SBHS Webpage


- SBHS Billing Guide
- Checklist for new districts
- Checklist for new coordinators
- ProviderOne resources/trainings
- SBHS trainings for coordinators
- SBHS trainings for providers
- SBHS program notifications
- Sample SBHS contract
- IGT flowchart
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
• Receiving services through SBHS does not affect services a child receives outside of school
## Benefits of SBHS

The SBHS program allows school districts to recover a portion of the costs incurred for providing health related services to Medicaid eligible students. Funding can be used in a variety of ways:

- Funding additional staff
- Assistive technology
- Professional development

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Medicaid and IDEA
Medicaid 101

• Medicaid is regulated federally by the Centers for Medicare and Medicaid Services (CMS) and is administered differently in each state
• Each state has flexibility regarding how they structure their Medicaid program, but all states must follow CMS guidelines and regulations
• In WA State, the Medicaid program is known as Apple Health
History of Medicaid & IDEA

1965. Title XIX of Social Security Act (the Act) establishes a Federal–state matching entitlement program known as Medicaid.


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.
SBHS Participation Requirements

WAC 182-537-0600
Who Can Participate in SBHS?

The following entities can hold a contract with the HCA and participate in the SBHS program:

• Public school districts
• Educational service districts
• Charter schools
• Tribal schools

A list of SBHS contracted districts and ESDs is available on the [SBHS webpage](#).
SBHS Participation Requirements

- Enter into a contract with HCA
- Enroll as a billing provider in ProviderOne
- Enroll qualified school district providers and contracted providers as servicing providers under the school district’s ProviderOne account
- Assign 1-2 school staff as SBHS coordinator(s)
SBHS Participation Requirements, cont.

• Follow program requirements and bill according to the SBHS Billing Guide, Chapter 182-537 WAC, and the SBHS contract
• Sign up to receive SBHS email updates (GovDelivery)
• Decide whether your district will:
  ➢ Self-bill; or,
  ➢ Contract with a billing agent for assistance with Medicaid billing
    ▪ Billing agents are not affiliated with the HCA
Role of the SBHS Coordinator

Each school district should assign at least one staff member as the SBHS coordinator. The role of the SBHS coordinator may vary by school district. Tasks and activities will most likely include:

- Enrolling eligible providers in ProviderOne
- Collecting treatment notes from providers and entering claims in ProviderOne (self-billing districts)
- Maintaining and submitting the Provider and Contact Update Form (HCA Form 12–325)
- Forwarding IGT A–19 invoices to appropriate school district fiscal or accounting staff
- Receiving SBHS GovDelivery messages and communicating program updates with providers and school district staff
New to SBHS?

Checklist for new districts

- **Download** this document if you are not currently contracted with but are interested in participating in the SBHS program

Checklist for new SBHS coordinators

- **Download** this document if your school district is already contracted with SBHS and you have been designated as the “SBHS coordinator”
ProviderOne
ProviderOne

- **ProviderOne** is WA State’s free, secure billing system for fee-for-service Medicaid claims
- The first step after signing a contract with SBHS is to set up a ProviderOne (P1) account
- All providers participating in SBHS must be enrolled as servicing providers under the school district’s P1 account
- SBHS coordinators or billing agents enter claims into ProviderOne
ProviderOne Resources for New Districts

• **How to enroll as a billing provider** (setting up a ProviderOne account)
  - School districts must have a signed contract with the SBHS program prior to setting up their ProviderOne account

• **How to enroll servicing providers**

• **How to access ProviderOne**
ProviderOne Training

In addition to online trainings, the SBHS program provides 1:1 ProviderOne training to SBHS coordinators if requested

• Contact the SBHS program manager at shanna.muirhead@hca.wa.gov to schedule ProviderOne training

• Before scheduling training, the district must have an active ProviderOne account and the person receiving training must have access to ProviderOne
Student Eligibility

WAC 182-537-0300
Which Students are Eligible?

- Birth through age 2 (Part C) with individualized family service plan (IFSP)
- Age 3 through age 20 (Part B) with individualized education program (IEP)
- Active Title XIX Medicaid coverage
- Parental consent (per IDEA regulations)
Consent to Access Public Benefits

- IDEA regulations require a one-time written consent to verify Medicaid eligibility for school-based Medicaid reimbursement.
- New consent is required if a student transfers school districts.
- *Notification for the Disclosure of Student Information* must be provided annually.
- Parents may revoke consent at any time.

