



# Billing for Nursing Services

School-Based Health Care Services  
August 2020

**Note:** This training is intended for nursing professionals 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 Nurses

[www.hca.wa.gov/sbhs](http://www.hca.wa.gov/sbhs)

- SBHS Billing Guide
- FAQs
- PDF of this training
- NCCI training
- Links to DOH and NPI registry

Resources

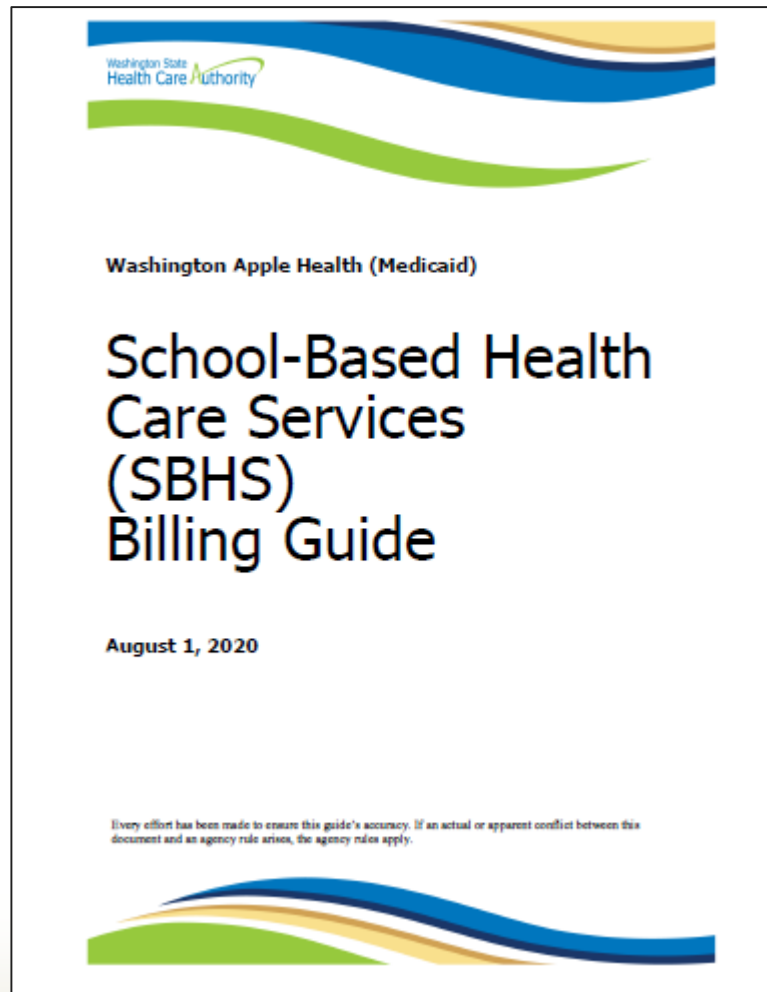
SBHS coordinators >

Service providers v

SBHS billing information and fee schedule	Trainings and webinars	Additional resources
<a href="#">SBHS billing guide</a>	SBHS 101 training - <a href="#">video</a> / <a href="#">pdf</a>	<a href="#">Apply for a National Provider Identifier (NPI)</a>
<a href="#">SBHS fee schedule</a>	Billing for audiology services - <a href="#">video</a> / <a href="#">pdf</a>	<a href="#">NPI registry</a>
<a href="#">SBHS COVID-19 FAQ</a>	Billing for counseling services - <a href="#">video</a> / <a href="#">pdf</a>	
<a href="#">SBHS program expansion FAQ</a>	Billing for nursing services - <a href="#">video</a> / <a href="#">pdf</a>	
	Billing for occupational therapy services - <a href="#">video</a> / <a href="#">pdf</a>	
	Billing for physical therapy services - <a href="#">video</a> / <a href="#">pdf</a>	
	Billing for speech-language therapy services - <a href="#">video</a> / <a href="#">pdf</a>	
	NCCI edits training tool - <a href="#">pdf</a>	

Nonparticipating school districts >

# 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

About this guide.....	2
What has changed?.....	2
How can I get agency provider documents?.....	3
Where can I download agency forms?.....	4
<b>Resources Available.....</b>	<b>8</b>
<b>Definitions.....</b>	<b>10</b>
<b>Program Overview.....</b>	<b>13</b>
What is the purpose of this billing guide?.....	13
What is the SBHS program?.....	13
Who can participate in the SBHS program?.....	14
What are the participation requirements of the SBHS program?.....	14
What is the provider revalidation process?.....	15
What is the role of the SBHS coordinator?.....	16
I am a new SBHS coordinator, how do I gain access to ProviderOne?.....	16
What is the Provider and Contact Update Form?.....	17
Will receiving SBHS affect a child's Medicaid or other benefits?.....	18
<b>Student Eligibility.....</b>	<b>19</b>
How can I verify a student's Medicaid eligibility?.....	19
Are students enrolled in a Washington Apple Health (Medicaid) managed care organization eligible for SBHS?.....	20
Are students who are covered by private insurance eligible for SBHS?.....	20
Which students are not eligible for reimbursement?.....	21
<b>Provider Qualifications.....</b>	<b>22</b>
Who may provide school-based health care services (SBHS)?.....	22
How can I tell if a provider is eligible to participate in SBHS?.....	22
Eligible SBHS Provider Table.....	23
Which provider taxonomy codes are used for the SBHS program?.....	25
What are the provider supervision requirements?.....	25
How do I enroll providers in ProviderOne?.....	26
What do I do when a servicing provider no longer participates in SBHS?.....	26
Which providers cannot participate in the SBHS program?.....	27
Interim permit holders.....	27
Nonlicensed people.....	27
Licensing exemptions.....	27
<b>Covered Services.....</b>	<b>28</b>
What is covered?.....	28

