



School Corporation

Presented by the EDS Provider
Relations Field Consultants



October 2007

Agenda

- Definitions
- Provider Enrollment
- Member Eligibility
- Covered Services
- Billing Guidelines
- Service-specific Guidelines
- Helpful Tools
- Questions



Definitions

- Individuals with Disabilities Act (IDEA) – federal law assures a free and appropriate public education and related services designed to meet the unique needs of children with disabilities
- Individualized Education Program (IEP) – written document developed by a case conference committee that describes how a student will access the general curriculum, special education, and related services
- Individualized Family Service Plan (IFSP) – written plan for providing early intervention services to an eligible child under age 3
- Supervision – supervision of a mid-level practitioner (in some cases *on-site* supervision is required, such as supervision within the *same building* where services are rendered)
- Medicaid-qualified Provider – any entity or person who meets state and federal Medicaid provider qualifications

Provider Enrollment

State law (IC 12-15-1-16) requires school corporations, including charter schools, to enroll as Medicaid providers

Note: The school's practitioner (for example, therapist) is not required to enroll as a Medicaid provider, but must meet Medicaid-qualified provider criteria for the service billed

- **Obtain a National Provider Identifier (NPI)**

For details, refer to your Medicaid Billing Tool Kit, Section 2.3.2

- **Complete the Provider Enrollment Application available at www.indianamedicaid.com/ihcp/ProviderServices**

- **Mail the application (including your corporation's NPI) to:**

EDS Provider Enrollment
P.O. Box 7263
Indianapolis, IN 46207-7263

***Note:* Only public school corporations and charters recognized by the Indiana Department of Education, not special education cooperatives, may enroll as Medicaid providers**

Member Eligibility

For services to be reimbursed, students must:

- Be at least 3 but less than 22 years old
- Be eligible for services under IDEA
- Be Medicaid-enrolled on the date of service
- Have an IEP or IFSP listing the Medicaid-covered medical or health-related service(s)
- Receive covered IEP/IFSP services provided by an employee or contractor of the school corporation who meets Medicaid-qualified provider criteria for the service delivered



Covered Services

Medicaid-covered IEP/IFSP services include:

- Audiology services
- Occupational therapy
- Physical therapy
- Psychological/behavioral services
- Speech-language pathology services

School corporations may bill Medicaid only for health-related diagnostic and treatment services listed in or required to develop (such as initial evaluations) the IEP or IFSP of a Medicaid-enrolled Special Education student.

Covered Services

General Medicaid Coverage Criteria

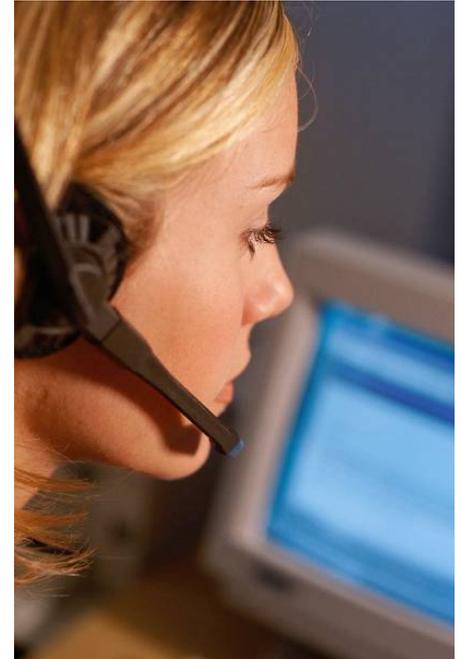
Medicaid covers medically necessary services that:

- Are individualized, specific, and consistent with symptoms or confirmed diagnoses of the illness or injury under treatment, and not in excess of the needs of the Medicaid-enrolled student
- Are not experimental or investigational
- Are reflective of the level of services that can be safely furnished and for which no equally effective and more conservative or less costly treatment is available
- Are furnished in a manner not primarily intended for the convenience of the student, his or her caretaker, or the provider
- Do not duplicate another provider's services

General Billing Guidelines for All IEP Services

When billing any IEP service to Medicaid:

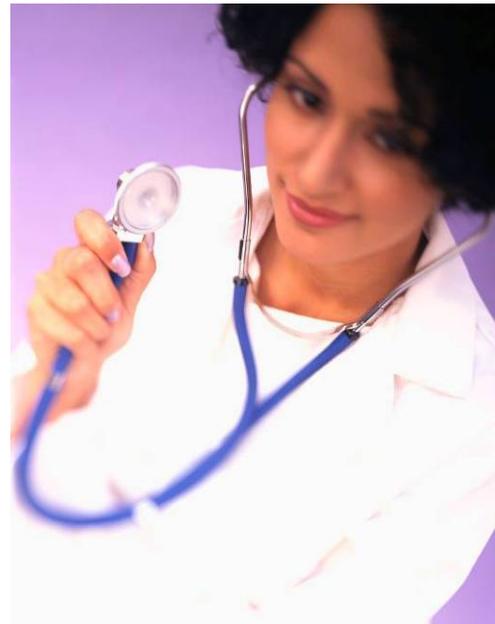
- Obtain a signed release/consent from the parent(s) or guardian to verify a student's eligibility and bill Medicaid
 - The signed consent must be obtained on a yearly basis
- Submit charges on the appropriate standardized claim form or via approved electronic transaction format
- Bill with the applicable national, standardized procedure code and corresponding unit(s) of service



