

MA BILLING/ICD-10-CM CODE CHECKLIST

Student: _____ DOB: _____ Case Manager: _____

Indicate with a check mark in the second column which of the following services this student receives per their IEP

Service Type	✓	ICD-10-CM Code	Name of Code:	Start Date of Service
Physical Therapy				
Occupational Therapy				
Speech/Language				
Mental Health (CTSS)				
Nursing				
PCA				
Assistive Technology				
Special Transportation				

Attach the IEP Services Page to this checklist, and send to the MA Billing Clerk at SCRED.