

Billing for Mental Health Services

School-Based Health Care Services (SBHS) Program
2022

Training overview

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Note: A PDF of this training with active hyperlinks is available on the SBHS webpage:
www.hca.wa.gov/sbhs

SBHS Program Overview

What is the SBHS program?

The School-Based Health Care Services (SBHS) program is an optional Medicaid program which provides reimbursement to contracted school districts, educational service districts, charter and tribal schools for providing health-related services to students with individualized education programs (IEPs) or individualized family service plans (IFSPs).

SBHS overview

- The SBHS program is administered by the Health Care Authority (HCA)
- HCA is the single state agency responsible for administering the state's Medicaid (Apple Health) program as well as the public employee/school employee health benefits programs
- HCA's SBHS Program Manager, Shanna Muirhead, is the main contact for the SBHS program
- Receiving services through SBHS does not affect services a child receives outside of school

Eligible Providers

SBHS eligible mental health providers

The following mental health professionals are eligible to participate in the SBHS program:

- ▶ Department of Health (DOH)-licensed psychologist
- ▶ DOH-licensed social worker
- ▶ DOH-licensed mental health counselor (LMHC)
- ▶ DOH-licensed mental health counselor associate (LMHCA)
- ▶ Non-licensed school staff (e.g., school psychologist, school counselor, school social worker)

Note: LMHCAs and non-licensed school staff must be supervised by a DOH-licensed provider per their scope of practice with DOH and/or OSPI.

Requirements for licensed mental health providers

The following applies to licensed psychologists, licensed social workers, LMHCs and LMHCAs:

- ▶ Must hold active and unrestricted licensure with the WA State Department of Health (DOH)
- ▶ Must have a National Provider Identifier (NPI)
 - ▶ Providers can apply for an NPI through the Federal government at the [NPPES website](#)
- ▶ Must be enrolled as a servicing provider under the school district's ProviderOne account
- ▶ LMHCAs must practice under the direction of a DOH-licensed mental health provider per their scope of practice

ProviderOne

- ▶ All licensed psychologists, licensed social workers, LMHCs and LMHCAs participating in SBHS must be enrolled as a servicing provider under the school district's ProviderOne account
 - ▶ Non-licensed individuals practicing under the supervision of a DOH-licensed provider do not need to be enrolled in ProviderOne
 - ▶ All services provided by non-licensed individuals are billed under the supervising provider's NPI in ProviderOne
- ▶ Providers do not need log-in access to ProviderOne

ProviderOne is WA State's electronic Medicaid billing system.

Supervision requirements

- ▶ Services provided by LMHCAs and non-licensed school staff must be supervised by a DOH-licensed provider per their scope of practice
 - ▶ DOH supervision requirements can be found in [Chapter 18.225 RCW](#), [Chapter 18.83 RCW](#), [Chapter 246-809 WAC](#), and [Chapter 246-924 WAC](#)
 - ▶ OSPI supervision requirements can be found on OSPI's [website](#)
- ▶ In addition, Medicaid requires that the supervising provider review and sign-off on all treatment notes maintained by LMHCAs and non-licensed school staff

Eligible Students

Which students can I bill for?

In order for the school district to receive reimbursement through the SBHS program, students must:

- ▶ Be ages birth through age 2 (IDEA-Part C) with eligible services included in an IFSP
- ▶ Be ages 3 through age 20 (IDEA-Part B) with eligible services included in an IEP
- ▶ Have active Title -XIX Medicaid at the time of service delivery
- ▶ Have a parent or guardian give consent to bill to the school district (per IDEA)

Note: Providers should work with the school district's SBHS coordinator to obtain a list of eligible students

Where can services be provided?

In addition to the school setting, the SBHS program pays for services that are provided in the following settings:

- ▶ Natural setting (e.g., home, daycare, childcare setting)
- ▶ Alternate setting in accordance with IDEA (e.g., school bus, field trip, hospital)
- ▶ Includes in-person services and services provided via telemedicine

Note: Mental health professionals can review the [SBHS billing guide](#) for a list of SBHS-eligible places of service (POS). Mental health professionals must ensure they document where services are provided to ensure the correct information is entered on the claim in ProviderOne.

