



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: All NH Medicaid to Schools Enrolled School District Providers
From: NH Division of Medicaid Services
Date: April 2022
Subject: Update to the published Medicaid to Schools Billing Companion Guide

These are the responses to questions submitted to JSI received in March 2022 and the Department's responses to these questions, both policy and billing related.

Parental Consent

Question: Is it acceptable to have a parental consent form that spans school districts within the SAU ?

Response: It is acceptable to have a parental consent form that spans school districts within a SAU. Best practice would be to list all the associated school districts on the parental consent form to avoid any confusion.

Please note that a new parental consent must be obtained when a student moves between SAUs.

Question: I have a student who was on an IEP but exited special education in February 2021. In December 2021, he was found eligible, again, and has a new IEP beginning February 2022 (same school/district). Is the previous parental consent still valid or does that process need to start over again because of the annual notification requirement?

Response: With a new IEP comes the requirement that a new parental consent is needed to bill Medicaid for the services contained in that IEP.

Non-Billing Rendering Providers

Question: Will non-billing rendering providers' NPIs be required on claims submitted during 2021-2022?

If not, when will it be required?

Response: All Medicaid to Schools claims, including transportation claims, required the NPI of the ordering provider. This requirement was effective as of 9/1/2021. Additionally the school's NPI, as the billing provider, needs to be on the claim form. The rendering provider's NPI does not need to be on the claim form and this is not anticipated to be required at any time in the near future. However, if a School District puts the rendering provider on the claim form, that provider must be an enrolled NH Medicaid provider otherwise the claim will deny.

Billing for Nursing Services

Question: We have been utilizing the codes "T1002/ T1003" for general nursing services that are provided by school-based nurses. We have only utilized S9123/ S9124 when the nurse is a dedicated one on one support for a more medically fragile student. Are we billing correctly?

Response: You are billing correctly. S9123/S9124 is used when the nurse is a dedicated one on one support for a medically fragile student be this a nurse employed by the School District or a Contractor. This is the correct use of this code. All other nursing services should be billed under T1002/T1003.

Consultations

Question: Are consultations for BCBA's and nurses billable?

Response: Consultation is an integral part of a medical service and is not separately reimbursable. However, therapists (occupational therapists, physical therapists, and speech therapists) are able to bill for consultations with other licensed clinicians for treatment planning purposes so long as the student is present 51% of the time. More information about who the BCBA's and nurses are consulting with and the nature of these consultations is needed. JSI has been tasked with collecting this information and report to the Department with their findings.

Billing for BCBA's

Question: While BCBA's are explicitly mentioned in the administrative rules as covered personnel who can provide services, specific ABA treatment (while mentioned in the billable list of codes), is not explicitly mentioned in the current MTS administrative rules. How can School Districts be confident in the validity of billing for their BCBA-provided behavioral services?

Response: Billing instructions outlined in the:

NH Medicaid to Schools Billing Guidelines and Billable Procedure Codes

Companion to the Technical Assistance Guide

Publish Date: March 1, 2022

that allow School Districts to submit claims for BCBA services is the source document for auditing purposes including this April 2022 update. Administrative rules will be revised to include a description of covered billable ABA services at a later date.

Implementation date of the fee schedule published in 3/1/2022 in the Billing Companion Guide

Question: What is the date at which the updates made to certain pieces of guidance in the billing manual go into effect? The manual was published on 3/1, but the fee schedule is effective 7/1.

Response: The new fee schedule goes into effect on 7/1/2022 in order to give School Districts time to either program their claims system or train billers. Until then, the 9/1/2021 fee schedule, which is posted on the MMIS website, remains in effect.

Implementation date of ICD-10 diagnosis coding on claims

Question: At what date are schools expected to have ICD- 10 codes in line with MTS requirements? This is a process that will take time and training within schools themselves to do correctly and I want to make sure I am able to take the time to do this properly within my staff.

Response: For clarification, NH Medicaid went to ICD-10 codes for claims processing in 2015. The claims system (MMIS) currently does not accept ICD-9 codes. If the question is asking what date schools are required to submit claims with a medical ICD-10 code, and not an educational ICD-10 code, then the implementation date for submitting claims with a medical ICD-10 diagnosis codes is 7/1/2022. JSI will work with School Districts on this initiative if technical assistance and training is needed.

Orders

Question: We have a student who we are adding medication administration to the IEP, based on a complex medical condition. This particular student's MD is in Mass, and the doctor has provided our Nurse with an order for the medication administration. Do I need to also get a NH doctor to order the service?

Response: If the Massachusetts doctor is an enrolled NH Medicaid provider, then no new order is needed. If not, than a new order is required. The ordering provider on the claim needs to be a NH enrolled Medicaid provider.

Billing for BCaBAs and RBTs

Question: Is an active certification for RBTs or BCaBAs enough in order to bill for ABA treatments? Also, according to the manual that was just released 3/1/22, RBTs and BCaBA can only bill the rate for RA services, however recent JSI clarification confirms they can bill for ABA codes if providing strictly ABA services (and not also doing any RA services). Is the billing manual now outdated with this specific guidance?

Response: An active certification is required for BCaBAs and RBTs as well as OIG screening. One School District raised the issue that BCaBAs and RBTs should be compensated at a higher rate than an RA given the nature of their work and training required if supervised delivery of ABA treatment services was all they were doing utilizing the billing code 97153 for their service. The Department agreed and the billing manual will be updated to reflect this change.

BCBA Waivers

Question: According to current administrative rules, BCBAAs are still required to obtain waivers, although every BCBA in good standing gets a waiver approved, so why not just categorically say if you have an active certification, you can bill? Seems like unnecessary steps to achieve the same purpose.

Response: The Department provided guidance that BCBA waivers were no longer needed however some School Districts felt until the rule was officially changed to reflect this, they still wanted to request the waiver. This requirement to obtain a waiver will be removed in the next rule reiteration.

Clarifications needed to the Department's responses provided in this document should be sent to JSI at <https://airtable.com/shr4Ou0ehv3opVKr4>