

**Department of Social & Health Services
Health and Recovery Services
Administration**



**School-Based Healthcare
Services Program
For Special Education Students**

Billing Instructions

Chapter 388-537 WAC

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About this publication

This publication supersedes all previous DSHS *School-Based Healthcare Services Billing Instructions and Numbered Memoranda* published by the Washington State Department of Social and Health Services, Health and Recovery Services Administration (HRSA).

Note: The effective date and publication date for any particular page of this document may be found at the bottom of the page.

Fee Schedule

You may access DSHS's School-Based Healthcare Services Fee Schedule at:

<http://hrsa.dshs.wa.gov/RBRVS/Index.html#s> .

How Can I Get DSHS's/HRSA's Provider Documents?

To obtain DSHS's/HRSA's provider numbered memoranda and billing instructions, go to DSHS's/HRSA's website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memos* link). These may be downloaded and printed.

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Important Contacts

A provider may use DSHS's toll-free lines for questions regarding its programs; however, DSHS's response is based solely on the information provided to the [DSHS] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern DSHS's programs. [WAC 388-502-0020(2)].

How can I use the Internet to...

Find information on becoming a DSHS provider?

Visit Provider Enrollment at:
<http://hrsa.dshs.wa.gov/provrel>

Click *Sign up to be a DSHS WA state Medicaid provider* and follow the on-screen instructions.

Ask questions about the status of my provider application?

Visit Provider Enrollment at:
<http://hrsa.dshs.wa.gov/provrel>

- Click *Sign up to be a DSHS WA state Medicaid provider*
- Click *I want to sign up as a DSHS Washington State Medical provider*
- Click *What happens once I return my application?*

Submit a change of address or ownership?

Visit Provider Enrollment at:
<http://hrsa.dshs.wa.gov/provrel>

- Click *I'm already a current Provider*
- Click *I want to make a change to my provider information*

Find out about payments, denials, claims processing, or DSHS managed care organizations?

Visit the Customer Service Center for Providers at:
<http://hrsa.dshs.wa.gov/provrel>

- Click *I'm already a current Provider*
- Click *Frequently Asked Questions*

or call/fax:

1-800-562-3022, Option 2 (toll free)
1-360-725-2144 (fax)

or write to:

Medical Assistance Customer Service Center (MACSC)
PO Box 45562
Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on...

Becoming a DSHS provider, ask questions about the status of my provider application, or submit a change of address or ownership?

Call Provider Enrollment at:
1-800-562-3022 (toll free)

or write to:

Provider Enrollment
PO Box 45562
Olympia, WA 98504-5562

If I don't have access to the Internet, how do I find information on... (cont.)

Private insurance or third-party liability, other than DSHS managed care?

Office of Coordination of Benefits
PO Box 45565
Olympia, WA 98504-5565
1-800-562-6136 (toll free)

Where do I send paper claims?

Claims Processing
PO Box 9248
Olympia, WA 98507-9248

How do I find out about Internet billing (electronic claims submission)?

Call the HRSA/HIPAA E-Help Desk at:
1-800-562-3022 (toll free) and choose option #2

or e-mail to:
hipaae-help@dshs.wa.gov

- or -

visit:
WinASAP and WAMedWeb:
<http://www.acs-gcro.com>

Click *Medicaid* then *Washington State*.

All other HIPAA transactions:
<https://wamedweb.acs-inc.com>

To enroll with ACS EDI Gateway for HIPAA Transactions and/or WinASAP 2003, visit:
<http://www.acs-gcro.com>

Click *Medicaid*, then *Washington State*, then *Enrollment*.

or call ACS EDI Gateway, Inc. at:
1-800-833-2051 (toll free)

After you submit the completed EDI Provider Enrollment form, ACS will send you the link and information necessary to access the web site. If you are already enrolled but cannot access the website, please call ACS toll free at 800-833-2051.

Where can I view and download DSHS current and past fee schedules?