- **Part B consent forms**
  - *Part B consent questions*: OSPI Special Education
  - medicaidreports@k12.wa.us

- **Part C consent forms**
  - *Part C consent questions*: DCYF Early Support for Infants and Toddlers, ESIT@del.wa.gov
Confirming Medicaid Eligibility

• Additional student eligibility information is available in the [SBHS Billing Guide](#)
• School districts can confirm Medicaid eligibility in ProviderOne
• HCA’s [Checking Medicaid Eligibility](#) training provides step-by-step instructions
• If your district contracts with a billing agent, you may receive a monthly eligibility report from the billing agent
SBHS Eligible Providers

[ Link to WAC 182-537-0350 ]
SBHS Eligible Providers

In order for school districts to receive reimbursement through SBHS, providers must meet federal and state requirements which include:

- Holding active licensure with the WA State Department of Health (DOH)
- Obtaining a National Provider Identifier (NPI) through NPPES
  
SBHS Eligible Providers

• Providers may be school staff or contracted providers
• Providers working at multiple districts must be enrolled under each district's ProviderOne account
• ESA certification is not required in order to bill Medicaid
SBHS Eligible Providers

- Licensed audiologist
- Licensed independent clinical social worker (LiCSW)
- Licensed advanced social worker (LiACSW)
- Licensed mental health counselor (LMHC)
- Licensed mental health counselor associate (LMHCA)
- Registered nurse (RN)
- Licensed practical nurse (LPN)
- Non-licensed school staff providing delegated nursing tasks
- Occupational therapist (OT)
- Occupational therapy assistant (COTA, OTA)
- Physical therapist (PT)
- Physical therapy assistant (PTA)
- Speech language pathologist (SLP)
- Speech language pathology assistant (SLPA)
- Licensed psychologist

A list of SBHS eligible provider types and additional information is available in the SBHS Billing Guide.
Enrolling Providers in ProviderOne

• All eligible providers participating in SBHS must be enrolled as servicing providers under the school district’s ProviderOne account
  ➢ Non-licensed school staff performing delegated nursing tasks do not need to be enrolled in ProviderOne. Nursing services provided by non-licensed staff are billed under the supervising RN’s license and NPI.

• View How to Enroll Servicing Providers Training for step-by-step directions on how to enroll providers in ProviderOne

• Provider Enrollment: 1-800-562-3022 ext. 16137
Provider Taxonomy Codes

- Federal rules allow providers to use multiple taxonomy codes based on their specialties.
- For the SBHS program, school districts must enroll their providers with the SBHS approved taxonomy codes listed below.
- SBHS approved taxonomy codes are also listed in the SBHS Billing Guide:

<table>
<thead>
<tr>
<th>Servicing Provider Type</th>
<th>Servicing Provider Taxonomy</th>
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<tbody>
<tr>
<td>Audiologist</td>
<td>231H00000X</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>164W00000X</td>
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<tr>
<td>Mental Health Counselor</td>
<td>101YS0200X</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>22SX00000X</td>
</tr>
<tr>
<td>Occupational Therapist Assistant</td>
<td>224Z00000X</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>225100000X</td>
</tr>
<tr>
<td>Physical Therapist Assistant</td>
<td>225200000X</td>
</tr>
<tr>
<td>Psychologist</td>
<td>103TS0200X</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>163WS0200X</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1041S0200X</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>235Z00000X</td>
</tr>
<tr>
<td>Speech Therapist Assistant</td>
<td>2355S0801X</td>
</tr>
</tbody>
</table>
Provider Backdate Process

- HCA’s Office of Provider Enrollment enrolls providers in ProviderOne with a September 1 start date for the current school year if:
  - The provider’s license was active on 9/1
  - The provider was employed by or contracted with the district on 9/1

- If a provider is not backdated correctly, email the SBHS program manager at shanna.muirhead@hca.wa.gov
Provider and Contact Update Form
(HCA Form 12-325)

• Required annually by October 31 and throughout the year as changes occur
• Form must list **ALL** providers who participate in SBHS, recently resigned providers, and current school district contact information
• Blank form is available on the [SBHS webpage](http://www.sbhs.wa.gov)
• Email or fax completed form to the SBHS program manager at shanna.muirhead@hca.wa.gov or 360-725-1152
School districts must maintain a signature log to support signature identity and must include the provider’s:

- Printed name
- Handwritten signature
- Initials
- Credentials
- License number
- NPI

**Note:** Districts do not need to submit the signature log to HCA, but it must be kept on file with the district and made available for SBHS monitoring activities.

