



Billing for Behavioral Health Services

School-Based Health Care Services
June 2018

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) or individualized family service plans (IFSPs).
- The SBHS program is administered by the Health Care Authority (HCA).
- 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).

Who May Provide Behavioral Health Services?

SBHS Eligible Behavioral Health Providers

- Licensed independent clinical social worker (LiCSW)
- Licensed advanced clinical social worker (LiACSW)
- Licensed mental health counselor (LMHC)
- Licensed mental health counselor associate (LMHCA) under supervision of a licensed mental health provider
 - All providers 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 school district employee or a sub-contractor
 - **ESA is not required to bill Medicaid**

DOH License Requirements

School staff 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:

- **Psychologist:**

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/LicenseRequirements>

- **LiCSW, LiACSW:**

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/SocialWorker>

- **LMHC, LMHCA:**

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthCounselor/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 must collect the following information from each provider prior to enrolling in ProviderOne:
 - Full name
 - Date of birth
 - Social Security #
 - Copy of DOH license
 - NPI

ProviderOne
WA State's electronic Medicaid billing system.

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 Federal the Individuals with Disabilities Education Act (IDEA)
- Be ages birth through age 2 (IDEA, Part C) with an active IFSP
- Be ages 3 through age 20 (IDEA, 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 the school district (per IDEA regulations)
- Receive services in a school setting or via telemedicine (SBHS does not reimburse for services provided in the home setting).

Providers should work with the school district’s SBHS coordinator to obtain a list of eligible students.

SBHS Covered Services

SBHS Covered Services

- Evaluations when a child is determined to need early intervention or special education related services
- Re-evaluations to determine whether a child continues to need early intervention or special education related services
- Health-care related services included in the child's IEP or IFSP limited to:
 - Audiology services
 - **Counseling/mental health services**
 - Nursing services
 - Occupational therapy services
 - Physical therapy services
 - **Psychological assessments and services**
 - Speech-language therapy services

SBHS Covered Behavioral Health Services

SBHS covered behavioral health services include:

- Psychological assessments and evaluations, to determine if a student requires behavioral health services as a result of his/her disability.
- Psychological services to assist a child with adjustment to the child's disability.
- Individual and group counseling for the purpose of assisting a child with adjustment to the child's disability.

Behavioral health services must be included in the child's IEP or IFSP in order to be reimbursable through the SBHS Program.

Behavioral Health Services and the IEP/IFSP

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

Behavioral Health Services and the IEP/IFSP, cont.

- Make-up sessions may be reimbursable when the provider clearly documents in the treatment notes that the session is a make-up.
 - For example: A student's IEP states she requires behavioral health 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 provider can bill for 4 sessions the following week but must document in the treatment notes the reason for the extra session.

Referral for Services

- Referral and/or prescriptions from a physician or other licensed health care provider within the provider's scope of practice must be attached to the IEP/IFSP for SBHS monitoring purposes.
- Licensed mental health providers can contact the [WA State Department of Health](#) with questions regarding scope of practice and if a referral or prescription by a physician is required to provide behavioral health services in WA.

SBHS Non-Covered Services

- Applied behavioral analysis (ABA) therapy
- Attending meetings
- Charting
- Equipment preparation when student is not present
- Evaluations that do not result in an IEP or IFSP
- Evaluations performed by non-licensed staff
- 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

Billing for Behavioral Health Services

SBHS Billable Behavioral Health Codes

| Procedure Code | Description |
|----------------|--------------------------------------------|
| S9445 | Pt education individual (indiv counseling) |
| S9446 | Pt education group (group counseling) |
| 96101 | Psych testing by psych/phys |
| 90791 | Psych diagnostic evaluation |

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

Diagnosis Codes

- The SBHS program utilizes one diagnosis code:
 - R69 (illness, unspecified)
- This diagnosis code must be entered on each claim in ProviderOne but does not need to be included on treatment notes.

