

# Billing for IEP/IFSP Related Services: Occupational 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
- School district participation in the SBHS Program does not affect services a child receives outside of school

# Eligible Providers

# SBHS eligible occupational therapy providers

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

- ▶ Department of Health (DOH)-licensed occupational therapist (OT)
- ▶ DOH-certified occupational therapy assistant (OTA)
- ▶ Non-licensed school staff (e.g., aide, paraeducator)

**Note:** OTAs and non-licensed school staff must be supervised by a DOH-licensed OT 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 occupational therapy providers (OTs/OTAs):

- ▶ OTs and OTAs must hold active and unrestricted licensure/certification as an occupational therapist (OT) or occupational therapy assistant (OTA) 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](#)
- ▶ DOH-licensed OTs and OTAs must be enrolled as a servicing provider under the school district's ProviderOne account
- ▶ OTAs must practice under the supervision of a DOH-licensed OT per their scope of practice



# ProviderOne

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- ▶ All licensed OTs and OTAs 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 OTAs and non-licensed school staff must be supervised by a DOH-licensed OT per their scope of practice
  - ▶ DOH supervision requirements can be found on DOH's [website](#), in DOH [Chapter 18.59 RCW](#) and in DOH [Chapter 246-847 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 OTAs 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 also 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)
- ▶ Some OT services are also reimbursable when provided through HIPAA-compliant audio/visual telemedicine platforms as outlined in the [SBHS Program Billing Guide](#)

**Note:** Providers can review the SBHS Program 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 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
  - ▶ 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, occupational 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 OTs practicing in the school setting** can evaluate, diagnose, and provide occupational 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 246-847 WAC](#))
  - ▶ OTs are encouraged to 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 occupational therapy services when prescribed or recommended by OTAs or non-licensed school staff
- ▶ Medicaid does not pay for occupational therapy services when prescribed or recommended by a provider if it is not within their scope of practice (e.g., physical therapist, speech-language pathologist, school psychologist, etc.)

# Billing for Services

# Billing for evaluations and re-evaluations

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- ▶ The SBHS Program utilizes three OT evaluation codes and one re-evaluation code:
  - ▶ Evaluations codes: 97165, 97166, 97167
  - ▶ Re-evaluation code: 97168
- ▶ Even though time is listed in the code descriptions, these codes are considered “untimed”
  - ▶ Times associated with the evaluation codes are provided as “guidance” for providers in order to determine which code is most appropriate to use
- ▶ Providers must use their professional judgement to determine the most appropriate code to use

**Note:** Providers may review the [SBHS Program Billing Guide](#) and the [American Occupational Therapy Association \(AOTA\) website](#) for additional information on how to bill for OT evaluations.

# Billing for evaluations and re-evaluations, cont.

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- ▶ Licensed OTs can bill for IEP/IFSP evaluations/re-evaluations when they result in an IEP or IFSP containing occupational therapy services
  - ▶ Provider 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
  - ▶ Provider must complete treatment notes for all separate tests/services performed to validate claims

# Billing for direct services

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- ▶ Occupational therapy services must be included in the IEP/IFSP in the 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:** Sally's IEP states she requires OT services 30 minutes/3 x week. Sally receives services on Monday and Wednesday but is out sick on Friday and misses her session. The occupational therapist 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 occupational therapy codes

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- ▶ The SBHS program utilizes approximately 20 Current Procedural Terminology (CPT) occupational therapy codes
- ▶ A list of all billable occupational therapy codes can be found in the [SBHS Program Billing Guide](#) under the *Coverage Table: Occupational 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 occupational 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 Occupational Therapy Association \(AOTA\)](#) or a [Current Procedural Terminology \(CPT\) manual](#) for appropriate use of occupational therapy codes

# Telemedicine

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- ▶ Medicaid pays for the following OT services when provided via HIPAA-compliant, audio/visual telemedicine platforms:
  - ▶ Evaluation codes: 97165, 97166, 97167, 97168
  - ▶ Therapy codes: 97110, 97112, 97150, 97530, 97535, 97750
  
- ▶ 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

# Timed vs. untimed codes

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- ▶ **Timed codes:** Each measure of time as defined by the code description equals one unit
  - ▶ Example: 97110 (therapeutic exercises) is timed per 15 minutes (1 unit=15 min)
  - ▶ Most OT codes are “timed”
  - ▶ Most timed codes can be billed more than once per day, per provider, per student
- ▶ **Untimed codes:** Can only be billed as one unit regardless of how long the procedure takes
  - ▶ Example: 97150 (group therapeutic procedures) is untimed and can only be billed once per day, per provider, per student

