) of the Connecticut General Statutes. Audiology services means services that include the following: <ul style="list-style-type: none"> • Identification of children with hearing loss; • Determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the treatment of hearing; • Provision of treatment activities, such as language habilitation, auditory training, speech reading (lip reading), hearing evaluation and speech conservation; • Creation and administration of programs for the prevention of hearing loss; • Determination of the child’s need for individual or group amplification, selecting and fitting an appropriate aid and evaluating the effectiveness of amplification.
23	28	15 min	Hearing Service, miscellaneous	Audiologist, Audiologist’s Assistant under the direction of the Audiologist Hearing Instrument Specialist	

BEHAVIORAL HEALTH SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
81	86	Per hour		Psychiatric diagnostic interview examination	Psychiatrist, Psychologist, Social Worker, Counselor	<p>Behavioral health services means diagnostic and treatment services involving mental, emotional, or behavioral problems; disturbances or dysfunctions; or the diagnosis and treatment of substance abuse. Services include those within the scope of practice set forth in Subsections (a) and (b) of Section 20-195, Subsection (a) of Section 20-195a, Subsection (a) of Section 20-195m, and Subsection (b) of Section 195-a of the CGS. Behavioral health services must be provided by a qualified provider who meets the requirements of 42 CFR Section 440.60 or 42 CFR Section 440.50(a). Behavioral Health services include, but are not limited to:</p> <ul style="list-style-type: none"> • Mental Health evaluations; • Psychological testing including, but not limited to: <ul style="list-style-type: none"> a. Administration of psychological tests and other assessment procedures; b. Interpretation of assessment results; c. Acquisition, integration, and interpretation of information about child behavior and conditions related to learning; and d. Planning and management of a program of psychological services including psychological counseling for children and parents. • Counseling services such as individual, group or marital and family counseling, or psychotherapy for the treatment of mental, emotional, behavioral or substance abuse condition to alleviate the condition and encourage growth and development.
71	76	Per hour / 8 units max	96101	Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, per hour of the psychologist's or physician's time, both face-to-face time with the administering tests to the patient and time spent interpreting test results and preparing the report (may bill multiple units)	Psychiatrist, Psychologist	
82	87	30 min / 8 units max	90832	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, face-to-face with the patient (may bill multiple units)	Psychologist, Social Worker, Counselor	
83	88	15 min / 4 units max	90853	Group Psychotherapy (other than of a multiple-family group), may bill multiple units	Psychologist, Social Worker, Counselor	
84	89	15 min		Family psychotherapy (conjoint psychotherapy) with patient present, may bill multiple units	Psychologist, Social Worker, Counselor	

CLINICAL DIAGNOSTIC LABORATORY SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
14	19		Unlisted chemistry procedure	N/A	<p>Clinical diagnostic laboratory services include those services recommended by the PPT such as simple diagnostic tests and procedures performed in the school. Clinical diagnostic laboratory services are provided by providers who meet the qualifications in accordance with 42 CFR 440.30 and 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law. These service include, but are not limited to:</p> <ul style="list-style-type: none"> • Blood sugar by a finger stick; • Urine dipstick, and • Hematocrit

MEDICAL SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
12	17	Per encounter	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Physician, Chiropractor, Podiatrist, Naturopath, Optometrist	<p>Medical services means medical diagnostic and evaluative services recommended by the PPT to determine the child's medically related disability as approved by the licensed practitioner of the healing arts as defined in Section 20-1 of the CGS and provided by the qualified SBCH service provider. These services include, but are not limited to:</p> <ul style="list-style-type: none"> • Medical evaluations used to identify a child's health related needs as a part of the IEP process; and • Medically necessary EPSDT services including health care services, diagnostic services, treatments and other measures to correct and ameliorate physical defects, mental illnesses and other disabilities.

NURSING SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service / Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
72	77	15 min / 32 units	T1002	Services up to 15 minutes (may bill multiple units)	Nurse (RN or APRN)	<p>Nursing services include those services within the scope of practice set forth in Subsections (a), (b), and (c) of Section 20-87a of the CGS. Nursing services include, but are not limited to:</p> <ul style="list-style-type: none"> • Assessment and development of individualized health care plans;; • Medical treatments and procedures including, but not limited to, suctioning, tracheotomy care, catheterization, toileting, ostomy management and care; • Administration or monitoring of medication needed by a student during school hours; • Consultation with licensed physicians, parents and staff regarding the effect of the medication; • Monitoring of health status, for example, monitoring of shunt functioning or respiratory status; and • Individual health counseling and instruction and emergency interventions.
73	78	15 min / 32 units	T1003	LPN/LVN Services, up to 15 minutes (may bill multiple units)	Nurse (LPN)	

OPTOMETRIC SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
24	29	15 min	Vision service, miscellaneous	Optometrist, Physician, Nurse Practitioner (APRN)	<p>Optometric services include those services as defined in Section 20-127 of the Connecticut General Statutes. Optometric services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.50(a), 440.166(a) and acting within his or her scope of practice under Connecticut State Law. Optometric services include, but are not limited to:</p> <ul style="list-style-type: none"> • The assessment for visual acuity, color blindness, near vision and strabismus; and • The diagnosis of abnormalities related to the eye and optic nerve.

