

Timed vs. untimed codes, cont.

- ▶ The comments column in the [SBHS Program 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
92570	Acoustic immittance testing	
92607	Ex for speech device rx 1 hr	Timed 60 minutes
92608	Ex for speech device rx addl	Timed additional 30 minutes
92609	Use of speech device service	
92610	Evaluate swallowing function	
92630	Aud rehab pre-ling hear loss	
92633	Aud rehab postling hear loss	

Timed codes

Untimed codes

Billing for untimed codes

- ▶ Untimed codes are not reimbursed based on time spent performing a procedure
- ▶ 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 denies 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 92507 and 92508 cannot be billed together on the same day.
- ▶ **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 92508 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 Program 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 SLPs, SLPAs, interim permit holders 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 SLPAs, interim permit holders, and non-licensed staff
- ▶ Third party biller uploads information from the treatment note into ProviderOne as a billable claim

District self-bills

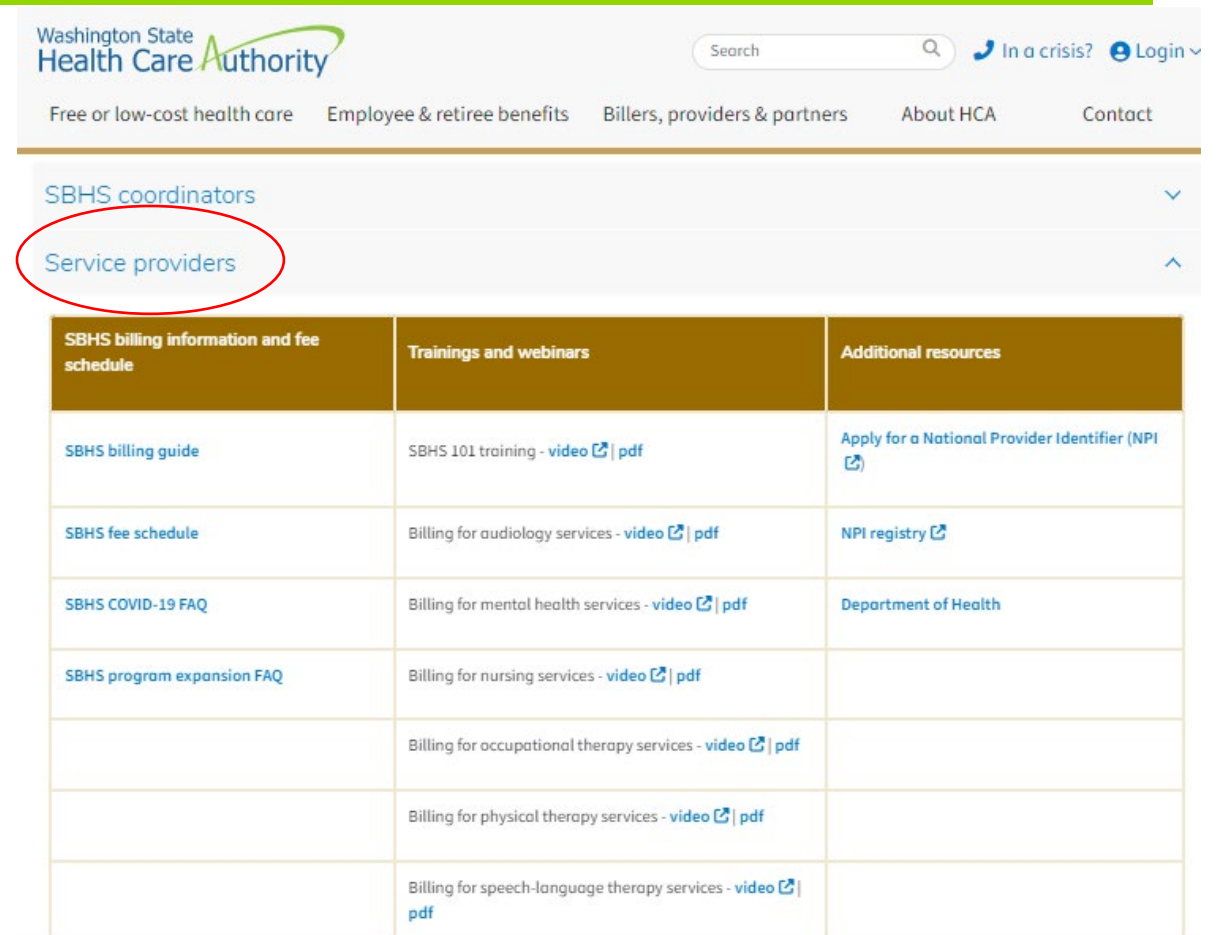
- ▶ Licensed SLPs, SLPAs, interim permit holders and non-licensed school staff document services provided in either handwritten or electronic treatment notes
 - ▶ Best practice: All providers within the district use the same treatment note template
- ▶ Supervising providers review and co-sign treatment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