Visit:

<http://hrsa.dshs.wa.gov/rbrvs/index.html#s>

- Click *School Based Healthcare Services*

How do I obtain copies of billing instructions or numbered memoranda?

To view an electronic copy, visit:
<http://hrsa.dshs.wa.gov>

Click *Billing Instructions/Numbered Memoranda*

How do I check on a client's eligibility status?

Call DSHS at:
1-800-562-3022 (toll free) and choose option #2

You may also access the WAMedWeb Online Tutorial at:
<http://hrsa.dshs.wa.gov/wamedwebtutor>

Definitions & Abbreviations

This section defines terms and abbreviations (including acronyms) used in these billing instructions. Please refer to DSHS's [General Information Booklet](http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) for a more complete list of definitions.

Assessment – An assessment is made up of tests given to an individual child by qualified professionals to evaluate whether a child is determined to be a child with a disability and is in need of special education and related services. Assessments are a part of the evaluation and re-evaluation process.

Child with a disability – A child with a disability means a child evaluated and determined to need special education and related services because of a disability in one or more of the following eligibility categories:

- Autism.
- Deaf – blindness.
- A developmental delay for children ages three through nine, with an adverse educational impact, the results of which require special education and related direct services.
- Hearing impairment (including deafness).
- Mental retardation.
- Multiple disabilities.
- Orthopedic impairment.
- Other health impairment.
- Serious emotional disturbance (emotional behavioral disturbance).
- Specific learning disability.
- Speech or language impairment
- Traumatic brain injury.
- Visual impairment (including blindness).

Client - A person who receives or is eligible to receive services through DSHS programs.

Code of Federal Regulations (CFR) – Rules adopted by the federal government.

Community Services Office(s) (CSO) - An office of the department that administers social and health services at the community level.

Core Provider Agreement – The basic contract that the Health and Recovery Services Administration (HRSA) holds with providers serving DSHS clients.

Current procedural terminology (CPT™) – A systematic listing of descriptive terms and identifying codes for reporting medical services, procedures, and interventions performed by physicians and other practitioners who provide physician-related services. CPT is copyrighted and published annually by the American Medical Association.

Department - The state Department of Social and Health Services (DSHS).

Direct Healthcare Services – Services provided directly to a child either one on one or in a group setting.

Disability – The functional consequences of an impairment.

Educational Staff Associate Certificate – The ESA certificate is an official document that attests to minimum prerequisites of age, moral character/fitness, education, experience, competence, and preparation program, depending on the certificate type. The certificate is required to serve in a Washington Public School.

Evaluation – Procedures used to determine whether a student has a disability, and the nature and extent of the special education and related services needed.
[See WAC 392-172A-03005 through 03080]

Fee –for–service – The general payment method DSHS uses to reimburse providers for covered medical services provided to medical assistance clients when those services are not covered under DSHS’s managed care plans or state children’s health insurance program (SCHIP).

Health and Recovery Services Administration (HRSA) – The administration within DSHS authorized by the secretary to administer the acute care portion of the Title XIX Medicaid, Title XXI State Children’s Health Insurance Program (SCHIP), Title XVI Supplemental Security Income for the Aged, Blind, and Disabled (SSI), and the state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.

Healthcare Common Procedure Coding System (HCPCS) - Standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

Individuals with Disabilities Education Act (IDEA) – The IDEA is a United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. It addresses the educational needs of children with disabilities from birth to the age of 21.

Individualized Education Program (IEP) - A written statement of an educational program for a student eligible for special education.
[See WAC 392-172A-03095]

Managed Care – A comprehensive healthcare delivery system that includes preventive, primary, specialty, and ancillary services. These services are provided through either a managed care organization or a primary care case management (PCCM) provider.
[See WAC 388-538-050]

Maximum Allowable Fee – The maximum dollar amount that DSHS reimburses a provider for specific services, supplies, and equipment.

Medicaid – The state and federally funded Title XIX program under which medical care is provided to persons eligible for the Categorically Needy Program or Medically Needy Program.

