

Timed vs. untimed codes, cont.

- ▶ 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

Procedure Code	Short Description	Comments
97112	Neuromuscular reeducation	Timed 15 minutes
97150	Group therapeutic procedures	
97165	OT <u>eval</u> low complex, 30 min	
97166	OT <u>eval</u> mod complex, 45 min	
97167	OT <u>eval</u> high complex, 60 min	
97168	OT re- <u>eval</u> <u>est</u> plan care	
97530	Therapeutic activities	Timed 15 minutes

Timed code

Untimed codes

Timed code

Billing for timed codes

- ▶ For codes timed per 15 minutes, a minimum of 8 minutes must be provided to bill for 1 unit
- ▶ To calculate billing units for 15-minute timed codes, count the total number of minutes provided for the day for the eligible student and divide by 15 to convert to billable units of service per day
 - ▶ **Example:** Provider sees student for 30 minutes and submits a claim using timed 15-min code **97110**. 30 divided by 15 = 2. The provider should bill for **2 units of code 97110**.

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

Billing for untimed codes

- ▶ Untimed codes are not reimbursed based on the time spent providing the service
- ▶ Most untimed codes can only be billed as 1 unit per day, per client, per provider
- ▶ Time-in and time-out must be recorded on treatment notes for all codes, even untimed codes
- ▶ HCA will deny claims submitted with more than the maximum allowable units per day

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 HCA and the SBHS program 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 when provided 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 95852 per day, per student, per provider

PTP and MUE edits can be viewed on the CMS NCCI webpage:
<https://www.medicare.gov/medicare/program-integrity/ncci/edit-files/index.html>

Diagnosis code

- ▶ The SBHS program utilizes one diagnosis code:
 - ▶ R69 (illness, unspecified)
- ▶ The diagnosis code must be entered on each claim in ProviderOne
- ▶ This is added to the claim by the district's third-party biller or the district's SBHS Medicaid coordinator

Time limits to submit claims

- ▶ Providers must submit the initial claim to 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)

Note: Your district may have stricter timelines for treatment note submission to ensure claims are entered into ProviderOne in time.

Documentation Requirements

Documentation requirements

- ▶ 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
- ▶ Treatment notes may be kept in an electronic or handwritten format

Treatment notes

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

Treatment notes, cont.

District uses third-party biller

- ▶ Licensed OTs, OTAs, and non-licensed school staff must be enrolled in the billing agent's documentation software (WAMR, EasyTrac, Embrace, etc.)
- ▶ Providers and non-licensed staff document all services electronically
- ▶ Supervising providers review and co-sign treatment notes kept by OTAs and non-licensed staff
- ▶ Third party biller uploads information from the treatment note into ProviderOne as a billable claim

District self-bills

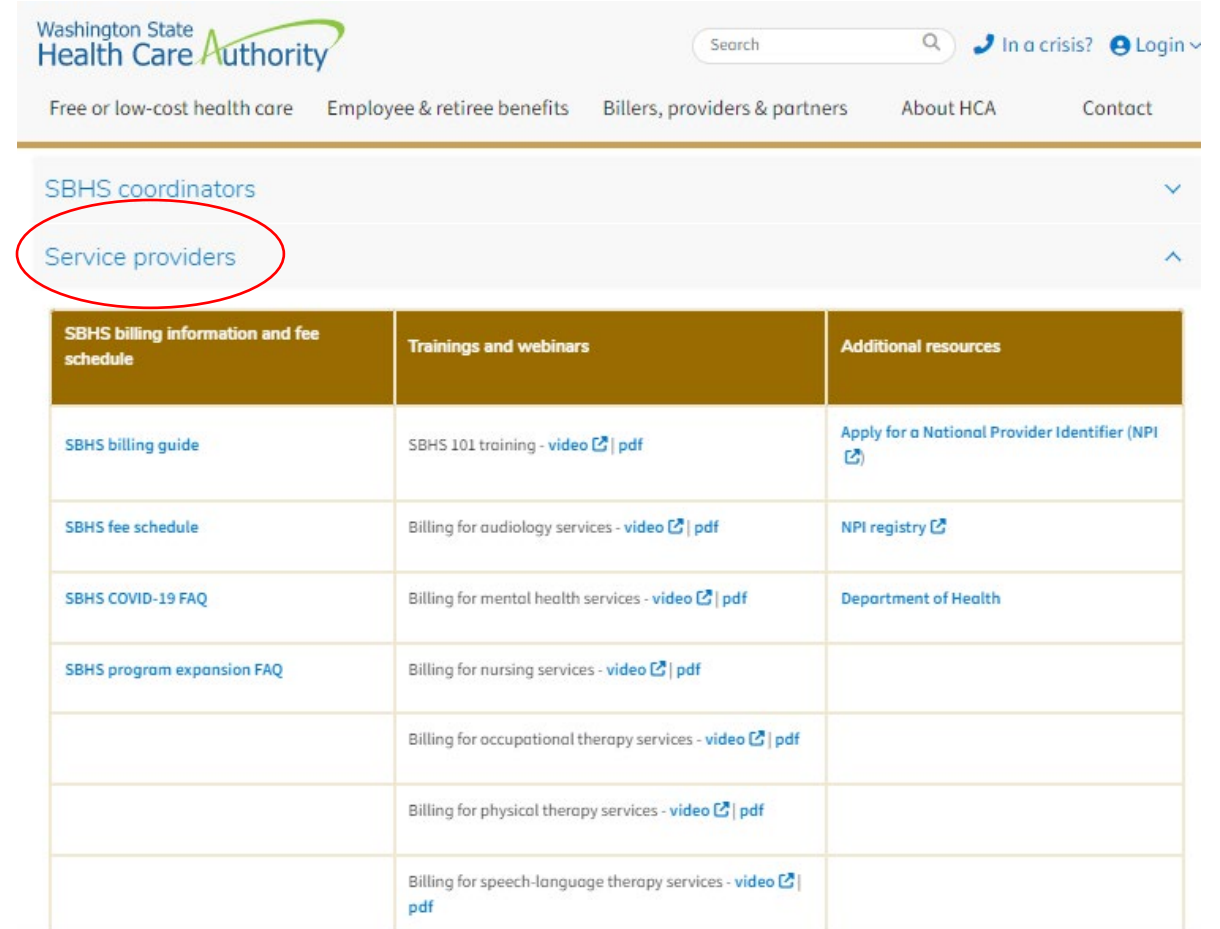
- ▶ Licensed OTs, OTAs, and non-licensed school staff document services provided in either handwritten or electronic treatment notes
 - ▶ Best practice: All providers within the district use the same treatment note template
- ▶ Supervising providers review and co-sign treatment notes kept by OTAs and non-licensed staff
- ▶ District's SBHS Medicaid Coordinator enters information from the treatment note into ProviderOne as a billable claim

