



COLORADO
School Health Services Program

SCHOOL HEALTH SERVICES PROGRAM MANUAL

Section 2

Covered Services

The School Health Services Program is a joint effort between the Colorado Department of Education and Department of Health Care Policy and Financing.
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Revised 6.30.2024



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Section 2: Covered Services

Covered health services are available to a Health First Colorado-enrolled beneficiary under the age of 21 for whom the service is medically necessary and documented in an Individualized Education Program (IEP), an Individualized Family Service Plan (IFSP) or other medical plan(s) of care. An assessment, diagnostic or evaluation service can be submitted for Health First Colorado reimbursement when it is conducted by the appropriate qualified medical provider and leads to an appropriate covered service prescribed in the IEP, IFSP, or other medical plan(s) of care. If an assessment, diagnostic or evaluation service is provided as part of the eligibility determination process, it will be covered if the member is indeed determined to be enrolled and receives a related Medicaid covered service. If the member is not determined to be enrolled, or the evaluation results in a service that is not covered under Medicaid, the assessment, diagnostic or evaluation service will not be covered.

The School Health Services (SHS) program adheres to the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Medicaid services and the *Physicians' Current Procedural Terminology* (CPT) manual for procedure codes. Some codes represent a treatment session without regard to its length of time, so each code is correctly billed as one session or one billable unit. Billing greater than one unit is incorrect. Other codes that specify a unit of time should be billed incrementally as timed units; service times are based on the time it generally takes to provide the service. If the procedure code specifies "up to 15 minutes", the service may be billed in a unit of time from 8 to 15 minutes. If the procedure code specifies a unit of time "per 15 minutes", the code may be billed when the service time equals the specified unit of time. Bill a single 15-minute unit for a service greater than or equal to 8 minutes through and including 22 minutes. If the duration is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals are list below. Do not bill for a service if its duration was less than 8 minutes.

Units	Number of Minutes
1 unit:	≥ 8 minutes through 22 minutes
2 units:	≥ 23 minutes through 37 minutes
3 units:	≥ 38 minutes through 52 minutes
4 units:	≥ 53 minutes through 67 minutes
5 units:	≥ 68 minutes through 82 minutes
6 units:	≥ 83 minutes through 97 minutes
7 units:	≥ 98 minutes through 112 minutes
8 units:	≥ 113 minutes through 127 minutes

2.1 Physician

Definition: Physician services are intended to diagnose, identify, or determine the nature and extent of a student’s medical or other health related condition to include the following:

1. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services including participation in a multidisciplinary team assessment
2. Record review for diagnostic and prescriptive services
3. Diagnostic and evaluation services to determine a beneficiary’s medically related condition that results in the beneficiary’s need for Health First Colorado services

Provider Qualifications:

Physician services may be reimbursed when provided by a:

- Colorado - licensed Physician [Medical Doctor (MD) or Doctor of Osteopathy (DO)] and current DORA license
- Colorado - licensed Psychiatrist and current DORA license

Procedure Codes:

Code*	Description
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (list separately in addition to code for primary service)
99201	New Patient Evaluation and Management - MD/DO (10 minutes)
99202	New Patient Evaluation and Management - MD/DO (20 minutes - expanded)
99203	New Patient Evaluation and Management - MD/DO (30 minutes - detailed)
99204	New Patient Evaluation and Management - MD/DO (45 minutes comprehensive)
99205	New Patient Evaluation and Management - MD/DO (60 minutes high complexity)
99212	Established Patient Evaluation and Management - MD/DO (10 minutes straightforward)
99213	Established Patient Evaluation and Management - MD/DO (15 minutes low complexity)
99214	Established Patient Evaluation and Management - MD/DO (25 minutes moderate complexity)
99215	Established Patient Evaluation and Management - MD/DO (40 minutes high complexity)

**All procedure codes in the table above are eligible for telehealth by applying modifier (GT)*

Additional Billing Guidelines:

- Physician services must be provided on an individual basis in an individual setting

2.2 Nursing

Definition: Nursing services are professional services relevant to the medical needs of the student's provided through direct intervention. Direct interventions are medically based services that are delivered within the scope of a Nurse Practitioner (NP), Registered Nurse (RN) or Licensed Practical Nurses (LPN's) professional practice. Such services should prevent disease and promote physical health and efficiency as prescribed.

