NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAID TO SCHOOLS BILLING AND POLICY GUIDANCE

Reference Number	SFY 2020-02
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	September 2019
Effective Date	Immediately
Subject	Billing and policy guidance
Description	Responses to questions received from billing agents and school districts

OVERVIEW

Since the transition of administrative oversight for the Medicaid to Schools (MTS) benefit from the Bureau of Developmental Services to the Division of Medicaid Services effective July 1, 2019, school districts and their billing agents have submitted questions about billing practices and polices around those practices. The Department's responses to those questions are listed below:

Questions

1. *When a procedure code exists for a group rate, can the school district just bill the rate associated with this code regardless of the number of students served as long as there is more than one? Or do they have to determine how many students received the service and pro-rate the code? When a procedure code does not have a group modifier, how should billing work?*

Response: Group therapy consists of simultaneous treatment to two or more students who may or may not be doing the same activities. If the therapist is dividing attention among the students, providing only brief, intermittent personal contact, or giving the same instruction to two or more students at the same time, then it is appropriate to bill for each student one unit of group therapy. In this instance, the students do not receive one on one treatment; therefore, it is appropriate only to bill the group code.

Currently the only Current Procedural Terminology (CPT) code that is setup with a group rate is 92508 TM HQ which is treatment of a speech language, voice communication and/or auditory processing disorder group, 2 or more individuals. The Department will be establishing group codes for physical therapy and occupational therapy, and when established, a provider notice will be sent to the NH Department of Education for distribution to the Superintendents of Schools and others in the local school districts. Additionally, the Department is working to setup a dedicated website

for the MTS benefit and will send a link to the website when it is published. The MMIS portal can be accessed for code information at https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome.

Maintaining documentation of the Medicaid services delivered to support the claims billed is a condition of enrollment with NH Medicaid. Thus, keep in mind that each student in the group should have unique documentation of the service delivered, including a description of the group session, and how the session contributed to the student's IEP or care plan treatment goals in compliance with 42 CFR 431.07 and NH Administrative Rules He-W 520.03.

2. *What are the typical approved timeframes for billing a 15-minute versus a 30-minute service? What if the service provided was 18 minutes, can the school bill 30 minutes? Or should they bill 15 minutes? Is there a standard timeframe utilized for determining how to bill?*

Response: After reviewing industry standards on the billing and documentation of services using 15-minute units, the Department has modeled its billing instructions, particularly the 8-minute criteria, on the standards for Medicare billing established by the Centers for Medicare and Medicaid (CMS).

That means, for any single timed CPT code in the same day measured in 15-minute units, school districts should bill one 15-minute unit for treatment greater than or equal to 8 minutes up to and including 22 minutes. If the duration of a single modality or procedure in a day is greater than or equal to 23 minutes, up to and including 37 minutes, then 2 units should be billed. See the table below:

Number of minutes	**Number of 15-minute units that can be billed**
Fewer than 8 minutes	No units can be billed
8 minutes up to 22 minutes	1 unit
23 minutes up to 37 minutes	2 units
38 minutes up to 52 minutes	3 units
53 minutes up to 67 minutes	4 units
68 minutes up to 82 minutes	5 units
83 minutes up to 97 minutes	6 units
98 minutes up to 112 minutes	7 units
113 minutes up 127 minutes	8 units

The 8-minute criteria remains the same for treatment times in 30, 45 and 60-minute increments.

3. *How will districts be notified when a code changes?*

Response: The Department will issue a provider notice of code changes to the NH Department of Education for distribution to the Superintendents of Schools and others in the local school districts. Additionally, as indicated in question #1 above, the Department is working to setup a dedicated website for provider notifications, and the MMIS portal can be accessed for code information at https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome.

4. *Are there maximum units per service?*

Response: Yes, procedure codes do have maximum units. These units; however, are under review. The Department will issue guidance once it has completed its review. A provider notice will be sent to the Superintendents of Schools for distribution to the local school districts. This notice will also be posted to the DHHS and MMIS websites (see question #1 above for a link to the MMIS portal).

