



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

Reference Number	SFY 2020-05
Authorized by	Henry Lipman, Medicaid Director
Division/Office/Bureau	Division of Medicaid Services
Issue Date	January 2020
Effective Date	Immediately
Subject	Billing and policy guidance document
Description	Responses to questions received from billing agents and school districts

OVERVIEW

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

Questions

1. The Department has received the following questions on procedure codes and the billing of certain codes:
 - a. *Are there new CPT codes for OT and PT? We are currently using the following codes: 95730 OT and 97799 PT with a modifier for individual and a HQ for group service. Also we have quite a few students who go to Crotched Mountain and on their logs for Occupational Therapy and Physical Therapy they have changed the CPT code from what we have in Easy Medicaid to 97110TMGO for OT and 97110TMGPU for PT. Can you please clarify what codes we should be using?*
 - b. *We are seeking clarification on the calculations for group billing. Do you divide the provider's rate by the number of students in a group, or bill each student at the full provider rate? Do you divide the provider's rate by the number of students in a group, or bill each student at the full provider rate?*
 - c. *Can you confirm allowable billing codes for schools for behavioral health services as well as billing unit size and provider types?*
 - d. *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?*

- e. *Will NH Medicaid use the following codes for behavioral health services: 96130-TM 1st hour psychological testing; 96131-TM additional psychological testing hours; 96132-TM 1st hour neuropsychological testing; 96133-TM additional neuropsychological testing hours; 96136-TM 1st 30 minutes testing 2 or more tests; 96137-TM additional 30 minutes.*

Response: The Department's Medicaid Finance Unit applied a 3.1% rate increase for all approved CPT codes, effective January 1, 2020. The new MTS CPT codes and their rates will be released on or before March 1, 2020 with a MTS specific billing manual and after that date schools will be required to use the new CPT codes. The revised fee schedule and billing manual will be posted on the MMIS portal at <https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome>. Both documents will also be posted on the MTS website at <https://www.dhhs.nh.gov/ombp/medicaid/mts/providers.htm>.

The Department hopes that questions related to billing and the use of CPT codes will be answered by the release of the billing manual. The Department plans to conduct training on billing practices for schools districts after the billing manual is released to help provide training on the new CPT codes.

2. *How long will it take to get an NPI number? When I got to the DHHS website to lookup my providers credentials, it brings me to Allied health. How can I find my providers credentials? When can we expect the next phase of rulemaking to begin? How long is it expected to take to reach full compliance?*

Response: To obtain an NPI number, an online application can be submitted and the number will be emailed to you within 24 hours. For more information about the application process and how to apply go to this CMS website: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/apply> and review the application information found on the Department's MTS website: <https://www.dhhs.nh.gov/ombp/medicaid/mts/providers.htm>.

To find a provider's credentials or whether they are enrolled with NH Medicaid, a search can be performed on the MMIS portal at <https://nhmmis.nh.gov/portals/wps/portal/EnterpriseHome>. Select "How to Find a Provider" under the Directories tab at the top of the page.

Provider credentials for the individuals in NH can also be located online:

- <https://nhlicenses.nh.gov/Verification/Search.aspx> , search criteria: Profession select from Allied Health (OT/PT/SLP, OTA, PTA, SLA), Hearing Care , Medicine, Mental Health, Nursing, Nursing Assistant, Psychology, or other MTS related profession
- <https://www.nbcot.org/> for the *National Board for Certification in OT* to verify affiliation
- <https://www.asha.org/certification/cert-verify/> to verify ASHA affiliation
- <https://www.bacb.com/page/100155/> for certification of BCBA, RBT

The next rulemaking phase will begin as soon as the current rulemaking process has concluded with the Joint Legislative Committee on Administrative Rules hearing the proposed He-W 589 rule on February 21, 2020. The Department plans to enter into rulemaking over the next year to address various aspects of the benefit to align it fully with the NH Medicaid state plan.

3. *What is NH Medicaid's policy on BCBAs?*

Response: In NH, BCBAs are not licensed under NH state law, rather they are certified by the National Behavior Analyst Certification Board (BACB). The NH Medicaid state plan nor the NH Medicaid Fee for Service rules (He-W 500s) officially recognize BCBAs as a billable provider type. However, per the Centers for Medicare and Medicaid Services Informational Bulletin Dated 7/1/2014, (which can be accessed at <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>), services performed by BCBAs are coverable under 1905(a) of the Social Security Act even if they are not covered in a state's Medicaid state plan. Accordingly, autism spectrum disorder services or applied behavior analysis (ABA) services delivered by a BCBA can be covered in the school setting if medically necessary. At this time, the Department is maintaining the current waiver process in the administrative rule, which many school districts use for BCBAs, until the Department implements prior authorization for applied behavior analysis pursuant to the EPSDT benefit under administrative rule He-W 546. BCBAs must have a certification from the national board, and if supervising, the individual must have a supervisor certification as part of their overall certification from BACB. Since BCBAs are not licensed by the NH Office of Professional Licensure and Certification, they do not have ordering privileges as part of the scope of their board certification. Licensed healthcare providers with ordering privileges can order autism spectrum disorder services such as ABA services if the provider is acting within the scope of their board licensure.

