

# Billing for IEP/IFSP Services: Speech-Language Therapy

School-Based Health Care Services (SBHS) Program  
2023

# Training overview

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**Note:** A PDF of this training with active hyperlinks is available on the SBHS Program webpage:  
[www.hca.wa.gov/sbhs](http://www.hca.wa.gov/sbhs)

# SBHS Program Overview

# What is the SBHS Program?

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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 Program overview

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- 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 speech-therapy providers

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**The following individuals are eligible to participate in the SBHS Program:**

- ▶ Department of Health (DOH)-licensed SLP
- ▶ DOH-certified SLPA
- ▶ Interim permit holder
- ▶ Non-licensed school staff

**Note:** SLPAs, interim permit holders, and non-licensed school staff must be supervised by a DOH-licensed SLP per their scope of practice with DOH and/or OSPI.

# Requirements for licensed/certified providers

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## The following applies to licensed/certified speech-language therapy providers (SLPs, SLPAs, interim permit holders):

- ▶ Must hold current and unrestricted licensure/certification as a speech-language pathologist (SLP), speech-language pathology assistant (SLPA), or interim permit holder with the WA State Department of Health (DOH) in order to bill Medicaid
- ▶ Must have a National Provider Identifier (NPI)
  - ▶ Providers can apply for an NPI through the Federal government at the [NPPES website](#)
- ▶ DOH-licensed SLPs, SLPAs, and interim permit holders must be enrolled as a servicing provider in ProviderOne
- ▶ SLPAs and interim permit holders must practice under the supervision of a DOH-licensed SLP



# ProviderOne

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- ▶ All licensed SLPs, SLPAs, and interim permit holders participating in the SBHS Program 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 licensed 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

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- ▶ Services provided by SLPAs, interim permit holders, and non-licensed school staff must be supervised by a DOH-licensed provider per their scope of practice
  - ▶ DOH supervision requirements can be found on DOH's [website](#), in DOH [Chapter 18.35 RCW](#) and in DOH [Chapter 246-828 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 SLPAs, interim permit holders, and non-licensed school staff

# Eligible Students

# Which students can I bill for?

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**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 Medicaid Coordinator to obtain a list of eligible students

# Where can services be provided?

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**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:** Providers can review the SBHS Billing Guide for a list of SBHS-eligible places of service (POS). Providers 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

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- ▶ Evaluations and reevaluations 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
  - ▶ Nursing services
  - ▶ Occupational therapy services
  - ▶ Physical therapy services
  - ▶ **Speech-language therapy services**

# Non-covered services

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- ▶ 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



# Referral for services

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- ▶ In order to receive Medicaid reimbursement, speech-language therapy services must be ordered or prescribed by a licensed physician **or other licensed health care provider** within their scope of practice per:
  - ▶ Federal regulations at 42 CFR 440.110
- ▶ For the SBHS Program, **DOH-licensed SLPs or DOH-licensed audiologists practicing in the school setting** can evaluate, diagnose, and provide speech-language therapy services per an IEP or IFSP without a script from a physician within their scope of practice per:
  - ▶ Department of Health (DOH) regulations ([Chapter 246-828 WAC](#))
  - ▶ SLPs/audiologists should review DOH regulations to ensure they refer and provide services per their scope of practice

# Referral for services, cont.

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- ▶ Medicaid does not pay for speech-language therapy services when prescribed or recommended by non-licensed speech-therapists, SLPAs, or SLP interim permit holders
- ▶ Medicaid does not pay for speech-language therapy services when prescribed or recommended by a provider if it is not within their scope of practice (e.g., occupational therapist, physical therapist, school psychologist, etc.)

