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 Occupational Therapy Services?
Who May Provide Occupational Therapy Services?

- Licensed occupational therapist (OT)
- Licensed occupational therapy assistant (OTA) under the direction and supervision of a licensed occupational therapist
  - 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 district employee or a sub-contractor
  - ESA is not required to bill Medicaid

OT/OTA students, occupational therapy aides, 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 may apply for a license through DOH:

- **Occupational therapist and occupational therapy assistant license requirements:**

  [http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/OccupationalTherapist/LicenseRequirements](http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/OccupationalTherapist/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?
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)

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

• Evaluations to determine if a student requires occupational therapy services in the IEP/IFSP.
• Re-evaluations to determine if a student continues to require occupational therapy services in the IEP/IFSP.
• Direct occupational therapy services provided to students with IEPs/IFSPs when provided by licensed OTs or OTAs under the direction of a licensed OT.
SBHS Covered Occupational Therapy Services

• Occupational therapy 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 state the frequency of services required.
  - 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 Occupational Therapy 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 occupational therapy 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 OT/OTA can bill for 4 sessions the following week but must note in the treatment notes the reason for the extra session.
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
How to Bill for Occupational Therapy Services
SBHS Billable Occupational Therapy Codes

- A list of all billable occupational therapy codes can be found in the SBHS Billing Guide under the Coverage Table: Occupational Therapy 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.
SBHS Billable Occupational Therapy 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 the American Occupational Therapy Association (AOTA) or a Current Procedural Terminology (CPT) manual on appropriate use of occupational therapy CPT codes.
SBHS Billable Occupational Therapy Codes: Timed vs. Untimed

- **Timed codes**: Each measure of time as defined by the code description equals one unit.
  - Example: 97110 is timed per 15 minutes (1 unit=15 min)

- **Untimed codes**: Can only be billed as one unit regardless of how long the procedure takes.
  - Example: 95852 is untimed and can only be billed once per day, per provider, per student.

Note: Most occupational therapy codes are “timed”.
Billing for Timed Occupational Therapy 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 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>
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>97112</td>
<td>Neuromuscular reeducation</td>
<td>Timed 15 minutes</td>
</tr>
<tr>
<td>97150</td>
<td>Group therapeutic procedures</td>
<td></td>
</tr>
<tr>
<td>97165</td>
<td>OT eval low complex, 30 min</td>
<td></td>
</tr>
<tr>
<td>97166</td>
<td>OT eval mod complex, 45 min</td>
<td></td>
</tr>
<tr>
<td>97167</td>
<td>OT eval high complex, 60 min</td>
<td></td>
</tr>
<tr>
<td>97168</td>
<td>OT re-eval est plan care</td>
<td></td>
</tr>
<tr>
<td>97530</td>
<td>Therapeutic activities</td>
<td>Timed 15 minutes</td>
</tr>
</tbody>
</table>
Billing for Evaluations and Re-evaluations

• The SBHS program utilizes three occupational therapy evaluation codes and one re-evaluation code:
  ➢ Evaluations codes: 97165, 97166, 97167
  ➢ Re-evaluation codes: 97168

• Even though time is associated with each evaluation code, evaluation codes are untimed.

• Times associated with the evaluation codes are provided as “guidance” for providers in order to determine which code is most appropriate to use.

• Providers should use their professional judgement to determine the most appropriate code to use.

Note: Providers should review the SBHS Billing Guide and the American Occupational Therapy Association (AOTA) for additional information on how to bill for evaluations.
Billing for Evaluations and Re-evaluations

• OTs can bill for annual evaluations/re-evaluations when they result in an IEP or IFSP containing occupational therapy services.
• OTs 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.
• OTs must complete treatment notes for all separate tests/services performed to validate claims.
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.
Referral for Services

• Occupational therapy services must be ordered by a licensed physician or other licensed health care provider within their scope of practice per:
  ➢ Federal regulations (42 CFR 440.110)
• For SBHS, occupational therapists 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 (Chapter 18.59 RCW and Chapter 246-847 WAC).
  ➢ Occupational therapists should review DOH regulations to ensure they are referring and providing services per their scope of practice.
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 97110 and 97150 cannot be billed together on the same day, by the same provider, for the same student.