Medical Identification Card – The document DSHS uses to identify a client’s eligibility for a medical program.

Medically Necessary - A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Patient Identification Code (PIC) – An alphanumeric code that is assigned by DSHS to each DSHS client, consisting of:

- First and middle initials (a dash (-) must be entered if the middle initial is not indicated).
- Six-digit birthdate, consisting of numerals only (MMDDYY).
- First five letters or characters (dashes, apostrophes) of the last name (and spaces if the name is fewer than five letters).
- Alpha or numeric character (tiebreaker).

Provider or Provider of Service – An institution, agency, or person:

- Who has a signed agreement (Core Provider Agreement) with the department to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from DSHS.

Qualified healthcare provider –
[See WAC 388-537-0350]

Re-evaluation – Procedures used to determine whether a student continues to be in need of special education and related services.
[See WAC 392-172A-03015]

Related Services - Developmental, corrective, and other supportive services required to assist an eligible student to benefit from specially designed instruction. For purposes of the School Based Healthcare Services Program related services include:

- Audiology services;
- Counseling;
- Nursing services;
- Occupational therapy;
- Physical therapy;
- Psychological assessments;
- Speech-language therapy.

Revised Code of Washington (RCW) - Washington State laws.

Title XIX - The portion of the Federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid.

Usual and customary fee – The charge that may be billed to the DSHS for certain services, supplies, or equipment. This charge may not exceed:

- 1) The usual and customary charge billed to the general public for the same services; or
- 2) If the general public is not served, the established charge normally offered to other contractors for the same services.

Washington Administrative Code (WAC) - Codified rules of the State of Washington.

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About the Program

What Is the Purpose of the School-Based Healthcare Services Program? [Refer to WAC 388-537-0100]

School-based Healthcare Services for special education students may be diagnostic, evaluative, habilitative, or rehabilitative in nature and must be based on the student's medical needs.

DSHS pays school districts for school-based healthcare services delivered to Medicaid enrolled children in special education in accordance with the Individuals with Disabilities Education Act (IDEA). The services must:

- Address the physical and/or mental disabilities of a child;
- Be prescribed or recommended by a physician or other qualified healthcare provider within his or her scope of practice under state law; and
- Be included in the child's Individualized Education Program (IEP).

What Services Does DSHS Pay for? [Refer to WAC 388-537-0400]

DSHS pays school districts for the following school-based healthcare services:

- Evaluations, when the child is determined to be a child with a disability and in need of special education and related services;
- Direct healthcare services including:
 1. Audiology;
 2. Counseling;
 3. Nursing;
 4. Occupational Therapy;
 5. Physical therapy;
 6. Psychological assessments;
 7. Speech – language therapy; and
- Re-evaluations, to determine whether the child continues to need special education and related services.

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Client Eligibility

Who Is Eligible? [Refer to WAC 388-537-0300 (1)]

- Clients presenting Medical Identification (ID) Cards with the following identifiers **are eligible** to receive school-based healthcare services:

Medical Program Identifier	Medical Program Name
CNP	Categorically Needy Program
MNP	Medically Needy Program

How Is Eligibility For School-Based Healthcare Services Determined?

To determine if a child is eligible for medical assistance from the State of Washington, the parent or guardian must file an application with the Community Service Office (CSO). Applications may be completed and filed on-line or mailed to the local CSO.

To determine eligibility, all the information must be filed with the CSO. When all the information has been received, an eligibility worker will determine if the child qualifies for medical assistance.

For further information regarding applying for benefits, the parent or guardian may contact the Medical Assistance Customer Service Center at 1-800-562-3022.

Are Managed Care Clients Eligible For School-Based Healthcare Services? [Refer to WAC 388-537-0500]

Yes. Clients with an identifier in the HMO column on their Medical ID Card are enrolled in one of DSHS's managed care organizations (MCO). Eligible students enrolled in a managed care plan receive school-based healthcare services on a fee-for-service basis.

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Provider Qualifications

Who may deliver school-based healthcare services?