Resources

Resources for occupational therapy providers

- ▶ SBHS Billing Guide
- ▶ PDF and recording of this training
- ▶ Link to DOH website
- ▶ Link to NPI registry
- ▶ Past program notifications
- ▶ SBHS program contact information

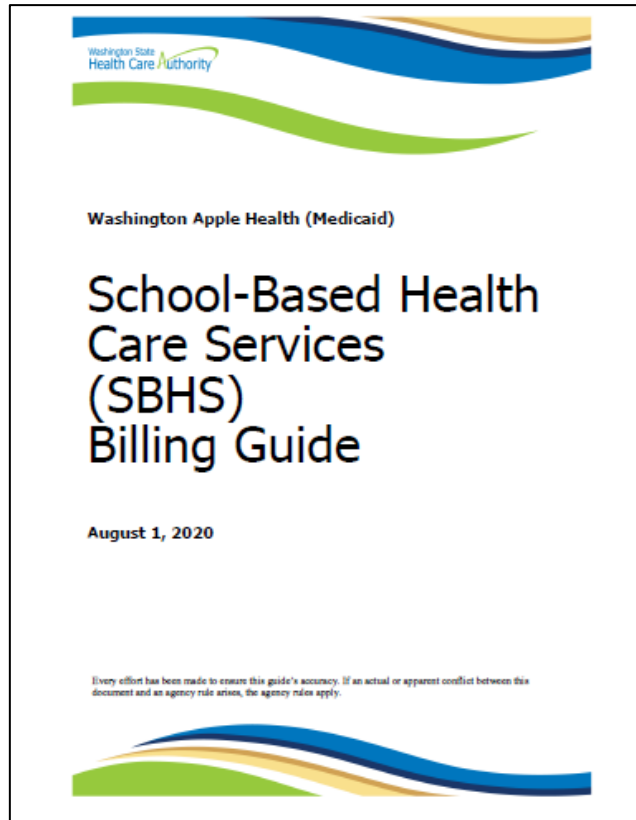
SBHS webpage:
www.hca.wa.gov/sbhs



The screenshot shows the Washington State Health Care Authority website. The navigation menu includes "SBHS coordinators" and "Service providers", with "Service providers" circled in red. Below the menu is a table with three columns: "SBHS billing information and fee schedule", "Trainings and webinars", and "Additional resources".

SBHS billing information and fee schedule	Trainings and webinars	Additional resources
SBHS billing guide	SBHS 101 training - video pdf	Apply for a National Provider Identifier (NPI)
SBHS fee schedule	Billing for audiology services - video pdf	NPI registry
SBHS COVID-19 FAQ	Billing for mental health services - video pdf	Department of Health
SBHS program expansion FAQ	Billing for nursing services - video pdf	
	Billing for occupational therapy services - video pdf	
	Billing for physical therapy services - video pdf	
	Billing for speech-language therapy services - video pdf	

SBHS billing guide

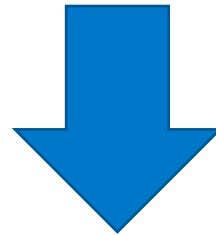


The SBHS Billing Guide is the program manual for SBHS. It contains:

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

SBHS program notifications

- ▶ On the [SBHS webpage](#), providers can view past SBHS newsletters and notifications and can sign-up to receive SBHS notifications



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: To view past program notifications on the Chrome browser, you will need to [install the RSS feed extension for Chrome](#). If viewing on the Microsoft Edge browser you will need to [install the RSS feed extension for Edge](#).

Additional resources

- ▶ Information included in today's training can be found in the [SBHS Billing Guide](#)
- ▶ Occupational therapy providers may also find the following resources helpful:
 - ▶ American Occupational Therapy Association (AOTA) [website](#)
 - ▶ [AMA CPT information](#)

Questions?

Shanna Muirhead, SBHS Program Manager

Email: Shanna.Muirhead@hca.wa.gov

Office phone: (360) 725-1153

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

Disclaimer

This training is intended as guidance only for occupational therapy 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, SBHS contract or other Federal and State Medicaid policies and procedures.