Billing for Behavioral Health Evaluations

Psychologist

- Licensed psychologists have the option to use two codes when performing an evaluation:
 - **96101** (psych testing)
 - **90791** (psych evaluation)

LiCSW, LiACSW, LMHC

- Other licensed mental health professionals have one option when performing an evaluation:
 - **90791** (psych evaluation)

Billing for Behavioral Health Evaluations, cont.

- Licensed psychologists must use their professional judgement to determine the most appropriate code to use for an evaluation (90791 vs 96101.)
- The SBHS program manager cannot tell providers which code to use.
- Behavioral health evaluations are only reimbursable if they result in an IEP/IFSP which contain behavioral health services.

Billing for Individual and Group Services

- For the SBHS program, all licensed mental health providers will use the following behavioral health codes to bill for direct IEP/IFSP services:
 - **S9445 (individual counseling)**
 - **S9446 (group counseling)**
- Providers must include a brief description of the service(s) provided, the procedure code billed, time-in and time-out, whether the treatment was individual or group therapy, and the number of units billed on their treatment notes.

Timed vs Untimed Codes

- **Timed codes:** Each measure of time as defined by the code description equals one unit.
 - **96101 is timed per 60 minutes (1 unit = 60 min)**
 - If an evaluation is less than 60 minutes, providers may still bill for one unit of 96101 as long as treatment notes and the evaluation report can justify the claim.
 - When an evaluation spans over multiple days--for example 3 days, 20 min/each session-- the provider should bill one unit of 96101.
- **Untimed codes:** Typically can only be billed as one unit regardless of how long the procedure takes.
 - 90791, S9445, & S9446 are all untimed

Timed and Untimed Codes

| Procedure Code | Short Description | Comments | |
|--------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------|-----------------|
| 96101 | Psycho testing by psych/phys | Timed 60 minutes | } Timed code |
| 90791 | Psych diagnostic evaluation | | |
| S9445 | Pt education noc individ | Review MUE guidelines for maximum allowable billable units. | } Untimed codes |
| S9446 | Pt education noc group | | |
| CPT® codes and descriptions only are copyright 2017 American Medical Association. All Rights Reserved. | | | |

NCCI Information

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.
- **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.

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>
- The [NCCI Edits Training Tool](#) on the SBHS webpage assists providers with navigating the CMS NCCI webpage.

Documentation

Documentation

- Medicaid requires providers to keep treatment notes 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.

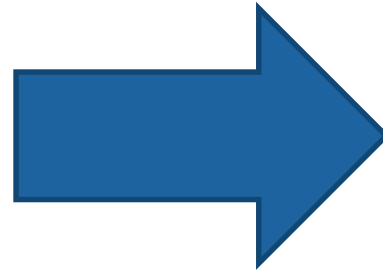
Documentation

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
 - Note whether individual or group therapy
- Provider's printed name, title, and handwritten or electronic signature
- Licensed mental health providers must co-sign all treatment notes completed by LMHCAs

Sample Treatment Note

Sample treatment note/service log created by a self-billing school.



| | |
|----------------------------------|-----------------|
| School District Name: | School: |
| Student Name (Last, First, M): | ProviderOne ID: |
| Student DOB: | |
| Provider Printed Name and Title: | |
| Service Month/Year: | |

Goals & Objectives:

- To Improve/Increase
 A) Fine Motor Manipulation Skills
 B) Visual Perceptual Skills
 C) Self Care Skills
 D) Balance Skills
 E) Visual Motor Skills
 F) Sensory Integration
 G) Bilateral Integration

Procedures:

- 1.) Hand Strengthening
 2.) Letter Formation
 3.) Grasp Pattern
 4.) Place words on a line
 5.) Space Words Properly
 6.) Increase Keyboarding Skills
 7.) Increase Bilateral Coordination
 8.) Drink from Cup
 9.) Food Self w/Utensil
 10.) Fasten/Unfasten Buttons
 11.) Pull Up/Unfasten Buttons
 12.) Balance
 13.) Speed/Dexterity Activities
 14.) Puzzles
 15.) Draw ~~Shape~~ Letter/Characters
 16.) Cut on a line