[Refer to WAC 388-537-0350]

School-based healthcare services must be delivered by healthcare providers who meet federal and state requirements and who operate according to Washington state law within the scope of the provider's license. See the following categories of service for more information:

Service	Qualified Provider
Audiology	<ul style="list-style-type: none"> • A licensed audiologist; or • A school-based audiologist who: <ul style="list-style-type: none"> ✓ Meets the education and work experience necessary for a state professional license; ✓ Holds a valid school audiologist educational staff associate certificate; and ✓ Limits their audiology services to the school setting.
Counseling	<ul style="list-style-type: none"> • A licensed independent social worker; • A licensed advanced social worker; • A licensed mental health counselor; or • A school based social worker or mental health counselor who: <ul style="list-style-type: none"> ✓ Meets the education and work experience necessary for a state professional license; ✓ Holds a valid school social worker or school counselor educational staff associate certificate; and ✓ Limits their counseling services to the school setting.

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Nursing Services	<ul style="list-style-type: none">• A licensed registered nurse;• A licensed practical nurse; or• A non credentialed school employee who is delegated certain limited healthcare tasks and is trained and supervised by a registered nurse according to professional practice standards.
Occupational Therapy	<ul style="list-style-type: none">• A licensed occupational therapist; or• A certified occupational therapy assistant supervised by a licensed occupational therapist in accordance with professional practice standards.
Physical Therapy	<ul style="list-style-type: none">• A licensed physical therapist; or• A licensed physical therapist assistant, supervised by a licensed physical therapist in accordance with professional practice standards.
Psychology	<ul style="list-style-type: none">• A licensed psychologist;• A school-based psychologist who:<ul style="list-style-type: none">✓ Holds a masters degree in school psychology; and✓ Holds a valid school psychologist educational staff associate certificate; and✓ Limits their psychology services to the school setting; or• A school-based psychologist who:<ul style="list-style-type: none">✓ Holds a doctoral degree in psychology;✓ Holds a valid school psychologist educational staff associate certificate; and✓ Limits their psychological services to the school setting.

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Speech Therapy	<ul style="list-style-type: none">• A licensed speech-language pathologist; or• A speech language pathology assistant who has graduated from a speech-language pathology assistant program, and is supervised by a speech-language pathologist with a certificate of clinical competence (CCC) in accordance with professional practice standards; or• A school based speech language pathologist who:<ul style="list-style-type: none">✓ Meets the education and work experience necessary for a state professional license;✓ Holds a valid school speech language pathologist educational staff associate certificate; and✓ Limits their speech therapy services to the school setting.
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For services provided under the supervision of a physical therapist, occupational therapist or speech language pathologist the following requirements apply:

- The nature, frequency and length of the supervision must be provided in accordance with professional practice standards and adequate to assure the child receives quality therapy services.
- At a minimum, supervision must be one-on one communication between the supervisor and the supervised professional.
- Documentation of supervisory activities must be on record and available to the department upon request.

Licenses, Certificates, and Practitioner Qualifications

Services must be provided by licensed or certified personnel. School districts must list each qualified provider in the HRSA core provider agreement and notify the HRSA Provider Relations Unit of changes to this list (see *Important Contacts*). Each provider must meet the HRSA qualifications listed in this section. It is the responsibility of the school district to assure providers meet the professional qualifications described in WAC 388-537-0350.

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Coverage

What Is Covered? [Refer to WAC 388-537-0400]

DSHS covered services include the following:

- Audiology services;
- Counseling;
- Nursing services;
- Occupational therapy;
- Physical therapy;
- Psychological assessments including testing;
- Speech-language therapy services; and

Audiology Services

Audiology services include the following:

- Assessment of hearing loss;
- Determination of the range, nature, and degree of hearing loss, including the referral for medical or other professional attention for restoration or rehabilitation due to hearing disorders; and
- Provision of rehabilitative activities, such as speech restoration or rehabilitation, auditory training, hearing evaluation and speech conversation, and determination of the need for individual amplification.