Covered and Non-Covered Services

Covered services

- ▶ Evaluations and re-evaluations to determine if a student requires health related services per an IEP or IFSP
- ▶ Health related services included in the student's IEP or IFSP limited to:
 - ▶ Audiology services
 - ▶ **Mental health services (e.g., individual and group counseling)**
 - ▶ Nursing/health services
 - ▶ Occupational therapy services
 - ▶ Physical therapy services
 - ▶ Speech-language therapy services

Referral for services

- ▶ In order to receive Medicaid reimbursement, mental health services must be **ordered or prescribed by a licensed physician or *other* licensed health care provider** within their scope of practice.

- ▶ **School-based mental health providers who hold DOH-licensure** may be able to evaluate, diagnose, and provide services without a script from a physician within their scope of practice per:
 - ▶ Department of Health (DOH) regulations
 - ▶ Providers should review DOH regulations to ensure they refer and provide services per their scope of practice

Referral for services, cont.

- ▶ Medicaid does not pay for services if prescribed or recommended by non-licensed school staff (e.g., non-licensed school psychologists, non-licensed school social workers, non-licensed school counselor)
- ▶ If the district or ESD does not have a licensed mental health professional on staff who can prescribe IEP/IFSP mental health services, a prescription or referral from a licensed community provider must be in the student's file

Non-covered services

- ▶ Applied behavioral analysis (ABA) therapy
- ▶ Attending meetings
- ▶ Charting
- ▶ Equipment preparation when student is not present
- ▶ Evaluations that do not result in an IEP or IFSP
- ▶ Instructional assistant contact
- ▶ Observation
- ▶ Parent consultation
- ▶ Parent contact
- ▶ Planning
- ▶ Preparing and sending correspondence
- ▶ Professional consultation
- ▶ Report writing
- ▶ Review of records
- ▶ School district staff accompanying a child to and from the school bus when services aren't provided
- ▶ Teacher contact
- ▶ Test interpretation
- ▶ Travel and transportation when services are not provided

Billing for Services

Billing for direct services

- ▶ Mental health/counseling services must be included in the IEP/IFSP as a special education service, a related service, or a consultation service
 - ▶ Consult services are only reimbursable if direct services are provided to the student. Consult services provided to a special education teacher or another staff member are not reimbursable.
- ▶ The SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP

Make-up sessions

Make-up sessions may be reimbursable when the provider clearly documents in the treatment notes that the session is a make-up.

- **Example:** Sally's IEP states she requires counseling services 30 minutes/2 x week. Sally receives services on Monday but is out sick on Friday and misses her second session. The mental health professional can bill for 3 sessions the following week but must document in the treatment notes the reason for the extra session.

Group therapy and co-therapy

- ▶ When providing services as group therapy (2 or more students), the provider can bill for the direct time spent with each student
- ▶ When two or more providers provide services to the same student on the same day, both providers can bill for the direct time spent with the student
- ▶ Providers must clearly document when services were provided as part of co-therapy or group therapy and providers must only bill for time spent providing services directly to each student

SBHS billable mental health codes

- ▶ The SBHS program utilizes seven (7) mental health procedure codes
- ▶ A list and description of the billable mental health codes can be found in the [SBHS billing guide](#) under the *Coverage Table: Mental Health Services* Section
- ▶ Codes are developed and owned by the American Medical Association (AMA)

SBHS billable mental health codes, cont.

- ▶ Providers must use their professional judgement when determining the most appropriate code to use for the service(s) provided
- ▶ The SBHS program manager can provide guidance on SBHS policies and procedures but cannot inform providers which code(s) to use
- ▶ Providers may seek guidance from a [Current Procedural Terminology \(CPT\) manual](#) for appropriate use of mental health codes

Billing for mental health evaluations

The following mental health evaluation codes can only be billed by DOH-licensed mental health providers per their scope of practice:

- ▶ 96130: Psychological test evaluation by physician or qualified mental health professional (60 min)
- ▶ 96131: Psychl tst eval phys/qhp (ea additional hour)
- ▶ 96136: Psychl/nrpsyc test phy/qhp (30 minutes)
- ▶ 96137: Psychl/nrpsyc tst phy/qhp (ea additional 30 minutes)
- ▶ 90791: Psych diagnostic evaluation

Providers should review the [SBHS Billing Guide](#) for detailed instructions on how to bill for mental health evaluations/assessments. Current rates associated with each code are located in the [SBHS Fee Schedule](#).