# 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
97112	Neuromuscular reeducation	Timed 15 minutes
97150	Group therapeutic procedures	
97165	OT <u>eval</u> low complex, 30 min	
97166	OT <u>eval</u> mod complex, 45 min	
97167	OT <u>eval</u> high complex, 60 min	
97168	OT re- <u>eval</u> <u>est</u> plan care	
97530	Therapeutic activities	Timed 15 minutes

Timed code

Untimed codes

Timed code

# Billing for timed codes

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- ▶ For codes timed per 15 minutes, a minimum of 8 minutes must be provided to bill for 1 unit
- ▶ To calculate billing units for 15-minute timed codes, count the total number of minutes provided for the day for the eligible student and divide by 15 to convert to billable units of service per day
  - ▶ **Example:** Provider sees student for 30 minutes and submits a claim using timed 15-min code **97110**. 30 divided by 15 = 2. The provider should bill for **2 units of code 97110**.

Minutes	Units
0 min-7 mins	0 units
8 mins-22 mins	1 unit
23 mins-37 mins	2 units
38 mins-52 mins	3 units
53 mins-67 mins	4 units
68 mins-82 mins	5 units

# Billing for untimed codes

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- ▶ Untimed codes are not reimbursed based on the time spent providing the service
- ▶ 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 will deny 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 97110 and 97150 cannot be billed together on the same day when provided by the same provider for the same student
  
- ▶ **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 95852 per day, per student, per provider

PTP and MUE edits can be viewed on the CMS NCCI webpage:  
<https://www.medicaid.gov/medicaid/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 OTs, OTAs, 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 OTAs and non-licensed staff
- ▶ Third party biller uploads information from the treatment note into ProviderOne as a billable claim

## District self-bills

- ▶ Licensed OTs, OTAs, 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 OTAs and non-licensed staff
- ▶ District's SBHS Medicaid Coordinator enters information from the treatment note into ProviderOne as a billable claim