# Billing for Services

# Billing for evaluations and re-evaluations

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- ▶ Licensed SLPs can bill for IEP/IFSP evaluations/re-evaluations if the eval results in an IEP or IFSP containing speech services
  - ▶ SLPs must complete an assessment/evaluation report and complete treatment notes to validate evaluation claims
- ▶ Separate tests/services performed as part of the evaluation may also be submitted for reimbursement
  - ▶ SLPs must complete treatment notes for all separate tests/services performed to validate claims

# Billing for direct services

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- ▶ Speech-language therapy services must be included in the IEP/IFSP summary of service matrix and must include the frequency of services and who will provide the services
  - ▶ 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

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

- **Example:** A student's IEP states she requires speech services 30 minutes/3 x week. The student receives services on Monday and Wednesday but is out sick on Friday and misses her session. The SLP can bill for 4 sessions the following week but must document in the treatment notes the reason for the extra session.

# Group therapy and co-therapy

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- ▶ 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, each provider 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

# Billable speech-language therapy codes

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- ▶ The SBHS Program utilizes approximately 20 Current Procedural Terminology (CPT) speech-language therapy codes
- ▶ A list of all billable speech-language therapy codes can be found in the [SBHS Billing Guide](#) under the *Coverage Table: Speech Language Therapy Services* Section
- ▶ Codes are developed and owned by the American Medical Association (AMA)

Current rates associated with each code are located in the [SBHS Fee Schedule](#).  
Both the SBHS Program Billing Guide and SBHS fee schedule can be found on the [SBHS Program webpage](#).



# Billable speech-language therapy codes, cont.

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- ▶ Providers must use their professional judgement when determining the most appropriate code to use for the service(s) provided
- ▶ HCA's 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 the [American Speech-Language-Hearing Association \(ASHA\)](#) or a [Current Procedural Terminology \(CPT\) manual](#) for appropriate use of speech-language therapy codes

# Telemedicine

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- ▶ Medicaid pays for the following speech-language therapy services when provided via telemedicine:
  - ▶ HIPAA -compliant audio/visual platforms: 92521, 92522, 92523, 92524, 92610, S9152, 92507, 92508
  - ▶ Audio-only: 92521, 92522, 92523, 92507
- ▶ When providing teletherapy, providers must follow documentation requirements as outlined in the [SBHS Program Billing Guide](#) and, in addition, must include the following information:
  - ▶ Location of the provider
  - ▶ Location of the student
  - ▶ Platform used (audio/visual or audio-only)

# Timed vs. untimed codes

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- ▶ **Timed codes:** Each measure of time as defined by the code description equals one unit
  - ▶ **Example: 92607 is timed per 60 minutes (1 unit=60 min)**
    - ▶ If it takes less than 60 minutes to provide the service, the provider may still bill for one unit of 92607 as long as treatment notes can justify the claim
    - ▶ If it takes multiple days to provide this service--for example 3 days, 20 min/each session-- the provider should only bill one unit of 92607
- ▶ **Untimed codes:** Can only be billed as one unit regardless of how long the procedure takes
  - ▶ Most speech-language therapy codes are “untimed”

# Timed vs. untimed codes, cont.

- ▶ The comments column in the [SBHS Program Billing Guide](#) will indicate if a code is timed or untimed
- ▶ If the comments column is blank, the code is untimed

Procedure Code	Short Description	Comments
92570	Acoustic immittance testing	
92607	Ex for speech device rx 1 hr	Timed 60 minutes
92608	Ex for speech device rx addl	Timed additional 30 minutes
92609	Use of speech device service	
92610	Evaluate swallowing function	
92630	Aud rehab pre-ling hear loss	
92633	Aud rehab postling hear loss	

Timed codes

Untimed codes

# Billing for untimed codes

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- ▶ Untimed codes are not reimbursed based on time spent performing a procedure
- ▶ Most untimed codes can only be billed as 1 unit per day, per client, per provider
- ▶ Time-in and time-out must be recorded on treatment notes for all codes, even untimed codes
- ▶ HCA denies claims submitted with more than the maximum allowable units per day

# National Correct Coding Initiative

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- ▶ 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.

