Billing for Mental Health Services

School-Based Health Care Services
August 2020

Note: This training is intended for mental health 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 Billing Guide, SBHS WAC, or the SBHS contract.

Resources for Mental Health Providers
www.hca.wa.gov/sbhs

- SBHS Billing Guide

- FAQs

- PDF of this training
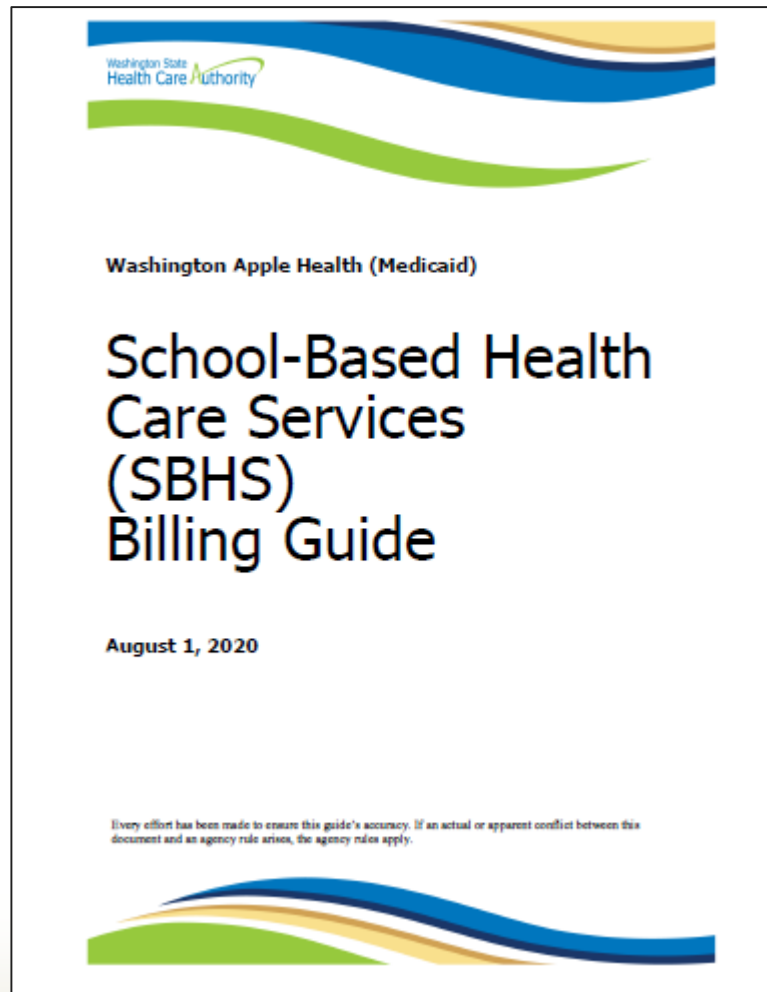
- NCCI training

- Links to DOH and NPI registry

SBHS Billing Guide

The SBHS Billing Guide is the program manual for SBHS. It contains:

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

SBHS Billing Guide

Table of Contents

Use CTRL + F to search for topics!

SBHS Program Notifications
www.hca.wa.gov/sbhs

- Providers may sign up to receive SBHS notifications.

- Past SBHS newsletters and program notifications can be found on the SBHS webpage.

- Download RSS feed extension for Chrome if you can't view notifications.

Resources

SBHS coordinators ›

Service providers ›

Nonparticipating school districts ›

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: If you subscribe to our RSS feed and use the Chrome browser, you will need to install the RSS feed extension for Chrome ↗.

What is the SBHS Program?
WAC 182-537-0100

The School-Based Health Care Services (SBHS) program is an optional Medicaid program which provides reimbursement to contracted school districts, educational service districts, and charter and tribal schools for providing health-related services to students with individualized education programs (IEPs) or individualized family service plans (IFSPs).

SBHS Overview

- The SBHS program is administered by the Health Care Authority (HCA).

- HCA is the single state agency responsible for administering the state's Medicaid (Apple Health) program as well as the public employee/school employee health benefits programs.