Billing for mental health evaluations, cont.

- ▶ Licensed mental health providers can bill for annual IEP/IFSP evaluations/re-evaluations when they result in an IEP or IFSP containing mental health services
- ▶ Providers must complete an assessment/evaluation report and complete treatment notes to validate claims

Note: Only DOH-licensed mental health providers may bill for evaluations. LMHCAs and non-licensed staff are not eligible to bill for evaluations.

Billing for direct mental health services

The following services can be provided by DOH-licensed mental health providers or by LMHCAs and non-licensed school staff providing services under the supervision of a licensed provider:

- **S9445: Individual counseling session**
- **S9446: Group counseling session**

Note: Services provided by non-licensed staff must be billed under the supervising provider's NPI in ProviderOne.

Timed vs. untimed codes

- ▶ **Timed codes:** Each measure of time as defined by the code description equals one unit
 - ▶ 96130 is timed per 60 minutes (1 unit = 60 min)
 - ▶ If an evaluation is less than 60 minutes, providers may still bill for one unit of 96130 as long as treatment notes and the evaluation report can justify the claim.
 - ▶ When an evaluation spans over multiple days--for example 3 days, 20 min/each session-- the provider should only bill for one unit of 96130.
- ▶ **Untimed codes:** Typically, can only be billed as one unit per session, regardless of how long the session takes
 - ▶ 90791, S9445, & S9446 are all untimed and are billed as 1 unit per session

Timed vs. untimed codes, cont.

Procedure Code	Short Description	Comments
96130	Psycl tst eval phys/qhp 1 st	Timed 60 minutes
96131	Psycl tst eval phys/qhp ea	Each additional hour
96136	Psycl/nrpsyc tst phy/qhp 1 st	Timed 30 minutes
96137	Psycl/nrpsyc tst phy/qhp ea	Each additional 30 minutes
90791	Psych diagnostic evaluation	
S9445	Pt education noc individ	Review MUE guidelines for maximum allowable billable units.
S9446	Pt education noc group	

Timed codes

Untimed codes

National Correct Coding Initiative

- ▶ The SBHS program follows the National Correct Coding Initiative (NCCI) policy
- ▶ The Centers for Medicare & Medicaid Services (CMS) created this policy to promote national correct coding methods
- ▶ NCCI assists HCA and the SBHS program to control improper coding that may lead to inappropriate payment

National Correct Coding Initiative, cont.

- ▶ **Procedure-to-procedure (PTP) edits** - PTP edits prevent improper payments when incorrect code combinations are billed for the same client, on the same day, by the same provider

- ▶ **Medically Unlikely Edits (MUEs)** – MUEs are the maximum unit of service a code can be billed for the same client, on the same day, by the same provider

PTP and MUE edits can be viewed on the CMS NCCI webpage:
<https://www.medicare.gov/medicare/program-integrity/ncci/edit-files/index.html>

Diagnosis code

- ▶ The SBHS program utilizes one diagnosis code:
 - ▶ R69 (illness, unspecified)
- ▶ The diagnosis code must be entered on each claim in ProviderOne
- ▶ This is added to the claim by the district's third-party biller or the district's SBHS Medicaid coordinator

Time limits to submit claims

- ▶ Providers must submit the initial claim to HCA within **three hundred sixty-five calendar days** from the date the provider furnishes the service to the eligible student
- ▶ **Within twenty-four months** of the date the service, a provider may resubmit, modify, or adjust an initial claim that was assigned a transaction control number (TCN)

Note: Your district may have stricter timelines for treatment note submission to ensure claims are entered into ProviderOne in time.