| Professional Service Log | | Progress Indicator | | | Time/Units | Service | Type | | | |
|--------------------------|------------------------------------------------------------------|--------------------|------------|-----------|-----------------------------------|-------------|------|------------|-------|-------------------|
| DATE | GOALS & OBJECTIVES/PROCEDURE ACTIVITY NOTES ADDRESSED/COMMENTS** | Improved | Maintained | Regressed | Start Time/End Time/Total Minutes | Total Units | Code | Individual | Group | Provider Initials |
| | | | | | | | | | | |
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***Write a Goal/Objectives Code & Procedure/Activity Code & Comment

| | |
|-----------------------------------------------|---------------|
| _____ (Provider Signature) | _____ Date |
| _____ (Supervisor Signature if applicable) | _____ Date |

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 behavioral health provider 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 Submitting SBHS Claims

Time Limits for Submitting SBHS Claims

- Providers must submit the initial claim to the HCA within three hundred sixty-five (365) calendar days from the date the provider furnishes the service to the eligible student for school-based services.
- Within twenty-four (24) 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.

Examples: Billing for SBHS Behavioral Health Services

Note: the following examples are intended to provide guidance to SBHS Providers. Examples include patient care scenarios and analysis of the proper coding of those scenarios. The content is intended for general information purposes only. Providers should use their professional judgement when providing services. All services must be documented appropriately per the SBHS Billing Guide to justify billed claims.

Example 1

Scenario:

- John recently transferred from District A to District B.
- While at District A, John was evaluated by a school counselor who did not hold licensure with the Department of Health (DOH).
- The school counselor at District A determined that John required counseling services per his IEP.
- District B adopted District A's IEP and continued to provide counseling service. In addition, District B received parental consent to bill Medicaid for these services and is planning on submitting claims to HCA for reimbursement.

Question:

- **Can District B bill for counseling services per the IEP provided by District A?**

Answer:

- The behavioral health services listed in John's IEP are not reimbursable through the SBHS program because they were not ordered by a licensed professional.
- In order for future IEP counseling services to be reimbursable, the district must obtain a prescription or referral from a DOH licensed mental health professional or physician.
- The new referral or prescription must be added to the IEP from District A or a new IEP may be created.
- The provider can be either a DOH licensed mental health professional working at District B or an outside provider.

Example 2

Scenario:

- A licensed social worker provides group therapy to three students.
- One of the students has an IEP, is Title XIX Medicaid eligible and is eligible for reimbursement through the SBHS program.
- Two of the students have IEPs but are not Medicaid eligible and are not eligible for reimbursement through SBHS.

Question:

- **Will the social worker bill for group or individual therapy?**

Answer

- Even though only one student is eligible for reimbursement through the SBHS program, the provider should bill for group therapy (S9446) since he provides services to more than one student at one time.

Example 3

- Sarah's IEP states she requires behavioral health services 30 minutes/3 x week.
- During this week, the student receives services on Monday and Wednesday but is out sick on Friday and misses her third session. The provider will bill for 2 sessions this week.
- The following week the student receives services on Monday, Wednesday, Thursday (make-up session) and Friday. The provider can bill for 4 sessions but must document in the treatment notes the reason for the extra session.

Example 4

Scenario:

- Dante sees a behavioral health provider outside of school hours for services unrelated to his disability. Services outside of school are paid for by his Apple Health (Medicaid) Managed Care Organization.
- During school hours, Dante also sees a DOH licensed school counselor to assist Dante with dealing with his disability. Services are written into his IEP.

Question:

- **Can both providers seek Medicaid reimbursement for services they are providing to Dante?**

Answer:

- Both providers can seek Medicaid reimbursement.
- Receiving services through the SBHS program as part of an IEP does not affect services received outside of school.

Questions?

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Resources

[SBHS Billing Guide](#)

[SBHS Fee Schedule](#)

[SBHS FAQs](#)

[SBHS 101 Training](#)

[NCCI Edits Training Tool](#)

SBHS Webpage: <https://www.hca.wa.gov/billers-providers/programs-and-services/school-based-health-care-services-sbhs>

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NOTE: The purpose of this training is to provide guidance to licensed mental health professionals 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.