Audiology Services (cont.)

Listed below are the descriptions of covered audiology services with the corresponding billing codes. Services must be provided by an audiologist.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92552	None	Pure tone audiometry, air	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92553	None	Audiometry, air & bone	
92555	None	Speech threshold audiometry	
92556	None	Speech audiometry, complete	
92557	None	Comprehensive hearing test	
92567	None	Tympanometry	
92568	None	Acoustic refl threshold tst	
92569	None	Acoustic reflex decay test	
92579	None	Visual audiometry (vra)	
92582	None	Conditioning play audiometry	
92587	None	Evoked auditory test	
92587	26	Evoked auditory test, professional component	
92587	TC	Evoked auditory test, technical component	
92588	None	Evoked auditory test	
92588	26	Evoked auditory test, professional component	
92588	TC	Evoked auditory test, technical component	
92620	None	Auditory function, 60 min	
92621	None	Auditory function, + 15 min	

The following services may be billed by both a speech-language pathologist and an audiologist:

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92506	None	Speech/hearing evaluation	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92507	None	Speech/hearing therapy	
92508	None	Speech/hearing therapy	
92551	None	Pure tone hearing test, air	
92630	None	Aud rehab pre-ling hear loss	
92633	None	Aud rehab postling hear loss	
97532	None	Cognitive skills development	
97533	None	Sensory integration	

Speech Therapy Services

Speech therapy services include the following:

- Assessment of speech and/or language disorders;
- Diagnosis and appraisal of specific speech and/or language disorders;
- Provision of speech or language services for the prevention of communicative disorders; and
- Referral for medical and other professional attention necessary for the rehabilitation of speech and/or language disorders.

Listed below is the description of the covered speech-language pathologist services with the corresponding billing code. Services must be provided by speech-language pathologist.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92607	None	Ex for speech device rx, 1hr	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92608	None	Ex for speech device rx addl	
92609	None	Use of speech device service	
92610	None	Evaluate swallowing function	
92506	None	Speech/hearing evaluation	
92507	None	Speech/hearing therapy	
92508	None	Speech/hearing therapy	
92551	None	Pure tone hearing test, air	
92630	None	Aud rehab pre-ling hear loss	
92633	None	Aud rehab postling hear loss	
97532	None	Cognitive skills development	
97533	None	Sensory integration	

Counseling Services

Counseling services are for the purpose of assisting a child with adjustment to their disability.

Listed below are the descriptions of covered counseling services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
S9445	None	Pt education, NOC, individual	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
S9446	None	Pt education, NOC, group	

Nursing Services

Nursing services include:

- Medical and remedial services ordered by a physician or other licensed healthcare provider within his/her scope of practice; and
- Assessments, treatment services, and supervision of delegated health care services provided to:
 - ✓ Prevent disease, disability, or the progression of other health conditions;
 - ✓ Prolong life; and
 - ✓ Promote physical and mental health and efficiency.

Listed below are descriptions of covered nursing services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
T1001	None	Nursing assessment/evaluatn	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
T1002*	None	RN services up to 15 minutes	
T1003*	None	LPN/LVN services up to 15min	

* Use this code when billing for the following services:

- Blood glucose testing and analysis
- Catheterization
- Chest wall manipulation/postural drainage
- Dressing/wound care
- Intravenous care/feedings
- Medication administration: oral, enteral, parenteral inhaled, rectal, subcutaneous, intramuscular. Also includes eye drops and ear drops.
- Nebulizer treatment
- Nurse delegation (initiation and re-evaluation)
- Stoma care
- Testing oxygen saturation levels and adjusting oxygen levels
- Tracheotomy care/suctioning
- Tube feedings
- Pump Feeding (Setup and take down only)

Occupational Therapy

Occupational therapy services include the following:

- Assessing, improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning when functions are lost or impaired; and
- Preventing initial or further impairment or loss of function through early intervention.

