First Health Services Corporation
A Coventry Health Care Company

Billing Guidelines for Provider Type 60

School Based Child Health Services (SBCHS)

Program Overview

Through the Medicaid program, state and federal governments share costs of providing health-related services to low income and disabled individuals who meet specific eligibility criteria.

Per the federal government, some of these services are mandatory, while other services may be provided at the state's discretion.

In 1993, Nevada Medicaid initiated an optional School Based Child Health Services (SBCHS) program (also called, "A+ for Health"), which allows enrolled school districts to receive Medicaid payment for providing qualifying health-related services identified in a student's Individual Education Plan (IEP).

Federal Matching Funds

Based on the state's per capita income, the federal government annually calculates its share of the cost for Medicaid (referred to as the federal medical assistance percentage or FMAP). Current FMAP rates are online at http://aspe.os.dhhs.gov/health/fmap.htm.

State Policy

For complete coverage and limitations, refer to Chapter 100 (Eligibility Coverage and Limitations) and Chapter 2800 (SBCHS) on the DHCFP website at http://dhcfp.nv.gov.

Provider Requirements

To receive Medicaid payment, a school district must enroll as a Nevada Medicaid provider and comply with all policies established in Chapter 2800 and Chapter 100 of the Medicaid Services Manual (MSM).

Service Requirements

Providers are required to follow all federal/ state regulations and Medicaid policies in MSM Chapter 2800. In addition, services must be:

- Provided in accordance with an active IEP that specifies the **amount, duration, location and frequency** of services.
- Consistent with the intent of the IEP's services and planned goals.
- Provided to **address and rehabilitate** the student's physical, mental and/or emotional disability as identified in the IEP.
- Deemed **medically necessary** and appropriate.
- **Ordered by a physician** (M.D. or D.O.) or other licensed practitioner of the healing arts within the scope of his/her state licensure (42 CFR 440.110).
- Provided by a qualified practitioner.

Student Requirements

In order to receive services through the "A+ for Health" program, a student must be enrolled in Nevada Medicaid and be at least age 3, but under age 21. (Exception: services may be provided through the remainder of the school year in which a student reaches 21 years of age.)

Covered Services

Medicaid covers the following services provided in a school or other community site. MSM Chapter 2800 provides detailed coverage information on each service.

- Audiology
- Durable medical equipment
- Evaluation/Diagnosis
- Nursing services
- Psychological counseling
- Therapy services (physical therapy, occupational therapy, speech therapy)

Billable Procedure Codes

The following table lists Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes and modifiers that school districts may bill. Billing must be in accordance with Nevada Medicaid CMS-1500 Claim Form Instructions and national billing standards.

CPT codes 92620 and 92621 cannot be billed with CPT code 92506

Code	Description	Modifier
T1018	School based individualized, education program (IEP) services	None
92620	Auditory function, with report 60minutes	None
92621*	Auditory function, each additional 15 minutes	None
92507*	Speech Therapy (Individual)	GN
92508*	Speech Therapy (Group)	GN
97110*	Physical Therapy (Individual)	GP
97150*	Physical Therapy (Group)	GP
97110*	Occupational Therapy (Individual)	GO
97150*	Occupational Therapy (Group)	GO
90804*	Psychological Counseling (Individual)	None
90853*	Psychological Counseling (Group)	None
T1002*	Nursing (Direct Care)	None
99241*	Consultation (Any Discipline) – 15 minutes	AH for Psychologist GN for ST GO for OT GP for PT TD for RN

Code	Description	Modifier
99242	Consultation (Any Discipline) – 30 minutes	As above *(see 99241)*
99243	Consultation (Any Discipline) – 45 minutes	As above *(see 99241)*
99244	Consultation (Any Discipline) – 60 minutes	As above *(see 99241)*
99245	Consultation (Any Discipline) – 90 minutes	As above *(see 99241)*
V5011 or V5110	Hearing Aid Fitting	None
V5000 – V5999	Hearing Aid	None
V5268 – V5274	Assistive Communication Devices	None
97001*	Assessment – Physical Therapy	None
97003*	Assessment – Occupational Therapy	None
92506*	Assessment – Speech Therapy	None
T1001*	Assessment – Nursing	None
90804*	Assessment – Psychological	None

**Indicates 15-minute units*

Modifiers

Definitions for modifiers listed in the table above are as follows:

Modifier	Definition
AH	Clinical Psychologist
GN	Outpatient Speech Language Pathology
GO	Outpatient Occupational Therapy
GP	Outpatient Physical Therapy
TD	Registered Nurse

Units

For services based on time units (i.e. 15 minutes per unit), the servicing provider must **document in their records** the amount of time spent for each service. Enter only the number of billing units on the claim form; do not enter the time.

In order to bill one unit of service, the service must take at least eight minutes.

Examples:

Begin time 10:00am – End time 10:18am = 1 billing unit

Begin time 10:00am – End time 10:22am = 1 billing unit

Begin time 10:00am – End time 10:23am = 2 billing units

Begin time 10:00am – End time 10:30am = 2 billing units

Therapy Service Limits

Therapy is limited to **24 encounters per discipline, per calendar year**. Provider Type 60 claims will not deny once those established limits are reached; instead, the claim will pay with the edit code message "Service Exceeds Limit" on the remittance advice.

Prior Authorization

Services provided through the SBCHS program **do not** require prior authorization.

Third Party Liability (TPL)

Federal regulation allows Medicaid to be the primary payer for services provided to Medicaid recipients eligible for special education per the Individuals with Disabilities Education Act (IDEA).

If another payer (e.g., health insurer or other state or federal program) is legally liable and responsible for providing and paying for services, Nevada Medicaid performs a "pay and chase" scenario in which Medicaid pays the SBCHS claims and then attempts to recover the payment amount from the primary payer.

The pay and chase scenario does not relinquish the school district's responsibility to obtain and **disclose all available insurance** information and **obtain parental consent** to bill private and public insurances (Medicaid).

Paper Claims

Use a **single claim line** for each service entering the CPT/HCPCS code and modifier in Field 24D and the total units for the calendar month in Field 24G.

Space permitting, submit all services for the calendar month on **one claim form**.

Complete CMS-1500 Claim Form Instructions are on First Health Services website, http://nevada.fhsc.com (select "Billing Information" from the "Providers" menu).

Billing Frequency

Submit claims **monthly.**

Incorrectly Billed Claims

If a claim is paid and Medicaid later discovers that the service was incorrectly billed, incorrectly paid, or invalid in some other way, federal law requires Medicaid to **recover overpayment**, regardless of the cause, e.g., Nevada Medicaid processing error, provider error or any other cause.