



NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID TO SCHOOLS BILLING AND POLICY GUIDANCE

Reference Number	SFY 2020-04
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	November 2019
Effective Date	Immediately
Subject	Billing and policy guidance document
Description	Responses to questions received from billing agents and school districts

OVERVIEW

The Department has received questions submitted to the Medicaid to Schools (MTS) dedicated email address (MTS@dhhs.nh.gov), and this billing and policy guidance document provides the Department's responses to those questions. Previous guidance documents are posted on the DHHS MTS website at <https://www.dhhs.nh.gov/ombp/medicaid/mts/index.htm> under the Communication and Guidance link.

Questions

- 1. What is the standard rate and unit measurement for the new psychological codes provided in the department's guidance document SFY2020-02?*

For procedure code 96130, the rate is \$138.50 and the max unit is one (1)

Description: Psychological testing evaluation services by physician or psychologist, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour.

For procedure code 96131, the rate is \$138.50 and the max unit is six (6)

Description: Psychological testing evaluation services by physician or psychologist, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure).

For procedure code 96136, the rate is \$69.25 and the max unit is one (1)

Description: Psychological or neuropsychological test administration and scoring by physician or psychologist two or more tests, any method; first 30 minutes.

For procedure coded 96137, the rate is \$69.25 and the max unit is six (6)

Description: Psychological or neuropsychological test administration and scoring by physician or psychologist two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure).

These codes are subject to the rate increase and the updated rates will be issued in January 2020.

2. *What in the emergency regulations specifically allow for other licensed practitioners other than physician, physician assistant or APRN to sign off on orders?*

Response: The Department is seeking clarification from the Office of Professional Licensure and Certification (OPLC) to further clarify those other licensed treatment providers who may, as permitted under their board licensure, order or prescribe services, what type of services are included under their scope of practice, and who they may supervise pursuant to their license. OPLC has committed to issuing a guidance document related to scope of practice issues and plans to do so in December.

While an order prescribing the Medicaid covered service is generally required from a Physician, APRN, or physician assistant for services to be reimbursable by NH Medicaid, some qualified medical or mental health treatment providers may order services if state statute permits it. Accordingly, in its regular rulemaking proposal, the Department will propose a broad definition to ensure that those practitioners licensed by a medical or mental health board with prescribing privileges are able to do so.

3. *Is it correct that there will be no backdating orders to the beginning of the school year?*

Orders signed by a physician, APRN or physician assistant for Medicaid coverable services being delivered by qualified Medicaid treatment providers can be retroactively applied back to August 28, 2019 while the emergency rule is effective. School providers should only bill for services when an order supporting the medical necessity of the services has been obtained.

4. *Does the policy guidance document clarify the language in the administrative rule as it relates to orders? Or does it change the administrative rule? Can we rely on the guidance?*

The Department's policy guidance is intended to provide clarification and guidance regarding the implementation of the emergency rule. In previous policy guidance documents, the Department clarified that while an order prescribing the Medicaid covered service is generally required from a Physician, APRN, or physician assistant for the services to be reimbursable by NH Medicaid; however, some qualified medical treatment providers may order services if state statute permits it. Please also see the Department's response to question #2 above.

5. *Why does the policy guidance specify personal care services for rehabilitative assistants when the rule references more broad categories of services they deliver? Is it the state's intention to limit the scope of services that can be provided by them?*

The Department's intention is not to limit the scope of health care related services that can be provided by rehabilitative assistants, rather this was simply an example.

6. *When will updated CPT codes/standard rates for categories of billing be available? How will they be announced and/or to whom will they be sent?*

The Medicaid Finance Unit is currently calculating the 3.1% provider rate increase for release on or before January 1, 2020. The revised fee schedule and updated codes will be posted on the MMIS portal at <https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome>. School Districts will be notified of the rate changes in a separate guidance document, emailed to the Superintendents of Schools and interested parties for dissemination. The revised fee schedule will also be posted on the MTS website at <https://www.dhhs.nh.gov/ombp/medicaid/mts/providers.htm>. Accompanying the revised fee schedule will be a release of the MTS billing manual which will include the updated CPT code list, and will be posted to the MMIS and MTS websites noted above.

