

## SBCH

## FFS Interim Rates

Date of Service Start: October 1, 2010

Services should be recorded on MSI forms using one unit increments. One unit = 1 thru 15 minutes

Prior System Service Definitions	MSI Code In-District	MSI Code Out-of-District	Procedure Code Description	Medicaid Rate
03- Audiology 33 -Audiology	22	27	Hearing screening (15 min)	\$13.50
	23	28	Hearing service (15 min)	\$13.50
06-Medical Services 36-Medical Services	12	17	Service by a medical doctor (per visit) <b>use one unit increments</b>	\$33.00
07-Nursing Services 37-Nursing Services	72	77	RN, APRN services up to (15 min)	\$12.90
	73	78	LPN/LVN Services (15 min)	\$12.90
08-Occupational therapy 38-Occupational therapy	91	96	OT evaluation (per visit) <b>use one unit increments</b>	\$40.80
	92	97	OT Therapeutic procedure (15 min)	\$10.20
	93	98	OT Therapeutic procedure group (15 min)	\$5.10
09-Physical Therapy 39-Physical Therapy	51	56	PT evaluation (per visit) <b>use one unit increments</b>	\$40.80
	52	57	PT Therapeutic procedure (15 min)	\$10.20
	53	58	PT Therapeutic procedure group (15 min)	\$5.10
XX-Respiratory Therapy	42	47	Therapeutic procedures to increase strength or endurance of respiratory muscles (15 min)	\$8.60
	43	48	Therapeutic procedures to improve respiratory function, other than described by G0237 (15 min)	\$8.60
	44	49	Therapeutic procedures to improve respiratory function, group (15 min)	\$8.60

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10-Counseling 40-Counseling	81	86	Psychiatric diagnostic interview examination (per hour) <b>use one unit increments</b>	\$74.40
	71	76	Psychological testing (per hour) <b>use one unit increments</b>	\$74.40
	82	87	Individual psychotherapy (20-30-min) <b>use one unit increments</b>	\$27.00
	83	88	Group psychotherapy (15 min)	\$6.75
	84	89	Family psychotherapy (15 min)	\$13.50
11-Speech and Language Therapy 41-Speech and Language Therapy	61	66	Evaluation of speech, language, voice (per hour) <b>use one unit increments</b>	\$54.00
	62	67	Treatment of speech, language, voice (15 min)	\$13.50
	63	68	Treatment of speech, language, voice group (15 min)	\$6.75
	24	29	Vision service, miscellaneous (15 min)	\$18.60
	21	26	Assessments, Misc; Unlisted Evaluation and Management services (per 15 minutes, up to maximum of six services per member per date of service)	\$13.50
	13	18	Durable Medical Equipment	TBD
	14	19	Diagnostic Lab Services	TBD
	15	20	Assistive Technology Assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility);, direct one-on-one contact by provider, with written report, each 15 minutes	\$13.50