Use CTRL +  
F to search  
for topics!

Referrals and prescriptions.....	28
Procedure codes.....	29
Using untimed and timed procedure codes.....	29
Untimed procedure codes.....	29
Timed procedure codes.....	29
What is the National Correct Coding Initiative?.....	30
NCCI Resources.....	31
Telemedicine.....	31
What is telemedicine?.....	31
When does the agency cover telemedicine?.....	32
What are the documentation requirements?.....	32
Originating site (location of student).....	32
Is the originating site paid for telemedicine?.....	32
Distant site (location of provider).....	32
Billing for services provided via telemedicine.....	33
What is not covered?.....	34
<b>Coverage Tables.....</b>	<b>35</b>
Audiology services.....	35
Counseling services.....	37
Nursing/health services.....	37
Psychological assessments and services.....	39
Occupational therapy services.....	39
Physical therapy services.....	41
Speech-language therapy services.....	42
<b>Documentation.....</b>	<b>44</b>
What documentation requirements are there for school districts?.....	44
Treatment notes.....	45
Signature requirements.....	46
Signature log.....	46
Electronic Signatures.....	47
<b>Billing and Payment.....</b>	<b>48</b>
What are the requirements for payment?.....	48
What is the intergovernmental transfer (IGT) process?.....	49
How do I submit local match to the agency?.....	49
How are school districts paid?.....	50
Time limits for billing the agency.....	50
How do I submit claims for a student who has private insurance?.....	50
I am a self-billing school district. How do I submit claims in ProviderOne?.....	51
Fee Schedule.....	51
Do I need to report SBHS payments on the SEFA?.....	52
Remittance advice.....	52

# SBHS Program Notifications

[www.hca.wa.gov/sbhs](http://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](#) <sup>12</sup>

Past notifications are available to view through our RSS feed.

- [View past program notifications](#) <sup>12</sup>

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](#) <sup>12</sup>.

# 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 Nursing Providers

- **Advanced registered nurse practitioner (ARNP)**
- **Registered nurse (RN)**
- **The following individuals may also provide services under the supervision of either an ARNP or RN:**
  - Licensed practical nurse (LPN)
  - Nonlicensed school staff (e.g. paraeducator, aide, etc.)

# Requirements for Licensed Nursing Professionals

## The following applies to licensed ARNPs, RNs, and LPNs:

- Must hold current and unrestricted licensure as an ARNP, RN or LPN with the WA State Department of Health (DOH).
- Must obtain a National Provider Identifier (NPI) through the Federal government at the [NPPES website](#).
- LPN must provide services under the supervision of an ARNP or RN per scope-of-practice requirements.

# Requirements for Nonlicensed Individuals

**The following applies to nonlicensed individuals (paraeducator, aide) providing services under the direction of a licensed ARNP or RN:**

- DOH license not required
- NPI not required
- Must practice under supervision of a licensed ARNP or RN per professional scope-of-practice standards

## Delegated Nursing Tasks

- ARNPs and RNs may delegate certain nursing tasks to LPNs or nonlicensed school staff per their scope-of-practice.
- Delegated nursing tasks performed by LPNs are billed under the LPN's NPI.
- Delegated nursing tasks performed by nonlicensed school staff are billed under the supervising provider's NPI.
- The supervising ARNP or RN must sign off on all treatment notes kept by LPNs and nonlicensed school staff.

# License and Supervisory Requirements

License requirements and supervisory requirements for nursing professionals can be found on the Department of Health (DOH) [webpage](#) and in [Chapter 18.79 RCW](#), [Chapter 28A.210 RCW](#), and [Chapter 246-840 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 health 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

# Examples of Covered IEP/IFSP Nursing Services

- Blood glucose testing and analysis
- Bowel/diarrhea care
- Colostomy care
- Catheterization care
- Chest wall manipulation/postural drainage
- Diaper changes
- 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/noncovered nursing services.

# Referral for Services

- Nursing/health services must be ordered by a licensed physician or *other licensed health care provider* within their scope of practice.
- **ARNPs** can evaluate, diagnose, and provide services without a script from a physician within their scope of practice per:
  - Department of Health (DOH) regulations ([Chapter 246-840-300 WAC](#)).
  - ARNPs should review DOH regulations to ensure they refer and provide services per their scope of practice.