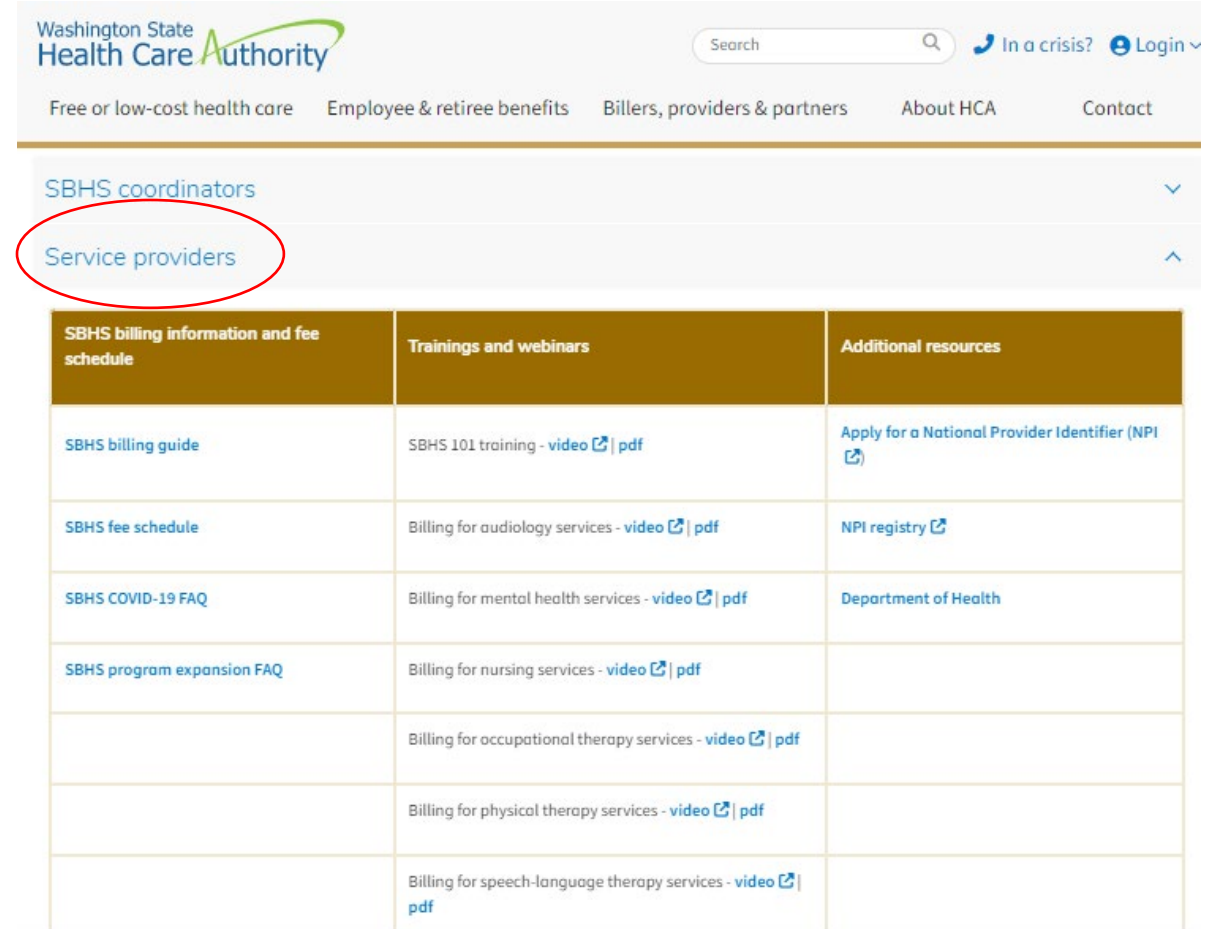
# Resources



# Resources for school-based OT 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)



Washington State Health Care Authority

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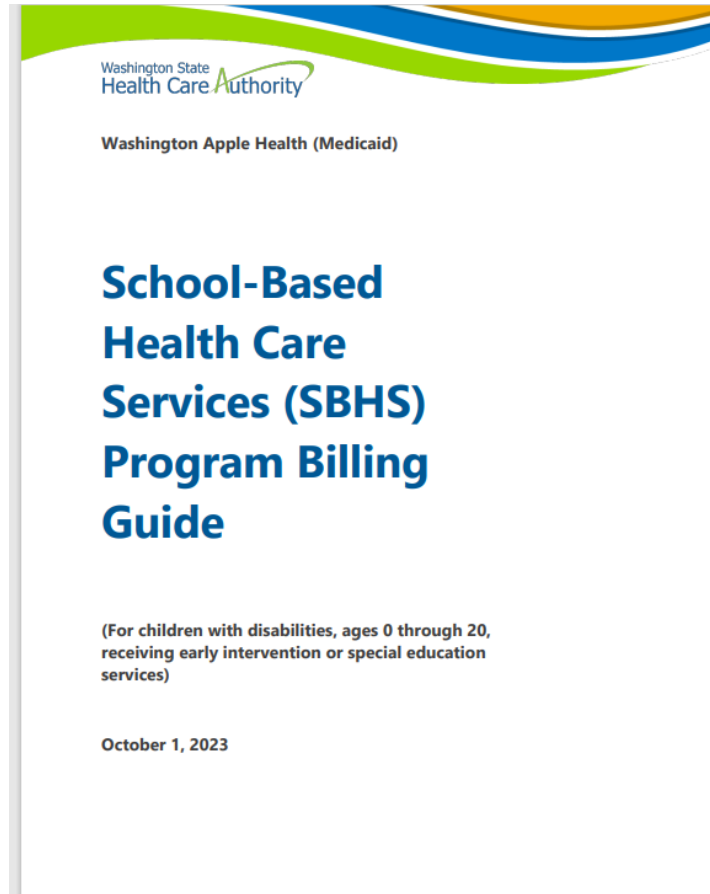
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SBHS coordinators

Service providers

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

# SBHS Program Billing Guide



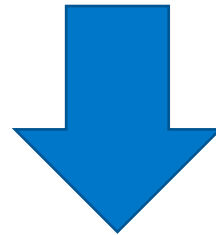
## The SBHS Program Billing Guide contains:

- 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 Program 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 occupational therapy providers may also find the following resources helpful:
  - ▶ American Occupational Therapy Association (AOTA) [website](#)
  - ▶ [AMA CPT information](#)

# Questions?

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

# Disclaimer

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This training is intended as guidance only for occupational 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.