Nursing services shall be provided or delegated in accordance with 42 CFR § 440.130(d) and according to the delegation clause in Section 12-38-132, C.R.S. of the Colorado Nurse Practice Act. A delegating nurse shall provide all training to the delegate for delegated activities and is solely responsible for determining the required degree of supervision the delegate shall need.

Services considered observational or stand-by in nature are not covered

Provider Qualifications:

Nursing services may be reimbursed when provided by a:

- Colorado - licensed Nurse Practitioner (NP); A qualified provider in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services required by the client
- Colorado - licensed Registered Nurse (RN); Required current credentials must include DORA licensure. Temporary worker or military spouse providers with a Nurse Licensure Compact (NLC) are exempt from the DORA requirement
- Colorado - licensed Practical Nurse (LPN); Required current credentials must include DORA licensure. Temporary worker or military spouse providers with a Nurse Licensure Compact (NLC) are exempt from the DORA requirement

Nursing services may also be delegated to a:

- Colorado - qualified Nurse Aide or Health Technician in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services required by the client

Procedure Codes:

Code	Description
T1001	Nursing Assessment/Evaluation - RN/NP only (up to 15 minutes)
T1002	RN/NP Services (up to 15 minutes)
T1002 (HQ)	RN/NP Services, Group (up to 15 minutes)
T1003	LPN Services - delegated RN/NP service (up to 15 minutes)
T1003 (HQ)	LPN Services, Group - delegated RN/NP service (up to 15 minutes)
T1004	Qualified Nursing Aide/Health Technician - delegated RN/NP service (up to 15 minutes)
T1004 (HQ)	Qualified Nursing Aide/Health Technician, Group - delegated RN/NP service (up to 15 minutes)
99201	New Patient Evaluation and Management - NP (10 minutes)
99201 (GT)	New Patient Evaluation and Management, Telehealth - NP (10 minutes)
99202	New Patient Evaluation and Management - NP (20 minutes - expanded)
99202 (GT)	New Patient Evaluation and Management, Telehealth - NP (20 minutes - expanded)
99203	New Patient Evaluation and Management - NP (30 minutes - detailed)
99203 (GT)	New Patient Evaluation and Management, Telehealth - NP (30 minutes - detailed)
99204	New Patient Evaluation and Management - NP (45 minutes comprehensive)
99204 (GT)	New Patient Evaluation and Management, Telehealth - NP (45 minutes comprehensive)
99205	New Patient Evaluation and Management - NP (60 minutes high complexity)
99205 (GT)	New Patient Evaluation and Management, Telehealth - NP (60 minutes high complexity)
99212	Established Patient Evaluation and Management - NP (10 minutes straightforward)
99212 (GT)	Established Patient Evaluation and Management, Telehealth - NP (10 minutes straightforward)
99213	Established Patient Evaluation and Management - NP (15 minutes low complexity)
99213 (GT)	Established Patient Evaluation and Management, Telehealth - NP (15 minutes low complexity)
99214	Established Patient Evaluation and Management - NP

	(25 minutes moderate complexity)
99214 (GT)	Established Patient Evaluation and Management, Telehealth - NP (25 minutes moderate complexity)
99215	Established Patient Evaluation and Management - NP (40 minutes high complexity)
99215 (GT)	Established Patient Evaluation and Management, Telehealth - NP (40 minutes high complexity)

Additional Billing Guidelines:

- Nursing services may be provided in an individual or group setting

2.3 Personal Care

Definition: Personal care services are a range of human assistance services which enables a student to accomplish tasks that the student would normally do for themselves if they did not have a disability. Assistance may be in the form of hands on assistance, supervision or cueing.

Personal care services shall not be educational in focus, such as tutoring, preparation of educational materials or Braille interpretation. Personal care services are not nursing services delegated in accordance with the Nurse Practice Act.