A [sample signature log](#) is available on the SBHS webpage. Districts may use the sample signature log or they may use their own log as long as the form contains all elements listed above.
Online Trainings

Servicing providers participating in the SBHS program should review the training specific to their provider type to ensure they understand program requirements:

- **SBHS Billing Guide**
- Billing for audiology services - [training video](#) / [pdf](#)
- Billing for counseling services - [training video](#) / [pdf](#)
- Billing for nursing services - [training video](#) / [pdf](#)
- Billing for occupational therapy services - [training video](#) / [pdf](#)
- Billing for physical therapy services - [training video](#) / [pdf](#)
- Billing for speech-language therapy services - [training video](#) / [pdf](#)
- NCCI edits training
Covered Services

WAC 182-537-0400
Covered Services

Health-care related services included in the student’s IEP or IFSP limited to:

- Audiology services
- Counseling services
- Nursing services
- Occupational therapy services
- Physical therapy services
- Psychological assessments/services
- Speech-language therapy services
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

Note: Evaluations and re-evaluations are reimbursable only if they result in an IEP or IFSP in the specific service being evaluated. Parental consent must be obtained prior to billing for an evaluation.
In order to be reimbursable, health care services must be included in the IEP/IFSP summary of service matrix with the frequency of services and the staff responsible for delivering the 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 SBHS program will not reimburse for services provided in excess of what is authorized in the IEP/IFSP.

Example: If a student’s IEP states the student requires physical therapy services 2x/week but the student receives services 3x/week, the provider can only bill for two sessions.
Make-Up Sessions

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 PT services 30 minutes/3 x week. The student receives services on Monday and Wednesday but is out sick on Friday and misses her third session. The physical therapist can bill for four (4) sessions the following week but must note in the treatment notes the reason for the extra session.
SBHS Billing Codes

• A list of all SBHS billable codes are available in the SBHS Billing Guide
• CPT/HCPCS codes are developed and owned by the American Medical Association (AMA)
• 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
Timed vs. Untimed Codes

- All CPT/HCPCS codes are either timed or untimed
- The SBHS Billing Guide provides detailed instructions on how to bill for timed and untimed codes
- In addition, provider specific trainings available on the SBHS webpage provide directions and examples on billing for timed and untimed codes
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 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
National Correct Coding Initiative, cont.

More information can be found in the:

• [NCCI edits training tool](#)
• [SBHS Billing Guide](#)
Telemedicine

• Covered SBHS services may be reimbursable when delivered via telemedicine

• Detailed instructions on how to bill for services delivered via telemedicine is available in the SBHS Billing Guide
SBHS Billing Guide & Fee Schedule
The **SBHS Billing Guide** is the program manual for SBHS. It contains:

- Program requirements
- Provider qualifications
- Billing requirements
- Billable codes
- Documentation requirements
- And more!
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SBHS Billing Guide

- Coverage table:

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<th>Procedure Code</th>
<th>Short Description</th>
<th>Comments</th>
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<td>95851</td>
<td>Range of motion measurements</td>
<td>See MUE guidelines for maximum allowable billable units.</td>
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<td>95852</td>
<td>Range of motion measurements</td>
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<td>97110</td>
<td>Therapeutic exercises</td>
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<td>97112</td>
<td>Neuromuscular reeducation</td>
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<td>97124</td>
<td>Massage therapy</td>
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<td>97139</td>
<td>Physical medicine procedure</td>
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<tr>
<td>97150</td>
<td>Group therapeutic procedures</td>
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<tr>
<td>97161</td>
<td>PT eval low complex, 20 min</td>
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<tr>
<td>97162</td>
<td>PT eval mod complex, 30 min</td>
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<tr>
<td>97163</td>
<td>PT eval high complex, 45 min</td>
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</tr>
<tr>
<td>97164</td>
<td>PT re-eval est plan care</td>
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<tr>
<td>97530</td>
<td>Therapeutic activities</td>
<td>Timed 15 minutes</td>
</tr>
<tr>
<td>97555</td>
<td>Self-care management training</td>
<td>Timed 15 minutes</td>
</tr>
<tr>
<td>97537</td>
<td>Community/work reintegration</td>
<td>Timed 15 minutes</td>
</tr>
</tbody>
</table>