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- ▶ **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.
  - ▶ Example: Code 92507 and 92508 cannot be billed together on the same day.
- ▶ **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.
  - ▶ Example: Providers can only bill one (1) unit of code 92508 per day, per student, per 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

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- ▶ 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

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- ▶ 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

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- ▶ Medicaid requires providers to keep treatment notes/service logs that justify billed claims
- ▶ Providers must document all services as specified in the [SBHS Program 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

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## Treatment notes must contain the following information:

- ▶ Student's name
- ▶ Student's date of birth
- ▶ Students 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.

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## District uses third-party biller

- ▶ Licensed SLPs, SLPAs, interim permit holders 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 SLPAs, interim permit holders, and non-licensed staff
- ▶ Third party biller uploads information from the treatment note into ProviderOne as a billable claim

## District self-bills

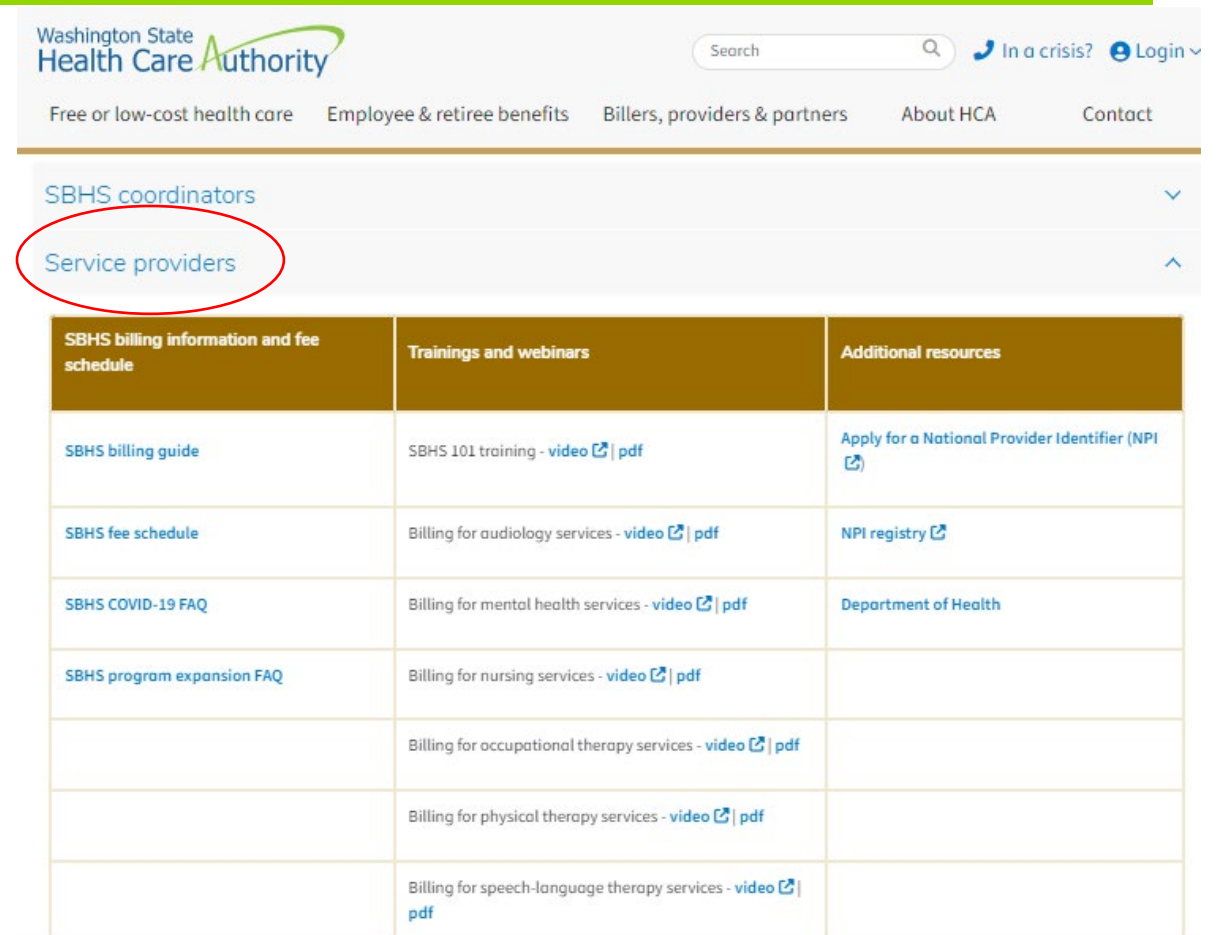
- ▶ Licensed SLPs, SLPAs, interim permit holders and non-licensed school staff document services provided in either handwritten or electronic treatment notes
  - ▶ Best practice: All providers within the district use the same treatment note template
- ▶ Supervising providers review and co-sign treatment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