OCCUPATIONAL THERAPY

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
91	96	15 min 2 hours max (8 units)		Occupational Therapy Evaluation	Occupational Therapist	<p>Occupational therapy services include those services as defined in Subsection (1) of Section 20-74a of the CGS. Occupational therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(b) and acting within his or her scope of practice under Connecticut State Law. Occupational therapy services include, but are not limited to:</p> <ul style="list-style-type: none"> • Identification of children with occupational therapy needs; • Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services; • Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation; • Preventing through early intervention, initial or further impairment or loss of function; and • Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximum physical and mental functioning of the student in daily life tasks.
92	97	15 min / 8 units max	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Occupational Therapist, Occupational Therapy Assistant	
93	98	15 min / 8 units max	97150	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Occupational Therapist, Occupational Therapy Assistant	

PHYSICAL THERAPY

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
51	56	15 min 2 hour max (8 units max)		Physical Therapy Evaluation	Physical Therapist	<p>Physical Therapy services include those services as defined in subsection (2) of Section 20-66 of the CGS. Physical therapy services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(a) and acting within his or her scope of practice under Connecticut State Law. Physical therapy services include, but are not limited to:</p> <ul style="list-style-type: none"> ● Identification of children with physical therapy needs; ● Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services; ● The provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems; ● Obtaining, interpreting, and integrating information appropriate to program planning; ● Diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including, but not limited to heat, cold, light, air, water, sound, electricity, massage, mobilization, and therapeutic exercise with or without assistive devices; and ● The performance and interpretation of tests and measurements to assist pathopsychological, pathomechanical and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.
52	57	15 min / 8 units max	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercised to develop strength and endurance, range of motion and flexibility (may bill multiple units)	Physical Therapist, Physical Therapy Assistant	
53	58	15 min / 8 units max	97150	Therapeutic procedure(s) group (two or more individuals) per 15 minutes, may bill multiple units	Physical Therapist, Physical Therapy Assistant	

RESPIRATORY CARE SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
42	47	15 min	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	Respiratory care services include those services as defined in Subsection (2) of Section 20-162n of the CGS. Respiratory care services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.130 and acting within his or her scope of practice under Connecticut State Law.
43	48	15 min	Therapeutic procedures to improve function, other than described by CG037, face-to-face, one-to-one, each 15 minutes (includes monitoring)	Respiratory Therapist	
44	49	15 min	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	Respiratory Therapist	

SPEECH AND LANGUAGE PATHOLOGY SERVICES

<u>MSI Code (In-district)</u>	<u>MSI Code (Out of district)</u>	<u>Unit of Service/Max Units</u>	<u>CPT Code</u>	<u>Description</u>	<u>Practitioner</u>	<u>State Plan Description</u>
01	06	Per Evaluation		Evaluation of speech fluency (e.g., Stuttering, cluttering)	Speech-Language Therapist	<p>Speech and language pathology services have the same meaning as provided in section 20-408 of the CGS. Speech/Language services are provided by or under the direction of providers who meet the qualifications in accordance with 42 CFR 440.110(c) and acting within his or her scope of practice under Connecticut State Law. Speech and language pathology services include but are not limited to:</p> <ul style="list-style-type: none"> • The identification of children with speech and language impairments; • The diagnosis and appraisal of specific speech and language impairments; • Referrals for medical or other professional attention necessary for the treatment of speech or language impairments; • Provision of speech or language services for the treatment or prevention of communicated impairments; • Evaluation of and application of principles, methods, and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, rehabilitation, and instruction related to eh development of speech, voice or language; and • Preventing, ameliorating or modifying speech disorder conditions in children or groups of children.
02	07	Per Evaluation; Cannot be billed with MSI Code 03		Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	Speech-Language Therapist	
03	08	Per Evaluation; Cannot be billed together with MSI Code 02		Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	Speech-Language Therapist	
04	09	Per Evaluation		Behavioral and qualitative analysis of voice resonance	Speech-Language Therapist	
62	67	15 min, 4 hour max (8 units max)	92507	Treatment of speech, language, voice, communication, and/or auditory disorder (per 15 minutes, may bill multiple units)	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	
63	68	15 min / 8 units max	92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, two or more individuals (per 15 minutes, may bill multiple units)	Speech-Language Therapist, Speech-Language Pathology Assistant, or Audiologist's Assistant	

***In the case that an Evaluation for a child is conducted across a time-period involving more than one day (for example, 15 minutes carried out on Day 1, 15 minutes carried out on Day 2, etc.), the practitioner should not submit a bill for that given Evaluation until the date of completion of that Evaluation. Each of the new services codes may thus be billed (in accordance with the Special Rules noted) once per Evaluation per child, upon the date of completion of that Evaluation. Multiple bills should not be submitted for the same Evaluation for the same child that is conducted over the course of more than one day.