7. *The administrative rule states that there are covered services if ordered by a licensed audiologist or licensed speech pathologist but it also says that there shall be an order from a physician, APRN or PA. Could you clarify if a speech language pathologist licensed by the NH board is allowed to order services in the scope of their practice instead of a physician?*

The Department is seeking clarification from OPLC to further clarify those other licensed treatment providers who may, as permitted under their board licensure, order or prescribe services, what type of services are included under their scope of practice, and who they may supervise pursuant to their license. As the Department receives guidance and information from OPLC on the scope of licensed practitioner's licenses, the Department will issue new guidance and will modify the administrative rule accordingly. Our understanding based on recent conversations with the NH Speech-Language Pathology Governing Board is that the board believes speech-language services require an order but the Department is continuing to seek guidance from the board regarding speech-language pathologists' scope of practice as the Board is considering the scope of services being delivered in the school setting. As previously stated, OPLC is committed to issuing a guidance document related to scope of practice issues and plans to do so in December.

8. *What happens after the expiration date of the emergency rule? Are we asking districts to change all of their processes only to again make changes in February?*

The emergency rule expires on February 24, 2020, which means the Department must have a regular rule in place prior to the expiration of the emergency rule. The timeline for regular rulemaking is as follows:

Submission of the rule to the Medical Care Advisory Committee (MCAC) 12/2/19

Presentation of the rule to MCAC	12/9/19
Fiscal impact statement and rule to the Legislative Budget Assistant (LBA)	12/12/19
Submission of rule and fiscal analysis to Office of Legislative Services (OLS)	12/19/19
Publication in the rulemaking register	12/26/19
Earliest day for public hearing	1/16/20
Amended fiscal analysis submission to LBA	1/31/20
Final rule proposal and amended fiscal analysis to OLS	2/7/20
Hearing at the Joint Legislative Committee on Administrative Rules	2/21/20

As indicated in the notice to the emergency rule and as discussed at the stakeholder forums, several rulemakings will be necessary in order to continue to align the MTS benefit fully with the NH Medicaid State Plan and federal law.

9. Is there an appropriate working definition of “personal care”?

Personal Care Services are defined as a Medicaid coverable service that helps Medicaid recipients with everyday tasks. These tasks are called activities of daily living (ADLs) and assistance is needed due to an individual’s injury, illness or disability. Examples of ADLs are grooming, eating, dressing, transferring, mobility, and toileting.

10. State precedent is that paraprofessional who don’t hold a para 1 or 2 certificate have been allowed to document and provide services after a 2 week on-the-job training. Will this still be the case?

The Department will be reviewing and will discuss with the Department of Education the certification requirements for paraprofessionals delivering rehabilitative assistance. The Department has been invited to observe the delivery of these services at three different schools and plans to do so during the month of December. At this time, the Department does not know what additional requirements, if any, paraprofessionals will need to have in order to deliver Medicaid coverable services. After the Department performs the field assessments, it will issue additional guidance.

11. How will the group CPT codes be designated? Will there be a lower rate attached to a HQ modifier and will that suffice to prorate the number of participants in the group?

A procedure code for a group for the therapies (PT/OT/ST) has only been identified for speech therapy at this time. The Department is identifying a corresponding procedure code for a group for physical therapy and occupational therapy. These procedure codes will be released with the revised fee schedule in January 2020.

12. Who can provide vision services, other than an optometrist or ophthalmologist?

The Medicaid fee for service rule for vision services, He-W 565, states that ophthalmologists, optometrists, and opticians enrolled with NH Medicaid may receive reimbursement for Medicaid covered vision services.

13. The administrative rule says that there shall be an order for preschool services. Can you clarify who can sign this order?

Preschool is a setting within the school setting. Thus, each distinct service being delivered in the pre-school setting require an order to be billable to NH Medicaid. In the regular rulemaking proposal, the Department will remove preschool services as a service category because preschool is a setting in which discreet coverable services are being delivered. Schools will be provided with updated CPT codes to bill the discreet services rather than a bundled code.

14. Is there a separate CPT code related to EPSDT?

There is no separate procedure code for EPSDT, rather schools will need to bill the applicable CPT code for the service being delivered. Early Periodic Screening Diagnosis and Treatment (EPSDT) is a distinct benefit under the Medicaid program which allows for students under the age of 21 to receive medically necessary services listed in Section 1905(a) of the Social Security Act regardless of whether the service is covered under the NH Medicaid State Plan. Attachment A lists the coverable services under the Social Security Act. Training will be provided to School Districts at a later time around the process for requesting services under provisions of EPSDT.