Personal care services shall not be performed as a group service; however, one or more students may be served one-at-a-time sequentially. The only personal care service activity in which group services may be identified is for “safety monitoring”.

Personal care services may include, but are not limited to, assistance with the following:

- Eating/Feeding
- Respiratory Assistance
- Toileting/Diapering/Maintaining Continence
- Personal Hygiene/Grooming
- Mobility/Positioning
- Self-Administered Medications
- Behavioral Redirection/Intervention
- Safety Monitoring

Provider Qualifications:

Personal care services may be reimbursed when provided by a:

- Colorado - licensed RN (see Nursing in section 2.2)
- Colorado - licensed LPN (see Nursing in section 2.2)
- Colorado – licensed NP (see Nursing in section 2.2)
- Colorado - qualified Nurse Aide (see Nursing in section 2.2)

- Qualified Health Technician (see Nursing in section 2.2)
- Qualified Personal Care Aide/Teacher’s Aide in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services required by the client
- Qualified Bus Aide in accordance with 42 CFR § 440.167, who is 18 years or older and has been trained to provide the personal care services required by the client

Procedure Codes:

Code	Description
T1019	Personal Care Services (per 15 minutes)
S5125	Personal Care Services, Group - <u>Safety Behavior Monitoring Only</u> (per 15 minutes)

Additional Billing Guidelines:

- Personal care services must be provided to one student at a time but may be provided to multiple students sequentially

2.4 Psychology, Counseling and Social Work

Definition: Psychology, counseling and social work services are health care, diagnostic, treatments and other measures to identify, correct or ameliorate any disability and/or chronic condition. These services are provided as health and behavior interventions to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical and mental health problems.

Provider Qualifications:

Services may be reimbursed when provided by a:

- Colorado – Board Certified Behavior Analyst (BCBA) (effective October 1, 2020) with current credentials must include nationally certified as a Board Certified Behavior Analyst (BCBA) or from Behavior Analyst Certification Board (BACB)
- Colorado – Board Certified Assistant Behavioral Analyst (effective October 1, 2022) with current certification from the Behavior Analyst Certification Board and practices under the direct supervision of a BCBA
- Colorado – Board Certified Registered Behavioral Technician (effective October 1, 2022) with current certification from the Behavior Analyst Certification Board and practices under the direct supervision of a BCBA
- Colorado - licensed Psychologist (PSY) (Doctoral level) and current DORA license
- Colorado - licensed Psychiatrist (PSY) and current DORA license
- Colorado - licensed Physician (MD or DO) and current DORA license
- Colorado - licensed Professional Counselor (LPC) and current DORA license

- Colorado - licensed Marriage and Family Therapist (LMFT) and current DORA license
- Colorado – Special Services Provider License from the Colorado Department of Education with an endorsement in School Psychology (effective October 1, 2022)
 - Additional requirements for the time period of October 1, 2020 through September 30, 2022 include practicing under the supervision of a DORA licensed level Psychologist
- Colorado - licensed Social Worker (SW) (Master’s level); current credentials must include a DORA license
- Colorado - licensed Clinical Social Worker (SW) (Master’s level); current credentials must include a DORA license

Procedure Codes:

Code	Description
H0004	Behavioral Health Counseling/Therapy Alcohol/Drug -LPC/LMFT (per 15 minutes)
H0004 (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug, Telehealth - LPC/LMFT (per 15 minutes)
H0004 (AH)	Behavioral Health Counseling/Therapy Alcohol/Drug – PSY (per 15 minutes)
H0004 (AH) (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug – PSY (per 15 minutes), Telehealth
H0004 (AJ)	Behavioral Health Counseling/Therapy Alcohol/Drug – SW (per 15 minutes)
H0004 (AJ) (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug – SW (per 15 minutes), Telehealth
H0004 (HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – LPC /LMFT (per 15 minutes)
H0004 (HQ) (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – LPC /LMFT (per 15 minutes), Telehealth
H0004 (AH/HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – PSY (per 15 minutes)
H0004 (AH/HQ) (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – PSY (per 15 minutes), Telehealth
H0004 (AJ/HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – SW (per 15 minutes)
H0004 (AJ/HQ) (GT)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group, – SW (per 15 minutes), Telehealth

