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).

• 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 Nursing Services?
SBHS Eligible Nursing Providers

- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Non-credentialed school staff delegated certain tasks by RN
  - RN/LPN must hold current and unrestricted **WA State Department of Health (DOH) licensure**
  - RN/LPN must obtain a National Provider Identifier (NPI) through [NPPES](https://nppes.cms.hhs.gov) (non-credentialed staff do not need an NPI)
  - RN/LPN may be a district employee or contracted through a nursing agency
  - ESA is not required to bill Medicaid
DOH License Requirements

School providers can confirm they have the appropriate qualifications to participate in SBHS by visiting the Department of Health (DOH) website:

• **Registered Nurse:**
  [http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/RegisteredNurse](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/RegisteredNurse)

• **Licensed Practical Nurse:**
  [http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/LicensedPracticalNurse](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/LicensedPracticalNurse)
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
  – Non-licensed school staff do not need to be enrolled in ProviderOne
• 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.

ProviderOne
Electronic billing system for WA State Medicaid.
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 the school district (per IDEA)
• Receive services in a school setting or via telemedicine (SBHS does not reimburse for services provided in the home setting unless provided for a limited period of time).

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

SBHS covered nursing services include:

• Medically necessary services ordered by a physician or other licensed health care provider within the provider’s scope of practice
• Assessments, re-assessments, and treatment services, provided to do all of the following:
  - Prevent disease, disability, or the progression of other health conditions
  - Prolong life
  - Promote physical health, mental health, and efficiency

Nursing services must be included in the child’s IEP or IFSP in order to be reimbursable through the SBHS Program.
Examples of Covered Nursing Services

- Blood glucose testing and analysis
- Bowel/diarrhea care
- Colostomy care
- Catheterization care
- Chest wall manipulation/postural drainage
- Dressing/wound care
- Feeding by hand
- IV care/feedings
- Medication administration
- Nebulizer treatment
- Pump feeding
- Seizure management
- Stoma care
- Testing oxygen saturation levels
- Tracheotomy care
- Tube feedings
- Vital signs monitoring

This list of nursing services is not exclusive. Nurses may contact the SBHS program manager with questions regarding covered/non-covered nursing services.
Nursing Services and the IEP/IFSP

• Nursing services must be included in the IEP/IFSP as special education services or as a related service.
• The SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP.
• An individualized health plan (IHP) may be attached to the IEP/IFSP for detailed nursing instructions/services.
• Only direct nursing services are reimbursable (observation and/or supervision are not reimbursable).
• 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 or IHP for SBHS monitoring purposes.
Delegated Nursing Tasks

- RNs may delegate certain nursing tasks to LPNs or non-licensed school staff per their scope of practice.
- Delegated nursing tasks performed by LPNs must be billed under the LPN’s NPI in ProviderOne.
- Delegated nursing tasks performed by non-licensed school staff must be billed under the RN’s NPI in ProviderOne.
- The supervising RN must sign off on all treatment notes kept by LPNs and non-licensed school staff.
Private Duty Nursing

• The SBHS program provides reimbursement to contracted school districts for direct services provided by private duty nurses.

• Nursing services must be listed in the IEP or IFSP as a special education or related service.

• Private duty nurses must have a RN or LPN license issued by the WA State Department of Health, must have a NPI, and must be enrolled as a servicing provider under the school district’s ProviderOne account.

• The SBHS program does not pay for continuous observation of a child when direct health care services are not provided.

• To calculate billing units for nursing services, the nurse must keep track of time-in/time-out for services provided to the student for each school day and divide by 15 to convert to billable units of service per day.
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
• 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*

*Direct nursing services provided to a student on a school bus may be reimbursable if the services are written in the IEP/IFSP. Contact the SBHS program for more information.
Billing for SBHS Nursing Services
# SBHS Billable Nursing Codes

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1001</td>
<td>Nursing assessment/eval</td>
</tr>
<tr>
<td>T1002</td>
<td>RN services up to 15 minutes</td>
</tr>
<tr>
<td>T1003</td>
<td>LPN services up to 15 minutes</td>
</tr>
</tbody>
</table>

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

• Use code T1001 (nursing assessment/evaluation) when performing annual or bi-annual assessments/evaluations to determine if a student needs or continues to need nursing services as part of an IEP/IFSP.

• The SBHS program only provides reimbursement for nursing evaluations/re-evaluations when the evaluation results in an IEP/IFSP that contains nursing services.