Questions about this guidance can be sent to: MTS@dhhs.nh.gov

Revision History

Activity Date	Version	Description of Activity	Author	Approved By
11/8/2019	Final	Questions and responses	JHybsch	HLipman

Attachment A
List of Medicaid Benefits

Benefit	Reference
Inpatient Hospital Services	Mandatory 1905(a)(1)
Outpatient Hospital Services	Mandatory 1905(a)(2)
Rural Health Clinic Services	Mandatory 1905(a)(2)
FQHC Services	Mandatory 1905(a)(2)
Laboratory and X-Ray Services	Mandatory 1905(a)(3)
Nursing Facility Services for Age 21 & Older	Mandatory 1905(a)(4)
EPSDT	Mandatory 1905(a)(4)
Family Planning Services	Mandatory 1905(a)(4)
Tobacco Cessation for Pregnant Women	Mandatory 1905(a)(4)
Physicians' Services	Mandatory 1905(a)(5)
Medical or Surgical Services by a Dentist	Mandatory 1905(a)(5)
Medical Care and any type of remedial care recognized under State Law -	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Optometrists' Services	Optional 1906(a)(6)
Medical Care and any type of remedial care recognized under State Law - Chiropractors' Services	Optional 1905(a)(6)
Medical Care and any type of remedial care recognized under State Law - Services	Optional 1905(a)(6)
Home Health Services - Intermittent or part-time nursing services provided by a home health agency	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Home health aide services provided by a home health agency	Mandatory for certain individuals - 1905(a)(7)
Home Health Services - Medical supplies, equipment and appliances	Mandatory for certain individuals- 1905(a)(7)
Home Health Services - Physical therapy, occupational therapy, speech pathology, audiology provided by a home health agency	Optional-1905(a)(7), 1902(a)(10)(D), 42CFR 440.70
Private duty nursing services	Optional 1905(a)(8)
Clinic Services	Optional 1905(a)(9)
Dental Services	Optional 1905(a)(10)
Physical Therapy	Optional 1905(a)(11)
Occupational Therapy	Optional 1905(a)(11)
Services for individuals with speech, hearing and language disorders	Optional 1905(a)(11)
Prescribed Drugs	Optional 1905(a)(12)
Dentures	Optional 1905(a)(12)
Prosthetic Devices	Optional 1905(a)(12)
Eyeglasses	Optional 1905(a)(12)
Diagnostic Services	Optional 1905(a)(13)
Screening Services	Optional 1905(a)(13)

Benefit	Reference
Preventive Services	Optional 1905(a)(13)
Rehabilitative Services	Optional 1905(a)(13)
Services for Individuals over 65 in IMDs -Inpatient hospital services	Optional 1905(a)(14)
Services for Individuals over 65 in IMDs -Nursing facility services	Optional 1905(a)(14)
Intermediate Care Facility services for individuals in a public institution for the mentally retarded or persons with related conditions	Optional 1905(a)(15)
Inpatient psychiatric services for under 22	Optional 1905(a)(16)
Nurse-midwife services	Mandatory 1905(a)(17)
Hospice Care	Optional 1905(a)(18)
Case management services 1915(g)	Optional 1905(a)(19), 1915(g)
Special TB related services	Optional 1905(a)(19), 1902(z)(2)
Respiratory care services under 1902(e)(9)(A) through (C)	Optional 1905(a)(20)
Certified pediatric or family nurse practitioners' Services	Mandatory 1905(a)(21)
Home and Community Care for Functionally Disabled Elderly Individuals	Optional 1905(a)(22)
Personal Care Services in the beneficiary's home	Optional 1905(a)(24), 42CFR 440.170
Primary care case management services	Optional 1905(a)(25)
PACE Services	Optional 1905(a)(26)
Special Sickle-Cell Anemia-Related Services	Optional 1905(a)(27)
Licensed or Otherwise State-Approved Free-Standing Birthing Centers	Optional 1905(a)(28)
Transportation	Optional benefit – 1905(a)(29)– 42CFR 440.170, Required as an administrative function – 42CFR 431.53
Services provided in religious non-medical health care facilities	Optional 1905(a)(29), 42CFR 440.170(b)
Nursing facility services for patients under 21	Optional 1905(a)(29), 42CFR 440.170(d)
Emergency Hospital services	Optional 1905(a)(29), 42CFR 440.170(e)
Expanded Services for Pregnant Women - Additional Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends	Optional 1902(e)(5)
Expanded Services for Pregnant Women - Additional Services for any other medical conditions that may complicate pregnancy	Optional 1902(e)(5)
Emergency services for certain legalized aliens and undocumented aliens	Mandatory 1903(v)(2)(A)
Home and Community-Based Services for Elderly or Disabled Individuals	Optional 1915(i)
Self-Directed Personal Assistance Services	Optional 1915(j)
Community First Choice	Optional 1915(k)
Other (describe in benefit chart)	Optional 1905(a)(29)