Service-Specific Billing Guidelines

Brief, High-Level Overview

- Audiology
- Occupational Therapy
- Physical Therapy
- Behavioral Services
- Speech-Language Pathology



Audiology

Provider Qualifications

- Licensed, Medicaid-qualified audiologist – Medicaid requires:
 1. ASHA certification or successful completion or in process of completing supervised clinical experience
 2. At least nine months' full-time supervised experience after master's or doctorate completion
 3. Successful completion of national qualifying exam
- Otolaryngologist
- Federal and state qualifications met; licensure and practice standards described in Tool Kit Chapter 3.2

Audiology

Service Requirements

- Requires physician's written order and Medicaid Medical Clearance and Audiometric Test Form.
- Student's history part of form must be completed by a Medicaid-qualified provider.
- Referring physician must complete form no earlier than six months prior to hearing aid provision.
- Maintain form for audit purposes.
- Children ages 14 and under must be examined by an otolaryngologist.
- Initial assessment limited to one every three years per student, except where there is a documented disease.



Audiology

Reimbursement Limitations

- Audiology procedures, such as hearing and screening tests, cannot be fragmented and billed separately.
- A screening test indicating the need for additional medical examination is not separately reimbursed by Medicaid.
- For further details, please consult your Medicaid Billing Tool Kit
 - Chapter 3: Audiological Services
 - Appendix E, Table 3, Billing Procedure Codes
 - Appendix H, Medicaid Medical Clearance and Audiometric Test Form

Occupational Therapy

Provider Qualifications

- Registered occupational therapist
- Certified occupational therapy assistant acting within his or her scope of practice under the direct *on-site* supervision of the Registered OT
- Federal and state qualifications met; licensure and practice standards described in Tool Kit Chapter 6.2



Occupational Therapy

Service Requirements

- A physician, or other licensed practitioner (such as school psychologist) referral is required.
- Evaluations must be performed by a registered occupational therapist, not an occupational therapy assistant.
- Service documentation must include the student's name, diagnostic testing and assessment, and a written report identifying needs.



Occupational Therapy

Reimbursement Limitations

- One evaluation and one re-evaluation per student, per school year
- For further details, please consult your Medicaid Billing Tool Kit
 - Chapter 6: Occupational Therapy Services
 - Appendix E, Table 2, Billing Procedure Codes



Physical Therapy

Provider Qualifications

- Licensed physical therapist
- Certified therapist assistant under direct, but not necessarily on-site, supervision of a licensed physical therapist
- Federal and state qualifications met; licensure and practice standards described in Tool Kit Chapter 4.2

Physical Therapy

Service Requirements

- A physician or other licensed practitioner (see Tool Kit page F3) referral is required.
- Evaluations must be performed by a licensed physical therapist, not a physical therapist assistant.
- PT-related services may not be billed separately from therapy. Examples include:
 - Assisting patients in preparation for and, as necessary, during and at the conclusion of treatment
 - Transporting patients, records, equipment, and supplies
 - Assembling and disassembling equipment



Physical Therapy

Reimbursement Limitations

- One physical therapy evaluation and one re-evaluation per eligible student, per school year
- For further details, please consult your Medicaid Billing Tool Kit
 - Chapter 4: Physical Therapy Services
 - Appendix E, Table 2, Billing Procedure Codes



Behavioral Services

Provider Qualifications

- **Physician (M.D. or D.O.)**
- **HSPP (Health Service Provider in Psychology)**

The following mid-level practitioners may provide services *under the direction of a physician or HSPP*:

- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical social worker
- Licensed marital and family therapist
- Licensed mental health counselor
- A person holding a master's degree in social work, marital and family therapy, or mental health counseling