5. *Will there be procedure codes for students with an IEP versus students without an IEP?*

Response: Yes, modifiers will be added to the current MTS procedure code set to distinguish billing for students with IEPs versus those without an IEP for reporting purposes. A provider notice will be sent to the Superintendents of Schools for distribution to the local school districts once the new modifiers have been loaded into the MMIS claims system. This notice will also be posted to the DHHS and MMIS websites (see question #1 above for a link to the MMIS portal).

6. *Can consultation services be billed?*

Response: CMS has advised that in order for medical services to be billed to Medicaid, a student must be present for some portion of a consultation, because Medicaid is a medical assistance program, which means services are being delivered directly to a Medicaid beneficiary. CMS further advised that "This is not a federal regulation but as a result of a G[eneral] C[ounsel] opinion. Medicaid benefits are for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purposes of assisting in the beneficiary's recovery." Given this CMS clarification, schools should only seek reimbursement for consultations that include the student for at least 51% of the consultation time and bill the correct CPT code for this service.

7. *Speech evaluations are the only active CPT codes within Medicaid-to-Schools that have the designation of "per event" for billing. In school setting, evaluations typically are conducted over multiple days and in multiple sessions. Is the event/evaluation to capture a one-time reimbursement for the evaluation as a whole, no matter how long it takes to complete?*

Response: The CPT code description for a speech evaluation is an event regardless of the time it takes to complete the evaluation. This is a one-time reimbursement.

8. *Specialized transportation – is the entire trip billable to Medicaid regardless of whether the student is on the vehicle or not / Does specialized transportation need to be included in the IEP?*

Response: No changes in the transportation policy were made in the current MTS emergency rule. Pursuant to He-M 1301.04, the transportation must be listed in the IEP and the student must be on the bus for the specialized transportation to be paid. The rule states that:

(at) Specialized transportation shall be a billable service as follows:

(1) Transportation shall be listed in the student's IEP as a required service;

(2) Transportation shall be considered a required service if:

a. The child requires transportation in a vehicle specially adapted to serve the needs of the disabled child, including a specially adapted school bus; or

b. The child resides in an area that does not have school bus transportation, such as those areas in close proximity to a school, but has a medical need for transportation that is noted in the IEP;

(3) The following transportation may be billed as a Medicaid service:

a. Transportation to and from school only on a day when the student receives a Medicaid coverable service at school during the school day; and

b. Transportation to and from a Medicaid coverable service in the community during the school day;

(4) The Medicaid coverable service in (3)a. and (3)b. above shall be listed in the student's IEP as a required service.

9. Procedure code 96101 has been deleted. What is the new code for this service?

Response: Because codes 96101 and 96150 have been deleted, use the following replacement CPT codes and their long descriptions for psychological testing:

96130

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.

96131

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).

96136

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

96137

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).

10. *Please clarify how Related Service Providers and Rehab Assistants document shared time? Could you confirm that the following is correct (assuming the medical needs of these services are clearly outlined in the IEP)?*

    a. *A Rehab Assistant and a Related Service Provider can document for full time spent with students.*
    b. *Two service providers that are OT/PT/SLP/ etc.; have to split the total time in ½ while working with the same student.*

Response: A rehabilitative assistant would not likely be performing personal care services while a student is receiving treatment services. A more likely scenario would be that a student is scheduled for one hour of speech therapy, and the rehab assistant is in attendance during the treatment session, but the speech language session is interrupted for toileting. The speech-language provider would bill three units of therapy and the rehab assistant would bill one unit of service. Therapy treatment providers conducting treatment as a team would split the total time spent with the student and bill separately. Keep in mind that Medicaid requires unique documentation of the service delivered, including a description of the services performed, amount of time it took to perform them, and how the services contributed to the student's IEP or care plan treatment goals in compliance with 42 CFR 431.07 and NH Administrative Rules He-W 520.03.

