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 for providing health-related services to students with individualized education programs (IEPs) and individualized family service plans (IFSPs).
- The SBHS program is administered by the Health Care Authority (HCA).
- The HCA is the single state agency responsible for administering the state’s Medicaid program.
- The Centers for Medicare and Medicaid Services (CMS) is the federal agency which oversees each state’s Medicaid program.

School districts are allowed to receive Medicaid reimbursement per section 1903(c) and 1905(a) of the Social Security Act and the Individuals with Disabilities in Education Act (IDEA).
Which Providers Can Participate in the SBHS Program?
Who May Provide Audiology Services?

• Licensed audiologist
  - Audiologists must hold current and unrestricted **WA State Department of Health (DOH) licensure**
  - Providers must obtain a National Provider Identifier (NPI) through [NPPES](#)
  - Providers may be a district employee or a sub-contractor
  - **ESA is not required to bill Medicaid**

**NOTE:** Audiology students and interim permit holders are not eligible for reimbursement through the SBHS program.
DOH License Requirements

School providers can confirm if they have the appropriate qualifications to participate in SBHS by visiting the Department of Health (DOH) website. If school staff meet license requirements, they can apply for a license through DOH:

Audiologist:

https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Audiologist/LicenseRequirements
Confirming Licensure and NPI

• Providers may confirm their DOH licensure information on DOH’s Provider Credential webpage:
  https://fortress.wa.gov/doh/providercredentialsearch/

• Providers may confirm and update their NPI information on CMS’s NPPES webpage:
  https://nppes.cms.hhs.gov/#/
ProviderOne

• All providers participating in SBHS must be enrolled as a servicing provider under the school district’s ProviderOne account.

• The school district’s SBHS coordinator enrolls providers in ProviderOne and will need to collect the following information from each provider prior to enrolling in ProviderOne:
  - Full name
  - Date of birth
  - Social Security #
  - Copy of DOH license
  - NPI

Contact your district’s SBHS coordinator for more information on ProviderOne enrollment.
Which Students are Eligible for Reimbursement?
Student Eligibility

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

- Meet the definition of an “at-risk infant or toddler” or a “child with a disability” per the Individuals with Disabilities Education Act (IDEA)
- Be ages birth through age 2 (Part C) with an active IFSP
- Be ages 3 through age 20 (Part B) with an active 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)

Providers should work with the school district’s SBHS coordinator to obtain a list of eligible students.
SBHS Covered and Non-Covered Audiology Services
SBHS Covered Audiology Services

• Evaluations to determine if a student requires audiology and/or speech-language therapy services in the IEP/IFSP.

• Re-evaluations to determine if a student continues to require audiology and/or speech-language therapy services in the IEP/IFSP.

• Direct audiology and/or speech-language therapy services provided to students with IEPs/IFSPs when provided by licensed audiologists within their scope of practice.
SBHS Covered Audiology Services

• Audiology 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 IEP/IFSP must indicate the frequency of services.
  ➢ Example: Two (2) times a week for 30 minutes.

• The SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP.
SBHS Covered Audiology Services

• 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 audiology services 30 minutes/3 x week. The student receives services on Monday and Wednesday but is out sick on Friday and misses her third session. The audiologist can bill for 4 sessions the following week but must document in the treatment notes the reason for the extra session.
SBHS Non-Covered Services

- Annual hearing tests that don’t result in an IEP/IFSP
- 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
- Teacher contact
- Test interpretation
- Travel and transportation
How to Bill for Audiology Services
SBHS Billable Audiology Codes

- A list of all billable audiology codes can be found in the SBHS Billing Guide under the Coverage Table: Audiology Services section.
- The codes listed in the SBHS Billing Guide are not “Medicaid” codes but are Medicaid reimbursable.
- Codes are developed and owned by the American Medical Association (AMA).

Current rates associated with each code are located in the SBHS Fee Schedule.
• 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 the American Speech-Language-Hearing Association (ASHA) or a Current Procedural Terminology (CPT) manual for appropriate use of SLP codes.
Billing for Evaluations and Re-Evaluations

• Audiologists can bill for annual evaluations/re-evaluations when they result in an IEP or IFSP containing audiology or speech services.
• Audiologists must complete an assessment/evaluation report and complete treatment notes to validate claims.
• Separate tests/services performed as part of the evaluation may also be submitted for reimbursement.
• Audiologists must complete treatment notes for all separate tests/services performed to validate claims.
SBHS Billable Audiology Codes: Timed vs. Untimed

• **Timed codes**: Each measure of time as defined by the code description equals one unit.
  - Example: 92620 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 92620 as long as treatment notes justify the claim.
  - If it takes multiple days to provide this service--for example 3 days, 20 min/each session-- the provider should bill one unit of 92620.