H0005	Alcohol and/or drug services, group counseling
H0038	Self-help/peer services, per 15 mins
H2014	Skills training and development, per 15 mins
H2017	Psychosocial rehabilitation services, per 15 mins
H2023	Supported employment, per 15 mins
H2027	Psychoeducational service
S9445	Member education, not otherwise classified, non-physician provider, individual
90785	Interactive complexity add-on
90832	Psychotherapy with member, 30 mins
90834	Psychotherapy with member, 45 mins
90837	Psychotherapy with member, 60 mins
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (list separately in addition to code for primary service)
90846	Family psychotherapy without member present
90847	Family psychotherapy with member present
90849	Multiple-family Group psychotherapy
90853	Group psychotherapy
90875	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 30 min
90876	Individual psychophysiological therapy incorporating biofeedback with psychotherapy, 45 min
96156	Mental Health/Behavioral Assessment – LPC/LMFT (1 unit per assessment)
96156	Mental Health/Behavioral Assessment – PSY (1 unit per assessment)
96156	Mental Health/Behavioral Assessment – SW (1 unit per assessment)
96156	Mental Health/Behavior Re-Assessment – LPC/LMFT (1 unit per re-assessment)
96156	Mental Health/Behavior Re-Assessment – PSY (1 unit per re-assessment)
96156	Mental Health/Behavior Re-Assessment – SW (1 unit per re-assessment)
97151	Behavior identification assessment, with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report (Per Assessment Once Per Year)
97151 (GT)	Behavior identification assessment, with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report, Telehealth (Per Assessment Once Per Year)
97151 (TJ)	Behavior identification re-assessment (<i>limited to 2 units per six months</i>)

97151 (TJ) (GT)	Behavior identification re-assessment (<i>limited to 2 units per six months</i>), Telehealth
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient (each 15 minutes)
97153 (GT)	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, Telehealth (each 15 minutes)
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to face with two or more patients (each 15 minutes)
97154 (GT)	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to face with two or more patients, Telehealth (each 15 minutes)
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient (each 15 minutes)
97155 (GT)	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, Telehealth (each 15 minutes)
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients (each 15 minutes)
97158 (GT)	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, Telehealth (each 15 minutes)

Additional Billing Guidelines:

- Psychology, counseling, and social work services may be provided in an individual or group setting

2.5 Speech, Language and Hearing

Definition: Speech, language and hearing services (including necessary supplies and equipment) are diagnostic services, evaluations or treatments to correct or ameliorate specific speech, language and hearing disorders

Services may also include direct assistance with the selection, acquisition, training or use of an Assistive Technology Device (ATD)

Provider Qualifications:

Speech, language and hearing services may be reimbursed when provided by:

- A qualified Speech Language Pathologist (SLP) possessing a current certificate of Clinical Competence (CCC) certification from the [American Speech-Language-Hearing Association \(ASHA\)](#) (valid through September 30, 2020)
- A qualified Speech Language Pathologist (SLP) possessing a current CDE license
- A qualified Speech Language Pathologist (SLP) possessing a DORA certification pursuant to the [Speech-Language Pathology Practice Act](#)
- A qualified Speech Language Pathology Assistant (SLPA) under the supervision of a licensed Speech Language Pathologist (effective October 1, 2020)
- A qualified audiologist with a master’s or doctoral degree in audiology and possessing a current CCC
- An appropriately supervised SLP and/or audiology candidate (i.e., in a clinical fellowship year or having completed all requirements but has not yet obtained a CCC). A SLP and/or audiology candidate may only deliver services under the direction of a qualified therapist (42 CFR § 440.110 (c))
- A qualified teacher of students with speech and language impairment with a current [CDE](#) specialty endorsement for speech and language impairments when acting under the direction of a qualified SLP (42 CFR § 440.110(c)) and other applicable state/federal law