11. *When granted waiver approval by the State to document and sign off for their own behavioral services, can a BCBA also sign off as a Team Leader (Licensed Practitioner of the Healing Arts, if desired?)*

Response: The Department deleted the term "other licensed practitioner of the healing arts" from the emergency rule because it is an undefined term under federal law, and it is not used in the NH Medicaid Program. According to the national Behavioral Analyst Certification Board, prescribing or ordering services is not within the scope of a BCBA's certification. A BCBA who has been granted a waiver by the Department may sign off on delegated applied behavioral analysis services so long as that BCBA has a supervisor certification as part of their overall certification from the Behavioral Analyst Certification Board.

12. *If districts already have a one-time consent on file and the student has not changed District of Liability, does parental consent need to be received every time a student's IEP services changes (yearly and/or whenever an amendment takes place)? Does parental consent need to be received when a student moves from one school district to another?*

Response: School districts do need to get informed parental consent to bill NH Medicaid. NH statutes (NH RSA167:3-k, III(b)[1] and RSA 186-C, II(d)[2]) require informed parental consent but do not indicate the frequency of obtaining parental consent. Federal regulation, 42 CFR 300.154(d)(2)(v)[3] requires parental consent and notification prior to accessing a student's Medicaid benefits for the first time and annually thereafter. The Department is still seeking

[1] http://www.gencourt.state.nh.us/rsa/html/XII/167/167-3-k.htm
[2] http://www.gencourt.state.nh.us/rsa/html/XV/186-C/186-C-25.htm
[3] https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=94a36fc7fc133bd3b59daa89f4e188a0&mc=true&n=sp34.2.300.b&r=SUBPART&ty=HTML#se34.2.300_1154

clarification regarding the federal regulation's application to the frequency of obtaining parental consent and notification, and its impact to students relocating to another school district. The Department will issue additional guidance in the future.

13. *Does each district need to submit the exact same information for a waivered provider, or is the State able to intake information for a provider and allow all districts with whom they work a waivered status for indicated services based off his/her credentials?*

Response: Waivers are exclusive to school districts not to providers. School districts must seek a waiver for their individual providers as appropriate. The Department does not have a mechanism to affiliate providers across school districts. The current waiver process in the MTS emergency rule has not changed. In the regular rulemaking proposal, the Department will propose elimination of the current waiver process because BCBAs will be permitted to bill as treatment providers via the Early and Periodic Screening, Diagnostic, and Treatment benefit and thus, no waiver process will be needed.

14. *Sometimes a student needs a group setting service according to their IEP, but because of the make-up/availability of other students for that student, the sessions are sometimes (or often), in reality, individual sessions. In an instance where the IEP says they are supposed to have a group sessions, but they are the only one in the group that day, how should school districts ultimately document for those services with Medicaid (group of 1? individual service?)*

Response: The student's IEP or written care plan is the source document for MTS billing used to support the medical necessity of the services for which the school sought reimbursement. If group sessions were indicated in the IEP, then the procedure code for the group session can only be billed even if practically speaking the student was served individually.

15. *Does the Office of Licensed Allied Health Professionals License/Certificate NH that my SLP, OT and PT staff have permit them to order services?*

The Department is not restricting licensed qualified treatment providers or clinicians from practicing within the scope of their board licensure, including those that can act independently to treat or order services. 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 treatment providers may order services if state statute allows them to do so, and when they are acting within the scope of their board license. Whether your physical therapists, occupational therapists or speech-language pathologists can order services is determined by the scope of their licensure, which is determined by the applicable licensing board. These therapists should know whether they can order services under their license, but if you should have questions, the Department recommends that you contact the applicable licensing board. A list of contacts for each board can be accessed at this website: https://www.oplc.nh.gov/contact-us/contact-your-board.htm. The main phone number to the Office of Professional Licensure and Certification (OPLC) is (603)-271-2152.