• **Untimed codes**: Can only be billed as one unit per day, regardless of how long the procedure takes.
  - Most audiology codes are “untimed”.

Timed vs Untimed Codes

- The comments column in the SBHS Billing Guide will indicate if a code is timed or untimed.
- If the comments column is blank, the code is untimed.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Short Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>92587</td>
<td>Evoked auditory test limited</td>
<td></td>
</tr>
<tr>
<td>92588</td>
<td>Evoked auditory test complete</td>
<td></td>
</tr>
<tr>
<td>92620</td>
<td>Auditory function 60 min</td>
<td>Timed 60 minutes</td>
</tr>
<tr>
<td>92621</td>
<td>Auditory function + 15 min</td>
<td>Each additional 15 min</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency</td>
<td></td>
</tr>
<tr>
<td>92522</td>
<td>Evaluate speech production</td>
<td></td>
</tr>
<tr>
<td>92523</td>
<td>Speech sound lang comprehen</td>
<td></td>
</tr>
<tr>
<td>92524</td>
<td>Behavral qualit analys voice</td>
<td></td>
</tr>
<tr>
<td>92507</td>
<td>Speech/hearing therapy</td>
<td></td>
</tr>
</tbody>
</table>
Billing for Untimed Audiology Codes

• 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.
• ProviderOne will deny claims submitted with more than the maximum allowable units per day.
Billing for Timed Audiology Codes

- For codes timed per 15 minutes, a minimum of 8 minutes must be provided to bill for one unit.
- To calculate billing units for 15-minute timed codes, count the total number of minutes provided for the day for the eligible student.
- Divide by 15 to convert to billable units of service per day.
- More information on how to bill timed codes is available in the SBHS Billing Guide.

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 min-7 mins</td>
<td>0</td>
</tr>
<tr>
<td>8 mins-22 mins</td>
<td>1</td>
</tr>
<tr>
<td>23 mins-37 mins</td>
<td>2</td>
</tr>
<tr>
<td>38 mins-52 mins</td>
<td>3</td>
</tr>
<tr>
<td>53 mins-67 mins</td>
<td>4</td>
</tr>
<tr>
<td>68 mins-82 mins</td>
<td>5</td>
</tr>
</tbody>
</table>
Diagnosis Codes

• The SBHS program utilizes one diagnosis code:
  ➢ R69 (illness, unspecified)

• The diagnosis code must be entered on each claim in ProviderOne but does not need to be included on treatment notes.
National Correct Coding Initiative
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 the HCA 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.
  - **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.
NCCI Additional Information

- PTP and MUE edits can be viewed on the CMS NCCI webpage: [https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html](https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html)

- The [NCCI Edits Training Tool](https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html) on the SBHS webpage assists providers with navigating the CMS NCCI webpage.
Documentation
Documentation

• 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.
• Maintaining records in an electronic format is acceptable.
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
  - # of units billed
  - Description of service provided
  - Child’s progress to each service (if applicable)
  - Note whether individual or group therapy (if applicable)
- Provider’s printed name, title, and handwritten or electronic signature
Sample treatment note/service log created by a self-billing school.
Telemedicine
Telemedicine

• Services provided via telemedicine may be reimbursable through the SBHS program. In order for the school district to receive reimbursement for services provided via telemedicine, the audiologist must:

  ➢ Be enrolled as a servicing provider under the school district’s ProviderOne account.
  ➢ Document when services are provided via telemedicine.
  ➢ Use 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, cont.

• More information on how to bill for services via telemedicine can be found in the **SBHS Billing Guide**.

• Providers may contact the **SBHS program manager** for additional guidance on how to bill for services via telemedicine.
Time Limits for SBHS Providers to Submit Claims
Time Limits for SBHS Providers to Submit Claims

• Providers must submit the initial claim to the HCA within three hundred sixty-five calendar days from the date the provider furnishes the service to the eligible student for school-based services.

• Within twenty-four months of the date the service was provided to the student, a provider may resubmit, modify, or adjust an initial claim for school-based services.

• After twenty-four months from the date the school-based service was provided to the student, the HCA does not accept any claim for resubmission, modification, or adjustment.
Questions?

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Resources
SBHS Billing Guide
SBHS Fee Schedule
SBHS 101 Training

Sign up to receive SBHS email updates!
NOTE: The purpose of this training is to provide guidance to audiologists participating in the SBHS program. The information in this training does not supersede the current SBHS Billing Guide, SBHS WAC, or the Centers for Medicare and Medicaid Services (CMS) policy. Any questions regarding information presented in this training should be directed to the SBHS program manager at shanna.muirhead@hca.wa.gov.