Listed below are descriptions of covered occupational therapy services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
95851	None	Range of motion measurements	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
95852	None	Range of motion measurements	
97003	None	Ot evaluation	
97004	None	Ot re-evaluation	
97110	None	Therapeutic exercises	
97112	None	Neuromuscular reeducation	
97150	None	Group therapeutic procedures	
97530	None	Therapeutic activities	
97532	None	Cognitive skills development	
97533	None	Sensory integration	
97535	None	Self care mngmt training	
97537	None	Community/work reintegration	
97542	None	Wheelchair mngmt training	
97750	None	Physical performance test	
97755	None	Assistive technology assess	
97760	None	Orthotic mgmt and training	
97761	None	Prosthetic training	
97762	None	C/o for orthotic/prosth use	

Physical Therapy

Physical therapy services include the following:

- Assessing;
- Preventing; and
- Alleviating movement dysfunction and related functional problems.

Listed below are descriptions of covered physical therapy services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
97001	None	PT evaluation	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
97002	None	PT re-evaluation	
97110*	None	Therapeutic exercises	
97112	None	Neuromuscular reeducation	
97116	None	Gait training therapy	
97124	None	Massage therapy	
97139	None	Physical medicine procedure	
97150	None	Group therapeutic procedures	
97530	None	Therapeutic activities	
97535	None	Self care mngmt training	
97537	None	Community/work reintegration	
97542	None	Wheelchair mngmt training	
97750	None	Physical performance test	
97755	None	Assistive technology assess	
97760	None	Orthotic mgmt and training	
97761	None	Prosthetic training	
97762	None	C/o for orthotic/prosth use	

* Use CPT code 97110 to bill for fine or gross motor therapy.

Psychological Services

Psychological services include psychological and developmental testing.

Listed below is the description of the covered psychological service with the corresponding billing code.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
96101	None	Psycho testing by psych/phys	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s

What Is Not Covered? [WAC 388-537-0700]

Non-covered services include, but are not limited to the following:

- Attending meetings;
- Charting;
- Equipment preparation;
- Instructional assistant contact;
- Parent consultation;
- Parent contact;
- Planning;
- Preparing and sending correspondence to parents or other professionals;
- Professional consultation;
- Report writing;
- Review of records;
- Set-up;
- Teacher contact;
- Travel;
- Observation; and
- For purposes of this program, DSHS does not reimburse school districts for a registered nurse (RN) or licensed practical nurse (LPN) to monitor a child continuously throughout the school day.

It is the responsibility of the school district to contact the school-based healthcare services program manager for questions regarding covered and non covered services.

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Documentation

What Documentation Requirements Are There for School Districts? [Refer to WAC 388-537-0900]

- School districts must maintain sufficient documentation to support and justify the paid claims to include at a minimum:
 - ✓ Professional assessment reports;
 - ✓ Evaluation and re-evaluation reports;
 - ✓ Individualized Education Programs (IEP); and
 - ✓ Treatment notes for each date of service the provider bills DSHS.
- All provider licenses and other credentials must be current and on file with the school district and available for review upon request. It is the responsibility of the school district to assure providers meet the professional qualifications described in WAC 388-537-0350.
- All records must be easily and readily available to DSHS upon request.

Note: Providers must also follow the documentation requirements listed in DSHS's [*General Information Booklet*](#) Visit DSHS online at: (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf).

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Program Monitoring

Program Monitoring/Audits [WAC 388-537-1100]

- Providers must participate in the monitoring process. DSHS monitors school-based healthcare services as established by the School-Based Healthcare Services Program Manager and in compliance with DSHS's monitoring policy and plan.
- DSHS conducts audits of school-based healthcare services in accordance with chapter 388-502A WAC.
- DSHS authority to conduct audits and recover overpayments is found in RCW 74.09.200, 74.09.220, and 74.09.290.

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Payment

What Are the Requirements For Payment? [WAC 388-537-0700 (2)]

To receive payment from DSHS for school-based healthcare services, a school district must:

- Have a current, signed core provider agreement with DSHS;
- Meet the applicable requirements in chapter 388-502 WAC; and
- Bill according to these billing instructions.