# Resources

# Resources for school-based speech-language therapy providers

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

SBHS Program webpage:  
[www.hca.wa.gov/sbhs](http://www.hca.wa.gov/sbhs)



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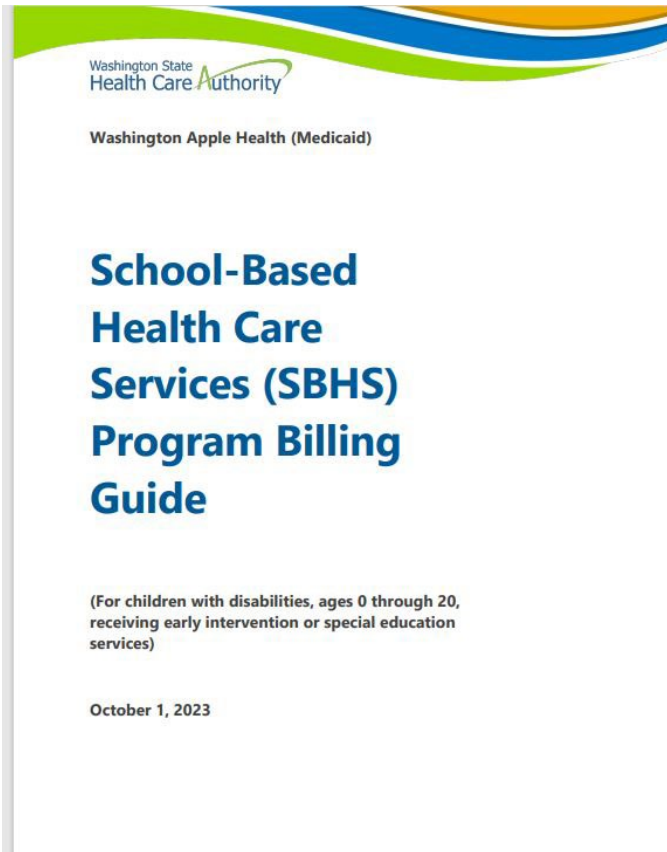
[SBHS coordinators](#) ▼

[Service providers](#) ▲

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

# SBHS Program Billing Guide

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## The SBHS Program Billing Guide contains:

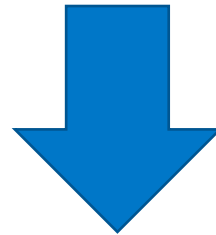
- Program requirements
- Provider qualifications
- Billing requirements
- Billable codes
- Documentation requirements
- ...and more!



# SBHS Program notifications

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- ▶ On the [SBHS Program 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](#).

# Additional resources

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- ▶ Information included in today's training can be found in the [SBHS Program Billing Guide](#)
- ▶ School-based speech-language therapy providers may also find the following resources helpful:
  - ▶ American Speech-Language-Hearing Association (ASHA) [website](#)
  - ▶ [AMA CPT information](#)

# Questions?

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**Office phone:** (360) 725-1153

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

# Disclaimer

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This training is intended as guidance only for speech-language therapy providers 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 Program Billing Guide, SBHS WAC, SBHS contract or other Federal and State Medicaid policies and procedures.