• **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 97127 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

• 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/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

Treatment notes must contain the following information:

- Student’s name
- Student’s date of birth
- Student’s 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
- Supervising OT must co-sign all treatment notes completed by the OTA
Sample Treatment Note

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

<table>
<thead>
<tr>
<th>School District Name:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (Last, First, M.I.):</td>
<td>Provider ID:</td>
</tr>
<tr>
<td>Student ID:</td>
<td></td>
</tr>
<tr>
<td>Provider Printed Name and Title:</td>
<td></td>
</tr>
<tr>
<td>Service Month/Year:</td>
<td></td>
</tr>
</tbody>
</table>

**Objectives:**
- To improve fine motor coordination
- To improve gross motor coordination
- To improve self-care skills
- To improve academic achievement

**Procedures:**
- Visual motor skills
- Visual perception skills
- Visual selective attention
- Visual spatial skills
- Visual memory skills
- Visual scanning skills
- Visual orientation skills
- Visual tracking skills
- Visual discrimination skills
- Visual organization skills

**Professional Service Log**

<table>
<thead>
<tr>
<th>DATE</th>
<th>GOALS &amp; OBJECTIVES/PROCEDURE ACTIVITY NOTES</th>
<th>PROGRESS INDICATOR</th>
<th>TIME/UNITS</th>
<th>SERVICE</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Addressed/Comments**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

(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 OT or OTA 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.
Examples: Billing for Occupational Therapy 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

Aidan receives occupational therapy services per his IEP. On Tuesday he receives occupational therapy services as follows:

- **24 minutes of neuromuscular reeducation (code 97112)**
- **+22 minutes of therapeutic exercise (code 97110)**

**46 total timed minutes of occupational therapy**

46 minutes falls within the range for 3 units = 38 to 52 minutes.

Appropriate billing for 46 minutes is 3 timed units. Each code is timed per 15 minutes and each service is provided for more than 15 minutes, so each shall be billed for at least 1 unit. The correct coding is two (2) units of code 97112 and one (1) unit of code 97110.
Example 2

- Anthony’s IEP states he requires occupational therapy services 30 min/3x week (90 min/week).
- During the week of April 2, Anthony receives occupational therapy services (15-minute timed code 97110) Monday, Wednesday, and Friday for 30 minutes each day.
- The provider will submit a claim for 2 units of 97110 for M, W, F for a total of 6 units (90 min) of 97110 per week.
Example 3

• Brad’s IEP states he requires occupational therapy services 30 min/3 x week (90 min/week).

• During the week of April 9, Brad receives occupational therapy services (timed code 97110) Monday, Wednesday, Thursday and Friday for 30 minutes each day.

• The provider will submit a claim for 2 units of 97110 for 3 days, for a total of 6 units (90 min) of 97110 per week.

• Even though Brad receives services 4x this week, his IEP states he only requires 30 min/3 x week. Any services provided in addition to what is approved in the IEP cannot be submitted for reimbursement.
Example 4

• Julia’s IEP states she requires occupational therapy services 30 min/3 x week (90 min/week).

• During the week of May 9, Julia receives physical therapy services as follows:
  ➢ Monday: 30 min (97530)
  ➢ Tuesday: 30 min (97530)
  ➢ Wednesday: 15 min (97530)
  ➢ Thursday: 15 min (97530)

• The provider will submit a claim for 2 units of 97530 for Monday and Tuesday and 1 unit of 97530 for Wednesday and Thursday, for a total of 6 units/week (90 min).

• Even though the provider bills for services 4x this week, Wednesday and Thursday were shorter sessions which means the provider will bill the equivalent to what is approved in Julia’s IEP.
Questions?

Shanna Muirhead, SBHS program manager

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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 occupational therapists (OTs) and occupational therapy assistants (OTAs) 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.