4. *Will rehabilitative assistants be able to deliver ABA services and receive the training to become an RBT? Will rehabilitative assistant services qualify for reimbursement?*

Response: Rehabilitative assistance services delivered by qualified individuals to a Medicaid enrolled student and delivered pursuant to the administrative rule are qualified for Medicaid reimbursement, and these services are clearly listed as covered in the Medicaid to schools rule in He-W 589.04.

If a rehabilitative assistant has an active certification as a Registered Behavior Technician (RBT), and if the RBT is supervised by a BCBA with a supervisory certification, then these services may qualify for Medicaid reimbursement as long as the student is Medicaid enrolled and the services are medically necessary.

The Department's understanding is that many Rehab assistants currently carry out behavior treatment plans as outlined by BCBAs in the school setting, and these services will continue to be reimbursed. The national organization for BCBAs the Behavior Analysts Certification Board should be contacted for that information <https://www.bacb.com/bcba/> regarding training requirements for RBTs.

5. *If a student requires medically necessary ABA services as part of their IEP and they are also receiving funding for medically necessary ABA services which are delivered at their home or clinic, is this considered a duplication of services? For example, if the IEP requires BCBA support, staff training and other services and the child's MCO pays for 20-30 hours per week of "outside ABA" how do these two entities work together? Does one funding source supersede the other? Can the MCO funded ABA service occur during the child's school day at the child's school?*

Response: Services delivered in the school and services delivered in the home are not considered duplicative as the settings are different pursuant to RSA 186-C:29.¹ The goals being addressed may be the same but the strategies utilized may be different given the settings. For example, the school may be working on personal care issues; however, at home the family may be working on showering skills. Coordination of services is expected to assure that approaches are complementary and not in conflict with each other. Coordination of services is not currently reimbursable but may be reimbursable as part of administrative claiming at a future date.

6. *Since I am an SLP, I am most interested in the issues that affect SLPs in schools. Unfortunately, I haven't worked in schools since before Medicaid to Schools became available, so I don't know how the system has been working in NH. My questions are: Would a medical professional need to see the child in person to order services? And the big question - how do SLPs determine if the disability is medically based? There are disabilities that have no known cause, but research may find a reason in the future. Or - is the question whether the services are medically based?*

Response: Per pages 5 and 6 of the SFY 2020-01 Office of Professional Licensure and Certification (OPLC) guidance, speech-language services performed by speech-language pathologists and assistants do not require an order. While these services do not require an order, the services must be medically based in order to qualify for Medicaid reimbursement, and this does not mean that a specific medical diagnosis or disability is required. To qualify for Medicaid reimbursement, the services must be medically necessary which means that they are needed to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap or cause physical deformity or malfunction.

7. *Question on first paragraph in the administrative rule, it says that this is not meant to mandate that services must be provided by school district but some of these services are medically necessary and mandated by an MD. Those do need to be done by schools. Is this meant to say they're not required to seek reimbursement?*

Response: Yes, the first paragraph in the rule (He-W 589.01 Purpose) states that requesting federal financial participation (Medicaid reimbursement) “for Medicaid services is **optional** for school districts” and that “(p)articipation in Medicaid is **discretionary** on the part of school districts and school administrative units.” While participation is optional for schools, in order to seek Medicaid reimbursement for Medicaid covered services, schools must comply with all federal and state Medicaid law.

8. *When would parents sign off on Medicaid reimbursement and how long would it be in effect? Would parents receive statements?*

Response: School districts do need to get informed parental consent to bill NH Medicaid. NH statutes (NH RSA167:3-k, III(b)² and RSA 186-C, II(d)³) require informed parental consent but do not indicate the frequency of obtaining parental consent. Federal regulation, 42 CFR 300.154(d)(2)(v)⁴ 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/XV/186-C/186-C-29.htm>

² <http://www.gencourt.state.nh.us/rsa/html/XII/167/167-3-k.htm>

³ <http://www.gencourt.state.nh.us/rsa/html/XV/186-C/186-C-25.htm>

⁴ 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.