Behavioral Services

Mid-level Practitioners

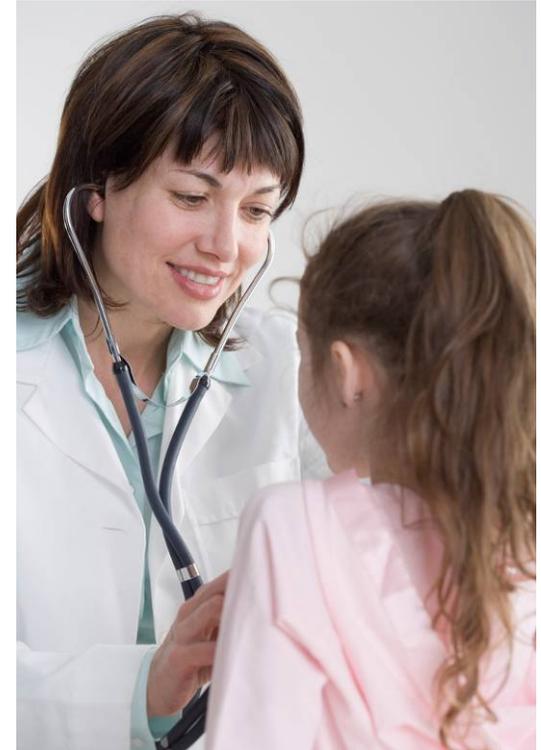
- An advanced practice nurse who is a licensed, registered nurse with a master's degree in nursing with a major in psychiatric or mental health nursing from an accredited school of nursing
- Federal and state qualifications met; licensure and practice standards described in Tool Kit Chapter 7.2



Behavioral Services

Service Requirements

- A physician or HSPP referral is required.
- The physician or HSPP must see the student at initial visit, or review and sign off on the documentation of the initial visit with a mid-level practitioner, prior to initiation of services, and within seven days of the initial visit/intake.
- In addition, the physician or HSPP must see the student or review the medical records and certify medical necessity (sign documentation) at least every 90 days.



Behavioral Services

Reimbursement Limitations

- For further details, please consult your Medicaid Billing Tool Kit

- Chapter 7: Behavioral Services

- Appendix E, Table 1, Billing Procedure Codes

Note restrictions (certain procedures may only be billed by a physician or HSPP)

Speech-Language Pathology

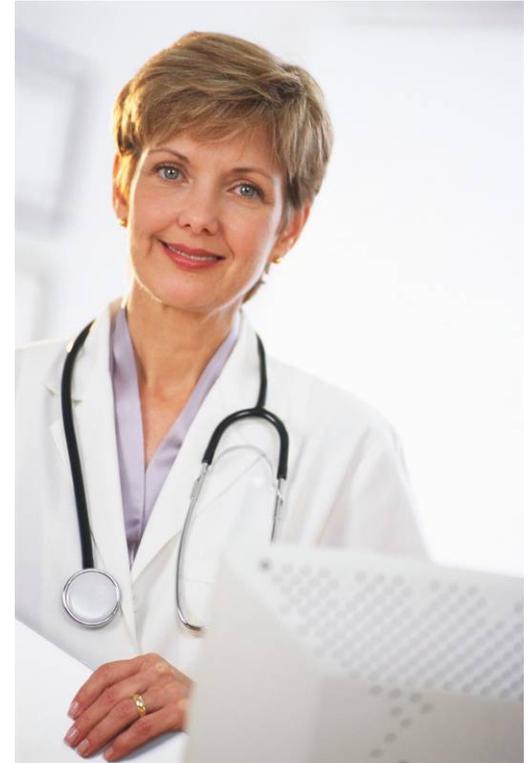
Provider Qualifications

- A licensed speech-language pathologist who:
 - a) Has the ASHA certificate of clinical competence (“CCCs”)
 - b) Is acquiring supervised work experience to qualify for the certificate, OR
 - c) Has completed equivalent educational requirements and work experience necessary for the certificate
- A registered speech-language pathology aide, subject to 880 IAC 1-2, under direct *on-site* supervision of a licensed speech-language pathologist
- Providers must meet federal and state qualifications, licensure and practice standards described in Tool Kit Chapter 5.2

Speech-Language Pathology

Service Requirements

- A physician, or other licensed practitioner (includes School Psychologist) referral is required.
- Evaluations must be conducted by a licensed speech-language pathologist.
- Service documentation must include the student's name, diagnostic testing and assessment, and a written report identifying needs.



Speech-Language Pathology

Reimbursement Limitations

- One speech-language pathology evaluation and one re-evaluation per student, per school year
- Group therapy is covered only in conjunction with regular individual treatment and is not covered as the only or primary means of treatment.
- For further details, please consult your Medicaid Billing Tool Kit
 - Chapter 5: Speech-Language Pathology Services
 - Appendix E, Table 3, Billing Procedure Codes

Helpful Tools

- School Corporation Medicaid Billing Tool Kit available at <http://www.doe.state.in.us/exceptional/speced/docs/2007-01-31-ToolKit3rd%20Edition.pdf>
- Medicaid Web site at www.indianamedicaid.com
- Medicaid (IHCP) Provider Manual online at <http://www.indianamedicaid.com/ihcp/Publications/manuals.htm>
- EDS Customer Assistance
 - 1-800-577-1278, or
 - (317) 655-3240 in Indianapolis local area
- EDS Written Correspondence
 - P.O. Box 7263
Indianapolis, IN 46207-7263
- Medicaid Provider Relations Field Consultants
 - View a current territory map and contact information at www.indianamedicaid.com



Questions

EDS

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