Procedure Codes:

Code	Description
92507	Speech Language Therapy (1 unit per session)
92507 (GT)	Speech Language Therapy, Telehealth (1 unit per session)
92508	Speech Language Therapy, Group (1 unit per session)
92508 (GT)	Speech Language Therapy, Telehealth, Group (1 unit per session)
V5008	Audiology Screening/Evaluation (1 unit per evaluation) – Audiologist only
V5299	Audiology Services – miscellaneous/specify (each 15 minutes)
V5299 (HQ)	Audiology Services, Group – miscellaneous/specify (each 15 minutes)
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92521 (GT)	Evaluation of speech fluency (e.g., stuttering, cluttering), Telehealth
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92522 (GT)	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria), Telehealth
92523	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)
92523 (GT)	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), Telehealth
92524	Behavioral and qualitative analysis of voice and resonance
92524 (GT)	Behavioral and qualitative analysis of voice and resonance, Telehealth

Additional Billing Guidelines:

- Speech, language and hearing services may be provided in an individual or group setting

2.6 Physical Therapy

Definition: Physical therapy services (including necessary supplies and equipment) are diagnostic services, treatments and other measures to correct, prevent or alleviate a movement dysfunction and related functional problems.

Services may also include direct assistance with the selection, acquisition, training or use of an ATD or orthotic/prosthetic devices.

Provider Qualifications:

Physical therapy services may be reimbursed when provided by a:

- Colorado - licensed Physical Therapist (PT) as defined in 12-41-103(5) C.R.S. and current DORA license
- Colorado – licensed Physical Therapist Assistant (PTA) as defined in 12-41-113(1) C.R.S. and when acting under the direction of a Colorado licensed Physical Therapist

Procedure Codes:

Code	Description
97161	Physical Therapy Evaluation (1 unit per evaluation up to 20 minutes)
97161 (GT)	Physical Therapy Evaluation, Telehealth (1 unit per evaluation up to 20 minutes)
97162	Physical Therapy Evaluation (1 unit per evaluation up to 30 minutes)
97162 (GT)	Physical Therapy Evaluation, Telehealth (1 unit per evaluation up to 30 minutes)
97163	Physical Therapy Evaluation (1 unit per evaluation up to 45 minutes)
97163 (GT)	Physical Therapy Evaluation, Telehealth (1 unit per evaluation up to 45 minutes)
97164	Physical Therapy Re-Evaluation (1 unit per evaluation typically up to 20 minutes)
97164 (GT)	Physical Therapy Re-Evaluation, Telehealth (1 unit per evaluation typically up to 20 minutes)
97110 (GP)	Physical Therapy – PT (each 15 minutes)

97110 (GP) (GT)	Physical Therapy – PT (each 15 minutes), Telehealth
97110 (HM)	Physical Therapy – PTA (each 15 minutes)
97110 (HM) (GT)	Physical Therapy – PTA (each 15 minutes), Telehealth
97150 (GP)	Physical Therapy, Group – PT (each 15 minutes)
97150 (GP) (GT)	Physical Therapy, Group – PT (each 15 minutes), Telehealth
97150 (HM)	Physical Therapy, Group – PTA (each 15 minutes)
97150 (HM) (GT)	Physical Therapy, Group – PTA (each 15 minutes), Telehealth,
97116	Gait Training for Orientation and Mobility (each 15 minutes)
97116 (HQ)	Gait Training, Group O & M (each 15 minutes)
97533	Sensory Integration for O & M (each 15 minutes)
97533 (GT)	Sensory Integration for O & M, Telehealth (each 15 minutes)
97533 (HQ)	Sensory Integration, Group for O & M (each 15 minutes)
97533 (HQ) (GT)	Sensory Integration, Group for O & M, Telehealth (each 15 minutes)

Additional Billing Guidelines:

- Physical therapy services may be provided in an individual or group setting

2.7 Occupational Therapy

Definition: Occupational therapy services are rehabilitative, active or restorative therapies to correct or compensate for a medical problem that prevents the child from functioning at an age-appropriate level, including any necessary supplies and equipment.