The Department does not send out explanation of benefits to parents, but individuals can request billing records and claim records from the Department and from their child's school.

9. *If a student receives rehab aide services to carryover OT, Speech, PT, Behavior, do all related services providers then have to sign off monthly on these services?*

Response: No, the IEP team needs to identify and designate a licensed clinician who will be responsible for oversight of the medical components of IEP plan and the carry-over tasks delegated to the Rehabilitative aide. The administrative rule states the following at He-W 589.04(aj)

“Provision of rehabilitative assistance services shall be reviewed by an other licensed clinician designated by the enrolled school provider's care plan team every 30 days. Such review shall include review of the activities performed by the rehabilitative assistant and the effectiveness of the activities as observed by the rehabilitative assistant. As part of the review, the care plan team designated licensed clinician shall sign the documentation of the service transaction logs to attest that the service was actually provided and shall provide review and signature that the activities have been conducted in accordance with the care plan.”

10. *Given that it is quite a feat to actually obtain the original, signed MD order from the doctor's office, I am wondering the following:*

- a. *Is it acceptable if providers check off that they are enrolled NH Medicaid providers but fail to include their provider number on the MD order form? In other words, they have filled in all the information requested at the bottom with the exception of their provider # and/or their NPI #.*
- b. *If it is not acceptable for them to omit the actual provider number, in lieu of it and to avoid having to send it back to the doctor's office, can we conduct a search online to confirm that they are enrolled providers and attach a copy of the search results to the MD order and keep that in the student's file?*
- c. *If #b is acceptable, I am wondering if you can provide reliable links that we can use to search for a provider? I have gone to the link below but the DHHS provider directory link at the bottom of the page is coming up with an error and the Well Sense link/search tool is also giving me errors. The only one I am having any luck with is NH Healthy Families.*
- d. *For missing NPI numbers, is it acceptable for us to conduct a search of the NPI database (link is below) and attach the search results to the MD order that we keep in the student's file? <https://npiregistry.cms.hhs.gov/registry/>*

Response: The school must validate that the provider is an enrolled NH Medicaid provider by checking the MMIS portal even if the provider did not provide their NPI number. (See the Department's response to question 3 above). The search results can be maintained along with the order in the student's file.

Tips on how to find a provider and the contact information for the managed care organizations can be found at <https://www.dhhs.nh.gov/ombp/caremgmt/find-provider-tips.htm>.

A search can be conducted on the NPI registry at <https://npiregistry.cms.hhs.gov/registry/> and the search results maintained in the student's file.

11. *Do Districts need transportation to also be ordered/signed off by a physician? Even if transportation does not specifically need a physician's authorization, to determine if transportation can be billed do their services need to have the physician's authorization on file to be fully considered a billable Medicaid services, therefore allowing transportation to be billed?*

Response: Transportation services do not need to be ordered or signed off by a physician in order for them to be billable but they do need to be noted in the IEP. Per the administrative rule, He-W 589.04(av)(2)-(3):

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

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

12. *Are you aware of any licensure ramifications that could come to any staff who sign off on services during this period of uncertainty?*

Response: The Office of Professional Licensure and Certification (OPLC) is the entity that regulates the Boards which oversee professional licenses. The OPLC recently issued MTS guidance, SFY 2020-01 which addresses many scope of practice questions. The Department posted this guidance on the MTS website: <https://www.dhhs.nh.gov/ombp/medicaid/mts/providers.htm> Additionally, the Department and the NH Medical Society has filed a joint petition with the Board of Medicine to seek further clarification on scope of practice questions.

13. *When billing speech evaluation it is entered as an event. This term will need to be defined in the billing manual or rule to clarify what constitutes an event. Can you tell us what constitutes an event?*

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

14. *Where do I submit a waiver request?*

Response: To ensure that your waiver request is reviewed in a timely manner please send it to the address and bureau listed below and not to the address or bureau listed in the current emergency rule:

Department of Health and Human Services

Office of Medicaid Medical Services

Hugh J. Gallen State Office Park

129 Pleasant Street, Brown Building

Concord, NH 03301

Attention: Jane Hybsch

Waiver requests should include the letter of request, confirmation of an Office of the Inspector General (OIG) screening, and the BCBA certificate from the National Behavior Analyst Certification Board (BACB). Waiver requests for Registered Behavior Technicians (RBTs) should **NOT** be submitted. NH Medicaid does not recognize RBTs as an enrolled provider type at this time. Services of an RBT should be billed under the rehabilitation assistance services.

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

Revision History

Activity Date	Version	Description of Activity	Author	Approved By
1/28/2020	Final	Questions and responses	JHybsch	HLipman