Documentation Requirements

Documentation requirements

- ▶ Medicaid requires providers to keep treatment notes/service logs that justify billed claims
- ▶ Providers must document all services as specified in the [SBHS billing guide](#)
- ▶ Treatment notes must be maintained for six (6) years from the date of service
- ▶ Treatment notes may be kept in an electronic or handwritten format

Treatment notes

Treatment notes must contain the following information:

- ▶ Student's name
- ▶ Student's date of birth
- ▶ Student's Medicaid (ProviderOne) ID
- ▶ Date of service and for each date of service:
 - ▶ Time-in/Time-out
 - ▶ Procedure code
 - ▶ Description of service provided
 - ▶ Child's progress to each service
 - ▶ Note whether individual or group therapy
- ▶ Provider's printed name, title, and handwritten or electronic signature

Treatment notes, cont.

District uses third-party biller

- ▶ Licensed mental health professionals and non-licensed school staff must be enrolled in the billing agent's documentation software (WAMR, EasyTrac, Embrace, etc.)
- ▶ Providers and non-licensed staff document all services electronically
- ▶ Supervising providers review and co-sign treatment notes kept by LMHCAs and non-licensed staff
- ▶ Third party biller uploads information from the treatment note into ProviderOne as a billable claim

District self-bills

- ▶ Licensed mental health professionals and non-licensed school staff document services provided in either handwritten or electronic treatment notes
 - ▶ Best practice: All providers within the district use the same treatment note template
- ▶ Supervising providers review and co-sign treatment notes kept by LMHCAs and non-licensed staff
- ▶ District's SBHS Medicaid Coordinator enters information from the treatment note into ProviderOne as a billable claim

Telemedicine

What is telemedicine?

Telemedicine is when a health care provider uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) to deliver covered services that are within the provider's scope of practice to a student at a site other than the site where the provider is located.

Telemedicine

The SBHS program pays for mental health services provided through telemedicine when services are:

- ▶ Provided through HIPAA-compliant audio/visual telemedicine platforms
 - ▶ All mental health codes in the SBHS billing guide can be provided through HIPAA-compliant audio/visual telemedicine
- ▶ Provided through audio-only telephone (no visual component)
 - ▶ The only mental health code that can be provided through audio-only telephone is code **S9445**
 - ▶ Phone calls with other providers and/or with parents are not billable

Note: HCA and HCA's SBHS Program Manager cannot provide guidance on whether the telemedicine platform your district uses is HIPAA-compliant. Providers are encouraged to consult with the district's SBHS Medicaid Coordinator to ensure the telemedicine platform used is HIPAA-compliant.

Telemedicine POS and modifiers

- ▶ **There are two telemedicine places of services (POS).** Providers must choose the appropriate POS based on the location of the student:
 - ▶ POS 02—Services provided through telemedicine and student is located somewhere other than the home
 - ▶ POS 10—Services provided through telemedicine and student is located in the home
- ▶ **There are two telemedicine modifiers.** Providers must choose the appropriate modifier based on the type of platform used:
 - ▶ Modifier 93—Services provided through audio-only telemedicine
 - ▶ The only mental health code that can be billed with Mod 93 is S9445
 - ▶ Modifier 95—Services provided through HIPAA-compliant audio/visual telemedicine

Telemedicine facility fee

- ▶ The provider can submit an additional claim for the telemedicine fee (Q3014) if:
 - ▶ The student is located at the school; and
 - ▶ The provider is located in another location; and
 - ▶ Services are provided through HIPAA-compliant audio/visual telemedicine

Note: It is recommended that providers confirm with their district's SBHS Medicaid Coordinator and/or the district's third-party biller (if applicable) to ensure they are billing for the telemedicine facility fee correctly.