Resources

Resources for school-based speech-language therapy providers

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

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



Washington State Health Care Authority

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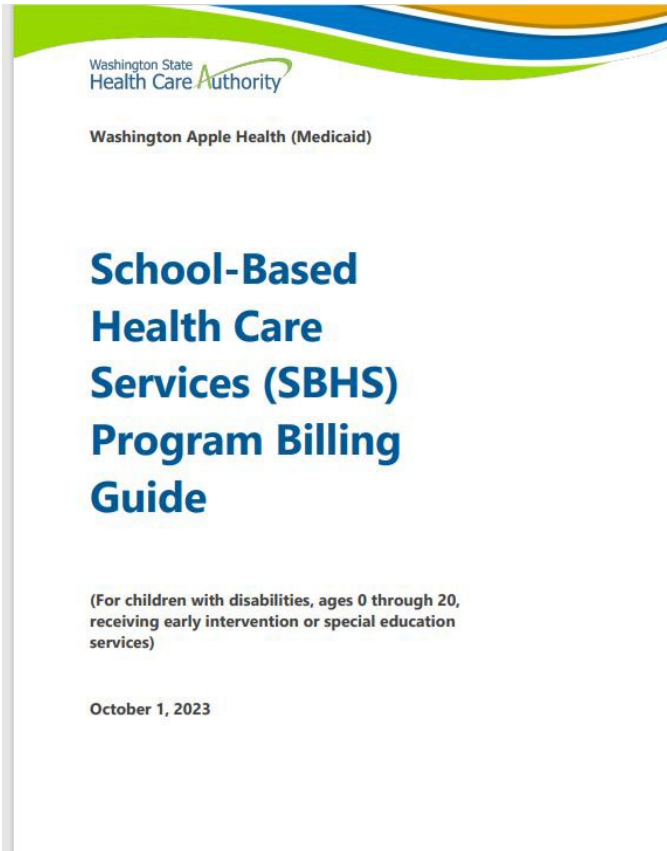
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[SBHS coordinators](#) ▼

[Service providers](#) ▲

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 Program Billing Guide

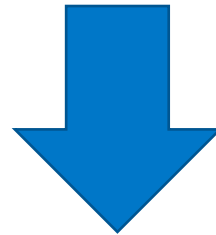


The SBHS Program Billing Guide contains:

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

SBHS Program notifications

- ▶ On the [SBHS Program 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 Program Billing Guide](#)
- ▶ School-based speech-language therapy providers may also find the following resources helpful:
 - ▶ American Speech-Language-Hearing Association (ASHA) [website](#)
 - ▶ [AMA CPT information](#)

Questions?

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

Disclaimer

This training is intended as guidance only for speech-language 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 Program Billing Guide, SBHS WAC, SBHS contract or other Federal and State Medicaid policies and procedures.