- HCA's SBHS program manager, Shanna Muirhead, is the main contact for the SBHS program.

- Receiving services through SBHS does not affect services a child receives outside of school.

History of Medicaid & IDEA

1965. Title XIX of Social Security Act (the Act) establishes a Federal–state matching entitlement program known as Medicaid.

1975. Congress passes Education for All Handicapped Children Act. Renamed Individuals With Disabilities Education Act (IDEA) in 1990.

1988. Section 411(k)(13) of Medicare Catastrophic Coverage Act amended section 1903(c) of the Act which allows schools to receive Medicaid reimbursement for Medicaid covered services in an IEP or IFSP.

Who Can Participate in SBHS?

The following entities can enter into a SBHS contract with HCA and participate in the SBHS program:

- Public school districts
- Educational service districts
- Charter schools
- Tribal schools

A list of SBHS contracted districts is available on the SBHS webpage.

SBHS Eligible Mental Health Providers

- **Department of Health (DOH) licensed mental health counselor (LMHC)**

- **DOH licensed social worker**

- **DOH licensed psychologist**

- **The following individuals may also provide services under the supervision of a licensed mental health provider:**

  - Licensed mental health counselor associate (LMHCA)

  - Nonlicensed school staff (e.g. school counselor, school psychologist, school social worker)

Requirements for Licensed Mental Health Providers

The following applies to LMHCs, LMHCAs, licensed social workers, and licensed psychologists:

- Must hold current and unrestricted licensure with the WA State Department of Health (DOH).
- Must obtain a National Provider Identifier (NPI) through the Federal government at the NPPES website.
- LMHCAs must practice under the supervision of a licensed mental health provider.

Requirements for Nonlicensed Individuals

The following applies to nonlicensed individuals (school counselor, school social worker, school psychologist) providing services under the direction of a licensed provider:

- DOH license not required
- NPI not required
- Must practice under supervision of a licensed mental health provider per professional scope-of-practice standards

License and Supervisory Requirements

License requirements and supervisory requirements for mental health providers can be found on the Department of Health (DOH) webpage and in Chapter 18.225 RCW , Chapter 18.83 RCW, Chapter 246-809 WAC and Chapter 246-924 WAC.

Confirming Licensure and NPI

- Providers may confirm their DOH license information on DOH's Provider Credential webpage:

    https://fortress.wa.gov/doh/providercredentialsearch/

- Providers may apply for an NPI and/or confirm and update their NPI information on CMS's NPPES webpage:

    https://nppes.cms.hhs.gov/#/

Student Eligibility

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

- 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.

Covered Services

- Evaluations and reevaluations to determine if a student requires related services per an IEP or IFSP

- Health-care 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

Referral for Services

- Mental health services must be ordered by a licensed physician or *other licensed health care provider* within their scope of practice.

- For SBHS, **licensed** mental health providers can evaluate, diagnose, and provide services per an IEP or IFSP without a script from a physician within their scope of practice per:
  - ➢ Department of Health (DOH) regulations
  - ➢ Providers should review DOH regulations to ensure they refer and provide services per their scope of practice

SBHS Billable Mental Health Therapy Codes

- The SBHS program utilizes seven (7) Current Procedural Terminology (CPT) mental health codes.

- A list of all billable mental health codes can be found in the SBHS Billing Guide under the *Coverage Table: Mental Health 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.

SBHS Mental Health Codes, cont.

- 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 a [Current Procedural Terminology (CPT) manual](#) for appropriate use of mental health codes.

Billing for Mental Health Evaluations and Reevaluations

The following evaluation/assessment codes can only be billed by DOH-licensed mental health providers per their scope of practice:

- 96130: Psychological test evaluation by physician or qualified health professional (60 minutes)
- 96131: Psychl tst eval phys/qhp (ea additional hour)
- 96136: Psycl/nrpsyc test phy/qhp (30 minutes)
- 96137: Psychl/nrpsyc tst phy/qhp (ea additional 30 minutes)
- 90791: Psych diagnostic evaluation

Providers should review the SBHS Billing Guide for detailed instructions on how to bill for mental health evaluations/assessments. Current rates associated with each code are located in the SBHS Fee Schedule.

