

## 2020 Fee Schedule Comments

- The following codes had yearly maximum allowable units of “1 per year” added to the fee schedule, although the current policy states “1 evaluation every 6 months”. See *Reimbursement Limitations page 2-3 and 3-3 in the MCSM Coverage and Limitations Handbook*.
  - 97165, 97166, 97167, 97161, 97162, 97163  
Request that the maximum allowable units be 1 evaluation every 6 months.
- The following codes had “Treatment Visit or Visit” added to the fee schedule under the description of service instead of “Individual Session” as stated in the current policy. This may cause errors in billing. See *Sessions on pages 2-5, 3-5 and 4-5 in the MCSM Coverage and Limitations Handbook*.
  - 97530, 97530 HM, 97110, 97110 HM and 92507 HM  
Request that the description of service be changed to “Individual Session”.
- The following codes had weekly maximum allowable units of “14 per week” added to the fee schedule, although the current policy “does not have weekly maximum units”. See *Reimbursement Limitations page 2-6, 3-6 and 4-6 in the MCSM Coverage and Limitations Handbook*.
  - 97530, 97530 HM, 97150 GO, 97110, 97110 HM, 92507, 92507 HM, 92508 and 92508 HM  
Request that the weekly maximum units be removed.
- The following codes had yearly maximum allowable units of “1 per 5 years” added to the fee schedule, although the current policy states service limitation is “1 per student” for initial evaluation, “1 per student” when the wheelchair is delivered, “1 after 6 months” for follow-up. See *Reimbursement Limitations page 2-9 and 3-8 in the MCSM Coverage and Limitations Handbook*.
  - 97542 GO and 97542 GP  
Request that the maximum allowable units be 1 per student for initial evaluation, 1 per student when the wheelchair is delivered and 1 per student after 6 months for follow-up.
- The following codes had the description of service changed to “Application of Casting or Strapping” on the fee schedule, although the current policy states “Application of Cast or Splint”. See *Procedure Codes and Fee Schedule page C-2 and Splints and Casts pages 2-7, 3-6 and 3-7 in the MCSM Coverage and Limitations Handbook*.
  - 29799 and 29799 HA  
Request that description of service be changed to “Application of Cast or Splint”.
- The following codes had yearly maximum allowable units of “1 per 5 years” added to the fee schedule, although the current policy states service limitation is “1 per student”. See *Initial Evaluation Reimbursement Limitations page 7-8 in the MCSM Coverage and Limitations Handbook*.

## 2020 Fee Schedule Comments

- 92597 GO, 92597 GP and 92597  
Request that maximum allowable units be 1 per 5 years.
- The following code had maximum allowable units of “1 per 6 months” added to the fee schedule, although the current policy states service limitation is “2 per AAC system per year”. *See Re-Evaluations Reimbursement Limitations page 7-11 in the MCSM Coverage and Limitations Handbook.*
  - 92597 GN  
Request that maximum units be 2 per AAC system per year.
- The following code had yearly maximum allowable units of “8 per year” added to the fee schedule, although the current policy states “8 – 30 minute units per device”. *See AAC Sessions Reimbursement Limitations page 7-12 in the MCSM Coverage and Limitations Handbook.*
  - 92609  
Request that maximum allowable units be 8 30-minutes units per device.
- The following codes had maximum allowable units of “8 units per school district staff member, per day” added to the fee schedule, although the current policy states “32 units per school district staff member per day”. *See Reimbursement Limitations page 6-7 in the MCSM Coverage and Limitations Handbook.*
  - H2019 AH (96152 AH), H2019 BA (96152), H2014 BA (96152 HN), H2019 HO (96152 HO) and H2019 HN (96152 UD)  
Request that maximum allowable units be 32 units per school district staff member per day.
- The following code had a maximum fee change from \$4.00 to \$3.24 on the fee schedule – Possible error
  - H2019 BA (96153)  
Request that the fee schedule reflect \$4.00.

### Follow up Concerns:

- The following code had an NCCI Edit, as of October 1<sup>st</sup>, 2016, which limited the code to “8 units per school district staff member, per day”, although the current policy states “32 units per school district staff member per day”. If claims are submitted above the 8-unit limitation, the entire claim is denied. Limitations in maximum allowable units for this evaluation code significantly impacts the reimbursement for behavior evaluations. *See Reimbursement Limitations page 6-7 in the MCSM Coverage and Limitations Handbook.*
  - 96150 AH  
Remove NCCI edit and allow districts to retroactively claim to the maximum of 32 units per day.

## 2020 Fee Schedule Comments

- The following code had an NCCI Edit, as of October 1<sup>st</sup>, 2016, which limited the code to “6 units per school district staff member, per day”, although the current policy states “32 units per school district staff member per day”. If claims are submitted above the 6-unit limitation, the entire claim is denied. Limitations in maximum allowable units for this behavior code significantly impacts the reimbursement for crisis services. *See Reimbursement Limitations page 6-7 in the MCSM Coverage and Limitations Handbook.*
  - 96152 HN  
Remove NCCI edit and allow districts to retroactively claim to the maximum of 32 units per day.
  
- The following codes had a Medically Unlikely Edit where claims are being denied due to the combination of procedure codes claimed on the same day.
  - 96150 AH and 96152 AH  
Request that this restriction be removed.
  
- Request that two new codes be added to the fee schedule, with any necessary code description changes in current codes, to differentiate billing for care planning and coordination services provided for the purpose of avoiding duplication of services.