Billing for Direct Nursing Services

- Use code **T1002** (RN services up to 15 minutes) when a RN or non-licensed school staff is providing direct nursing services.
- Use code **T1003** (LPN services up to 15 minutes) when a LPN is providing direct nursing services delegated by a RN.
- Codes T1002 and T1003 are both “timed” per 15 minutes.
- **15 minutes of service = 1 unit.**
- A minimum of 8 minutes must be provided in order to bill for one (1) unit.
Billing for Timed Nursing Codes

• Nurses must add up total minutes of nursing services provided throughout the day to get total billable units.
  ➢ Example: If a student receives nursing services multiple times in one day, minutes must be added and divided by 15 to get the total # of billable units. See examples on the following slides.

• 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 units</td>
</tr>
<tr>
<td>8 mins-22 mins</td>
<td>1 unit</td>
</tr>
<tr>
<td>23 mins-37 mins</td>
<td>2 units</td>
</tr>
<tr>
<td>38 mins-52 mins</td>
<td>3 units</td>
</tr>
<tr>
<td>53 mins-67 mins</td>
<td>4 units</td>
</tr>
<tr>
<td>68 mins-82 mins</td>
<td>5 units</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.
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 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
- Supervising RN’s must co-sign all treatment notes completed by LPNs and non-licensed school staff
Sample Treatment Note

Sample treatment note/service log created by a self-billing school.
Examples: Billing for Nursing 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

Sarah receives nursing services per her IEP. On Monday she visits the school RN four times as follows:

9:00-9:05 (5 minutes of code T1002)
10:31-10:42 (11 minutes of code T1002)
1:14-1:34 (20 minutes of code T1002)
2:00-2:04 (4 minutes of code T1002)

40 total timed minutes = 3 units

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

Appropriate billing for 40 minutes is 3 units. Although the nursing services provided between 9:00-9:05 and 2:00-2:04 equaled less than 8 minutes, the total billable minutes for Monday equals 40 minutes which is equivalent to 3 units.
Example 2

Joseph’s IEP states he requires nursing services (medication administration) 15 minutes/1 x day.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time-in/ Time-out</th>
<th>Service Provided</th>
<th>Provider Type</th>
<th># of Reimbursable Units</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9:00–9:05</td>
<td>Medication administration</td>
<td>RN</td>
<td>5 minutes of service provided = 0 units</td>
<td>The nurse cannot bill for Monday’s services as a minimum of 8 minutes is required to bill for code T1002.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9:00–9:05 and 1:00–1:10</td>
<td>Medication administration</td>
<td>Paraeducator (RN has delegated task per scope of practice)</td>
<td>15 minutes of service provided = 1 unit</td>
<td>The supervising nurse will bill for 1 unit of T1002.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00–9:15</td>
<td>Medication administration</td>
<td>LPN (RN has delegated task per scope of practice)</td>
<td>15 minutes = 1 unit</td>
<td>The LPN will bill for 1 unit of T1003.</td>
</tr>
<tr>
<td>Thursday</td>
<td>10:00–10:08</td>
<td>Medication administration</td>
<td>RN</td>
<td>8 minutes = 1 unit</td>
<td>The nurse will bill for one unit of T1002 because at least 8 minutes of services was provided.</td>
</tr>
<tr>
<td>Friday</td>
<td>9:00–9:15/ 1:00–1:15 for scraped knee</td>
<td>Medication administration/ scraped knee</td>
<td>RN</td>
<td>15 minutes = 1 unit</td>
<td>The nurse can only bill for the IEP service (medication admin) performed from 9:00–9:15.</td>
</tr>
</tbody>
</table>
Example 3

- Johnny’s IEP states he requires nursing services 45 min, 4x/day.
- To calculate billing units for nursing services, the nurse must keep track of time-in/time-out for services provided to Johnny for each school day and divide by 15 to convert to billable units of service per day.
- In this example, the nurse would submit a claim for **12 units/day** (45 min = 3 units, 4 x/day = 12 total units).
- Any services provided in addition to the 45 min/day cannot be submitted for reimbursement.
Example 4

• Maria’s IEP states she requires 420 minutes of nursing services, 1x/day.
• The SBHS program does not pay for continuous observation of a child when direct health care services are not provided.
• To calculate billing units for nursing services, the nurse must keep track of time-in/time-out for services provided to this student for each school day and divide by 15 to convert to billable units of service per day.
Time Limit for SBHS Providers to Submit Claims
Time Limit 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?

Shanna Muirhead, SBHS program manager
Shanna.Muirhead@hca.wa.gov
Tel: (360) 725-1153

Resources
SBHS Billing Guide
SBHS Fee Schedule
SBHS FAQs
SBHS 101 Training

Sign up to receive SBHS email updates!
NOTE: The purpose of this training is to provide guidance to RNs and LPNs 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.