Billing for Evaluations and Reevaluations, cont.

- Licensed mental health providers can bill for annual IEP/IFSP evaluations/reevaluations when they result in an IEP or IFSP containing mental health services.

- Providers must complete an assessment/evaluation report and complete treatment notes to validate claims.

Note: Only DOH licensed mental health providers may bill for evaluations. LMHCAs and nonlicensed staff are not eligible to bill for evaluations.

Billing for Direct Mental Health Services

The following services can be provided by DOH-licensed mental health providers or by LMHCAs and nonlicensed school staff providing services under the supervision of a licensed provider:

- **S9445: Individual counseling session**
- **S9446: Group counseling session**

Note: Services provided by nonlicensed staff must be billed under the supervising provider's NPI.

Timed vs Untimed Codes

- **Timed codes:** Each measure of time as defined by the code description equals one unit.
  - ➤ **96130 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 96130 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 96130.

- **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
96130	Psycl tst eval phys/qhp 1st	Timed 60 minutes
96131	Psycl tst eval phys/qhp ea	Each additional hour
96136	Psycl/nrpsyc tst phy/qhp 1st	Timed 30 minutes
96137	Psycl/nrpsyc tst phy/qhp ea	Each additional 30 minutes
90791	Psych diagnostic evaluation	
S9445	Pt education noc individ	Review MUE guidelines for maximum allowable billable units.
S9446	Pt education noc group	

Timed codes

Untimed codes

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.

- **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).

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

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

- 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.

Place of Service

In addition to the school setting, the SBHS program pays for services that are provided in the following settings:

- Natural setting (e.g. home, daycare, childcare setting)
- Alternate setting in accordance with IDEA (e.g. school bus, field trip, hospital)
- Includes in-person services and services provided via telemedicine

Note: When providing services in a setting other than the school, providers should document the place of service in their treatment notes.

Telemedicine

Services provided via telemedicine are reimbursable through the SBHS program.

- Providers must document when services are provided via telemedicine and document the location of the student and the location of the provider.

- Services provided by LMHCAs and nonlicensed staff are reimbursable when provided under the supervision of a licensed mental health provider.

- More information about how to bill for services provided via telemedicine can be found in the current version of the SBHS Billing Guide.

SBHS Noncovered 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
- 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

ProviderOne

- All licensed mental health providers including LMHCAs participating in SBHS must be enrolled as a servicing provider under the school district's ProviderOne account.

- Nonlicensed individuals practicing under the supervision of a licensed provider do not need to be enrolled in ProviderOne.

- All services provided by nonlicensed individuals are billed under the licensed provider's NPI in ProviderOne.

- Providers do not need log-in access to ProviderOne.

ProviderOne is WA State's electronic Medicaid billing system.

ProviderOne, cont.

The school district's SBHS coordinator enrolls licensed 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.

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.

Documentation

- **If your district contracts with a billing agent, licensed providers and nonlicensed staff need to be enrolled in the billing agent's documentation software** (WAMR, EasyTrac, Embrace)
  - ➢ Providers and nonlicensed staff log-in to document all services electronically
  - ➢ Licensed mental health providers must review and co-sign treatment notes kept by LMHCAs and nonlicensed staff

- **If your district self-bills, providers may keep handwritten notes or electronic treatment notes**
  - ➢ Providers submit notes to school district's SBHS coordinator
  - ➢ Providers must review and co-sign notes kept by LMHCAs and nonlicensed staff
  - ➢ SBHS coordinator enters information from notes as claims into ProviderOne

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
  - 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

Reminder!

All of the information included in today's training can be found in the [SBHS Billing Guide](). A PDF of this training and a link to the billing guide can be found on the SBHS webpage at [www.hca.wa.gov/sbhs]().

Questions?

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SBHS webpage: https://www.hca.wa.gov/sbhs