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 and what type of services are included under their scope of practice. In its regular rulemaking

proposal, the Department will clarify the definition for "order" to include those licensed treatment practitioners whose scope of license permits ordering services to be consistent with federal and state law.

16. *I have a School Psychologist who holds an Experienced Educator Certificate through the NH DOE and a Clinical Mental Health Counselor Cert. through Allied Health Professional. Does this mean that this person is not able to submit sessions for Medicaid reimbursement?*

The Office of Licensed Allied Health Professional does not certify clinical mental health counselors. If the individual holds a license as a clinical psychologist from the NH Board of Psychologists or holds a license as a clinical mental health counselor through the NH Board of Mental Health Practice, then Medicaid reimbursement can be sought for mental health services performed by them.

17. *I have been told that our vendor's para's do not hold a Para I or Para II NH certifications. Most of our vendor's para's have a high school diploma. With the recent updates to MTS, I am wondering if a "high school diploma" meets the qualifications for medicaid reimbursement.*

At this time, no changes were made to the MTS rule regarding the qualifications or services being delivered by rehabilitation assistants. Schools seeking reimbursement for services delivered by rehabilitative assistants should at a minimum screen these individuals. This means performing monthly screening of the individuals for exclusions against the Office of Inspector General (OIG) exclusion and sanction database which is located at https://exclusions.oig.hhs.gov.

18. *Will you provide a form that can be used by the ordering APRN, physician and physician assistant?*

The current emergency rule does not mandate the use of a specific form; however, given the number of inquiries the attached template can be used by schools if desired.

Questions about this guidance can be sent to:

Jane M. Hybsch, RN BSN MHA
Administrator, Medicaid Medical Services Unit
Division of Medicaid Services
NH Department of Health and Human Services
129 Pleasant Street, Brown Building
Concord, NH 03301
Jane.Hybsch@dhhs.nh.gov
Please cc Medicaid Director, Henry Lipman, Henry.Lipman@dhhs.nh.gov

Revision History

Activity Date	Version	Description of Activity	Author	Approved By
9/9/ 2019	Final	Billing question responses	JHybsch	HLipman

Sample Template **SCHOOL DISTRICT NAME**

SAU phone number (603) 000-0000 Special Education Department

ADDRESS

MEDICAID HEALTH RELATED SERVICES ORDER

DATE:_____ STUDENT _____

DATE OF BIRTH_____ CASE MANAGER:_____

PRIMARY CARE OFFICE:_____

As a licensed treatment practitioner or clinician, practicing within the scope of my board licensure, I recommend the services listed below be provided to the above-named student in accordance with the decisions made by the Individual Education Program (IEP) Team and described in the student's current IEP or written care plan. The IEP Team makes decisions about services based on the impact and nature of the student's disability.

Health related services included in this student's IEP for one year from _____ through_____are:

- ☐ MENTAL HEALTH EVALAUTION AND/OR COUNSELING
- ☐ FEEDING AND SWALLOWING EVALUATION AND/OR TREATMENT SERVICES
- ☐ REHABILITATIVE ASSISTANCE FOR THE MEDICAL PURPOSE OF: _____
- ☐ OCCUPATIONAL THERAPY EVALUATION AND/OR TREATMENT
- ☐ PHYSICAL THERAPY EVALUATION AND/OR TREATMENT
- ☐ SPEECH/LANGUAGE EVALUATION AND OR TREATMENT
- ☐ VISION EVALUATION AND/OR RELATED SERVICES
- ☐ NURSING ASSESSMENT AND /OT TREATMENT SERVICES
- ☐ AUDIOLOGY/HEARING EVALUATION AND/OR TREATMENT SERVICES
- ☐ DURABLE MEDICAL EQUIPMENT/MEDICAL SUPPLIES (PLEASE LIST) _ _____

I authorize the identified services and/or evaluations as medically necessary and refer this student to treatment by the IEP Team.

Qualified licensed practitioner name (please print)_____

Qualified licensed practitioner signature _____

Credentials (MD, PA, APRN)_____ Date_____