Telemedicine documentation requirements

- ▶ In addition to the documentation requirements outlined in the [SBHS billing guide](#) and in Slides 34-37 of this training, when providing services through telemedicine, providers must also document:
 - ▶ The location of the student
 - ▶ The location of the provider
 - ▶ The type of platform used (i.e., HIPAA-compliant audio/visual platform or audio-only platform)

Resources

Resources for mental health providers

- ▶ SBHS billing guide
- ▶ PDF and recording of this training
- ▶ Link to DOH website
- ▶ Link to NPI registry
- ▶ Past program notifications
- ▶ SBHS program contact information

SBHS webpage:
www.hca.wa.gov/sbhs

Washington State Health Care Authority

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact

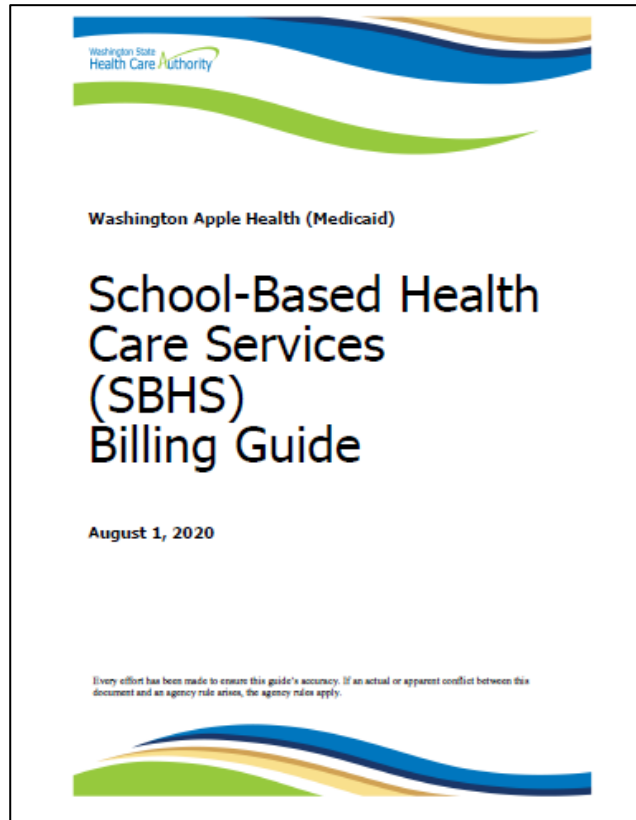
Search In a crisis? Login

SBHS coordinators

Service providers

SBHS billing information and fee schedule	Trainings and webinars	Additional resources
SBHS billing guide	SBHS 101 training - video pdf	Apply for a National Provider Identifier (NPI)
SBHS fee schedule	Billing for audiology services - video pdf	NPI registry
SBHS COVID-19 FAQ	Billing for mental health services - video pdf	Department of Health
SBHS program expansion FAQ	Billing for nursing services - video pdf	
	Billing for occupational therapy services - video pdf	
	Billing for physical therapy services - video pdf	
	Billing for speech-language therapy services - video pdf	

SBHS billing guide

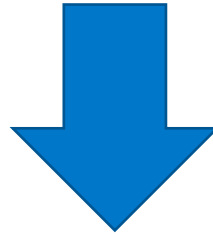


The SBHS billing guide is the program manual for SBHS. It contains:

- Program requirements
- Provider qualifications
- Billing requirements
- Billable codes
- Documentation requirements
- ...and more!

SBHS program notifications

- ▶ On the [SBHS webpage](#), providers can view past SBHS newsletters and notifications and can sign-up to receive SBHS notifications



SBHS quarterly newsletters and program notifications

SBHS sends updates via our email communications tool, GovDelivery.

[Sign up for email notifications](#)

Past notifications are available to view through our RSS feed.

[View past program notifications](#)

Please note: To view past program notifications on the Chrome browser, you will need to [install the RSS feed extension for Chrome](#). If viewing on the Microsoft Edge browser you will need to [install the RSS feed extension for Edge](#).

Questions?

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SBHS webpage: <https://www.hca.wa.gov/sbhs>

Disclaimer

This training is intended as guidance only for mental health professionals who participate in the School-Based Health Care Services (SBHS) program. The SBHS program provides reimbursement to contracted school districts for providing health related services that are included in a Medicaid eligible student's individualized education program (IEP) or individualized family service plan (IFSP). Information provided in this training does not supersede instructions and policy found in the SBHS Billing Guide, SBHS WAC, SBHS contract or other Federal and State Medicaid policies and procedures.