Note: A unit of service is based on the CPT and HCPCS code descriptions.

- For any code reimbursed based on time, each measure of time as defined by the code equals one unit.
- If the code description does not include time, the service described by the code equals one unit.

Fee Schedule

You may view DSHS's **School-Based Healthcare Services Fee Schedule** on-line at:

<http://hrsa.dshs.wa.gov/RBRVS/Index.html#s>

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Billing

What Are the General Billing Requirements?

Providers must follow the general billing requirements in DSHS's [General Information Booklet](http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims;
- What fee to bill DSHS for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients; and
- Record keeping requirements.

Third-Party Liability

DSHS is required by federal regulation to determine the liability for third-party resources that are available to DSHS clients. DSHS must assure that all resources available to the client that are applicable to the cost of medical care are used. Once the applicable resources are applied, DSHS may make payment on the balance if the third-party payment is less than the amount allowed by DSHS.

School districts may choose not to bill DSHS for services provided to special education students who have third party insurance.

- School districts must bill third party carriers before billing DSHS; and
- Request, in writing, consent from the student's parent(s) or guardian(s) to bill the student's insurance carrier.

When DSHS is being billed:

- If the insurance payment amount is *less than the DSHS maximum allowance*, or the charges are denied by an insurance company, you may re-bill the claim to DSHS. You must attach a copy of the insurance company's Explanation of Benefits (EOB) when you re-bill.
- If you bill DSHS because the third party paid less than the DSHS allowed amount, and DSHS *denies the service*, you must accept the third-party payment as payment in full.

You must bill the insurance carrier(s) indicated on the client's Medical ID card. An insurance carrier's time limit for claim submissions may be different from DSHS's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as DSHS's, prior to any payment by DSHS.

You must meet DSHS's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding DSHS Remittance and Status Report for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by DSHS, or if you have reason to believe that DSHS may make an additional payment:

- Submit a completed claim form to DSHS;
- Attach the insurance carrier's statement or EOB;
- If rebilling, also attach a copy of the DSHS Remittance and Status Report showing the previous denial; or
- If you are rebilling electronically, list the claim number (ICN) of the previous denial in the comments field of the Electronic Media Claim (EMC).

Third-party carrier codes are available on DSHS's website at <http://hrsa.dshs.wa.gov> or by calling the Coordination of Benefits at 1-800-562-6136.

Completing the CMS-1500 Claim Form

Note: DSHS encourages providers to make use of electronic billing options. For information about electronic billing, refer to the *Important Contacts* sections.

Refer to DSHS's [General Information Booklet](#) (http://hrsa.dshs.wa.gov/download/BillingInstructions/General_Information_BI.pdf) for instructions on completing the CMS-1500 claim form.

Guidelines/Instructions

The following CMS-1500 claim form instructions relate to **School-Based Healthcare Services Billing Instructions**. Click the link above to view general DSHS's CMS-1500 Claim Form instructions.

For questions regarding claims information, call DSHS toll-free:

1-800-562-3022

Field No.	Name	Field Required	Entry
17.	Name of Referring Physician or Other Source	No - Optional	
24A.	Date(s) of Service	Yes	For each procedure code being billed, enter the first day of the month for which you are billing in the <i>From</i> section. Enter the last day of that month in the <i>To</i> section. This allows all charges during one month for one procedure code to be billed on one line. When billing multiple months of service, use a separate line for each month. Enter dates numerically (e.g., October 1, 2007 = 100107). Do not use slashes, dashes or hyphens to separate month, day, year - MMDDYY.

Field No.	Name	Field Required	Entry
24B.	Place of Service	Yes	Use the following Place of Service codes: 03 School 12 Student's residence
24E.	Diagnosis Code	Yes	Enter V41.9 , unspecified problem with special functions.
24F.	Charges:	Yes	Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.
24G.	Days or Units	Yes	For each procedure code, enter the total number of billable units (up to 999) for the month being billed.