Services may also include direct assistance with the selection, acquisition, training or use of an ATD.

Provider Qualifications:

Occupational therapy services may be reimbursed when provided by a:

- Colorado - licensed Occupational Therapist Registered (OTR) as defined in 12-40.5-106(2)(b) C.R.S. (effective January 1, 2009) and current DORA license
- Colorado – licensed Occupational Therapist Assistant (COTA) (effective June 1, 2014); Services must be provided under the direction/supervision of a qualified OTR in accordance with 42 CFR § 440.110

Procedure Codes:

Code	Description
97165	Occupational Therapy Evaluation (1 unit per evaluation up to 30 minutes)

97165 (GT)	Occupational Therapy Evaluation, Telehealth (1 unit per evaluation up to 30 minutes)
97166	Occupational Therapy Evaluation (1 unit per evaluation up to 45 minutes)
97166 (GT)	Occupational Therapy Evaluation, Telehealth (1 unit per evaluation up to 45 minutes)
97167	Occupational Therapy Evaluation (1 unit per evaluation up to 60 minutes)
97167 (GT)	Occupational Therapy Evaluation, Telehealth (1 unit per evaluation up to 60 minutes)
97168	Occupational Therapy Re-Evaluation (1 unit per evaluation typically up to 30 minutes)
97168 (GT)	Occupational Therapy Re-Evaluation, Telehealth (1 unit per evaluation typically up to 30 minutes)
97530 (GO)	Occupational Therapy – OT (each 15 minutes)
97530 (GO) (GT)	Occupational Therapy – OT (each 15 minutes), Telehealth
97530 (HM)	Occupational Therapy – COTA (each 15 minutes)
97530 (HM) (GT)	Occupational Therapy – COTA (each 15 minutes), Telehealth
97139 (GO)	Occupational Therapy, Group – OT (each 15 minutes)
97139 (GO) (GT)	Occupational Therapy, Group – OT (each 15 minutes), Telehealth
97139 (HM)	Occupational Therapy, Group – COTA (each 15 minutes)
97139 (HM) (GT)	Occupational Therapy, Group – COTA (each 15 minutes), Telehealth
97116	Gait Training for Orientation and Mobility (each 15 minutes)
97116 (HQ)	Gait Training, Group O & M (each 15 minutes)
97533	Sensory Integration for O & M (each 15 minutes)
97533 (GT)	Sensory Integration for O & M, Telehealth (each 15 minutes)
97533 (HQ)	Sensory Integration, Group for O & M (each 15 minutes)
97533 (HQ) (GT)	Sensory Integration, Telehealth, Group for O & M (each 15 minutes)

Additional Billing Guidelines:

- Occupational therapy services may be provided in an individual or group setting

2.8 Specialized Transportation

Definition: Specialized transportation may be provided to a student if the transportation is provided on a specially adapted school bus to and from the student’s place of residence and the school or the site of the school health service, if the school health service is not provided in the school setting. Specialized transportation may also be provided on a regular school bus if an Aide for the transported student(s) is present and is required by the student’s IEP or IFSP. Specialized transportation services are only reimbursable when

a billable Medicaid school health service is provided to the student on the same day and the services are medically necessary and required by the student's IEP/IFSP

Provider Qualifications:

N/A

Procedure Codes:

Code	Description
T2001	Non-Emergency Transportation- Patient Attendant/Escort/Aide (per 15 minutes)
T2001 (HQ)	Non-Emergency Transportation, Group - Patient Attendant/Escort/ Aide (per 15 minutes)
T2003	Non-Emergency Transportation- Encounter (per one-way trip)

Additional Billing Guidelines:

- All transportation services provided must be documented in a transportation log
- If a district intends to participate in receiving specialized transportation reimbursement, the district must bill for eligible trips, procedure code T2003. Note, the numerator of the One-Way Trip Ratio used on the Annual Cost Report is calculated according to a district's total units billed for procedure code T2003