## Referral for Services, cont.

- Per their scope of practice, RNs and LPNs are not allowed to prescribe services.
- If the district does not have an ARNP or physician on staff who can prescribe IEP/IFSP nursing services, a note or referral from the student's primary care physician must be in the student's file.
- The referral/note must justify the medical necessity of the nursing/health IEP/IFSP services.

# Private Duty Nursing

- The SBHS program provides reimbursement to contracted school districts for direct IEP/IFSP services provided by ARNPs, RNs, and LPNs.
- If a student has a private duty nurse (PDN), the school district may be able to bill for services provided by the PDN as long as:
  - Nursing/health services are listed in the student's IEP or IFSP
  - The PDN is enrolled as a servicing provider under the school district's ProviderOne account
  - The PDN only bills for direct services provided (the SBHS program does not pay for all-day nursing care/continuous observation when direct health services are not provided)

## SBHS Noncovered Services

- Annual hearing/vision screenings
- Applied behavioral analysis (ABA) therapy
- Attending meetings
- Charting
- COVID-19 testing/screening
- Equipment preparation when student is not present
- Evaluations that do not result in an IEP or IFSP
- Instructional assistant contact
- Observation
- Parent consultation
- 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 while on a school bus are reimbursable if the student has nursing/health services included in the IEP/IFSP.

## SBHS Billable Nursing Codes

- The SBHS program utilizes three (3) Current Procedural Terminology (CPT) nursing codes.
- A list of all billable nursing codes can be found in the [SBHS Billing Guide](#) under the *Coverage Table: Nursing 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 Billable Nursing Codes, cont.

Procedure Code	Description
T1001	Nursing assessment/eval
T1002	ARNP/RN services up to 15 minutes
T1003	LPN services up to 15 minutes

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

- ARNPs and RNs should use code **T1001** (nursing assessment/evaluation) when performing IEP/IFSP 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/reevaluations when the evaluation results in an IEP/IFSP that contains nursing services.

**Note:** Only ARNPs and RNs can use code T1001. LPNs and nonlicensed staff cannot use this code.

# Billing for Direct Nursing Services

- ARNPs and RNs should use code **T1002** (ARNP/RN services up to 15 minutes) when billing for direct nursing services.
- LPNs should use code **T1003** (LPN services up to 15 minutes) when billing for direct nursing services.
- If the nursing professional sees a student multiple times throughout the day, a separate treatment note is required for each encounter.
  - Time-in/time-out is required for each encounter
  - A minimum of 8 minutes of service must be provided in order to bill for 1 unit

## Billing for Direct Nursing Services, cont.

- A minimum of 8 minutes of service must be provided in order to bill for one unit of codes T1002 and T1003.
- Based on the amount of time the student is seen throughout the day will determine the total # of billable units:

Minutes	Units
0 min-7 mins	0 units
8 mins-22 mins	1 unit
23 mins-37 mins	2 units
38 mins-52 mins	3 units
53 mins-67 mins	4 units
68 mins-82 mins	5 units

Note: More information on how to bill for timed codes can be found in the [SBHS Billing Guide](#).

# 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**

Minutes	Units
0 min-7 mins	0 units
8 mins-22 mins	1 unit
23 mins-37 mins	2 units
38 mins-52 mins	3 units
53 mins-67 mins	4 units
68 mins-82 mins	5 units

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 daily nursing services (medication administration).

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

## 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. 3 units times 4 x/day = 12 total units).

## Example 4

- Maria's IEP states she requires 420 minutes of nursing services, every 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 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.

## 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 LPNs and nonlicensed staff are reimbursable when provided under the supervision of a licensed ARNP or RN.
- More information about how to bill for services provided via telemedicine can be found in the current version of the [SBHS Billing Guide](#).

# ProviderOne

- All licensed ARNPs, RNs, and LPNs 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 must be enrolled in the billing agent's document software (WAMR, EasyTrac, Embrace)**
  - Providers and nonlicensed staff log-in to document all services electronically
  - ARNPs/RNs must review and co-sign treatment notes kept by LPNs or nonlicensed staff
- **If your district self-bills, providers may keep handwritten notes or electronic treatment notes**
  - Providers submit notes to district's SBHS coordinator
  - ARNPs/RNs must review and co-sign treatment notes kept by LPNs or 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 (if applicable)
  - Note whether individual or group therapy (if applicable)
- Provider's printed name, title, and handwritten or electronic signature

## Additional Resources

All of the information included in today's training can be found in the [SBHS Billing Guide](#). In addition, nursing providers participating in the SBHS program may find these resources helpful:

- [National Association of School Nurses](#) (NASN)
  - Medicaid billing questions/scenarios
  - Discussions on school-based nursing
- [School Nurse Organization of Washington](#) (SNOW)
- Department of Health School Nursing [FAQs](#)
- OSPI School Health Services [webpage](#)
- American Medical Association's [CPT Manual](#)

# Questions?

**Shanna Muirhead, SBHS program manager**

[Shanna.Muirhead@hca.wa.gov](mailto:Shanna.Muirhead@hca.wa.gov)

Tel: (360) 725-1153

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