- SBHS Billing Guide lists all reimbursable codes
- Short description of each code is listed
- “Comments” column indicates if code is “timed” or “untimed”
SBHS Billing Guide

• All providers and SBHS coordinators should have a copy of the most current SBHS Billing Guide
• The guide is typically updated annually and may be updated quarterly
• A link to the current SBHS Billing Guide and previous SBHS Billing Guides are available on the SBHS webpage
SBHS Fee Schedule

• Provides the rate for each code
• Self-billing districts use the fee schedule to determine what rate to enter on claims in ProviderOne
• Fee schedule is updated each July
• A link to the current and previous SBHS fee schedules is available on the SBHS webpage
Documentation Requirements

WAC 182-537-0700
Documentation Requirements

Medicaid providers must maintain documentation to verify the level, type, and extent of services provided to each student to fully justify the services and billing.

Documentation must be maintained for six (6) years from the date of service.

Documentation may be stored electronically.
Treatment Notes

Treatment notes must contain the:

- Child’s name
- Child’s date of birth
- Child’s ProviderOne client ID
- Date of service, and for each date of service:
  - Time-in
  - Time-out
  - A corresponding procedure code(s)
  - A description of each service provided
  - The child’s progress related to each service
  - Whether the treatment described in the note was individual or group therapy (for OT, PT, SLP, audiology, and counseling services)
Sample Treatment Note

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

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<thead>
<tr>
<th>Professional Service Log</th>
<th>Progress Indicator</th>
<th>Time/Units</th>
<th>Service Type</th>
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</table>

**Goals & Objectives:**
- Fine Motor Manipulation Skills
- Visual Perceptual Skills
- Self Care Skills
- Balance Skills
- Visual Motor Skills
- Sensory Integration
- Bladder Intactness
- Occupational Therapy
- Speech Therapy
- Physical Therapy
- Mental Health

**Procedures:**
1. Visual Motor Integration
2. Fine Motor Activities
3. Sensory Processing
4. Sequencing
5. Visual Perceptual Skills
6. Motor Coordination
7. Self-Care Skills
8. Balance Skills
9. Visual Motor Skills
10. Sensory Integration
11. Bladder Intactness
12. Occupational Therapy
13. Speech Therapy
14. Physical Therapy
15. Mental Health

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**Sample Treatment Note**

- School District Name:
- School:
- Student Name (Last, First, M): Provider One ID:
- Student DOB:
- Provider Name and Title:
- Service Month/Year:

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**Provider Signature:**
(Provider Signature)
Date:

**Supervisor Signature:**
(Supervisor Signature if applicable)
Date:
Signature Requirements

• Federal and state law requires health records to be authenticated by the person who performed the service
• Providers must sign all treatment notes
• Supervising providers must sign off on all treatment notes kept by assistants
• Electronic signatures are allowable
• A signature log must be maintained by each district
  ▶ Districts can use the sample signature log located on the SBHS webpage
Referral for IEP/IFSP Services

For the SBHS program, the following providers may prescribe services for an IEP/IFSP per their scope of practice:

- Licensed audiologists
- Licensed social workers
- Licensed mental health counselors
- Licensed psychologists
- Licensed occupational therapists
- Licensed physical therapists
- Licensed speech language pathologists
Referral/Prescription for Nursing Services

A physician’s referral/treatment order is required for IEP/IFSP nursing services.

A physician’s prescription is required for all medications provided per a student’s IEP/IFSP.
Billing and Payment Requirements

WAC 182-537-0600
SBHS General Billing Requirements

• Contracted districts must bill according to the current SBHS Billing Guide, SBHS WAC 182-537 and the SBHS contract

• Claims must be submitted to HCA:
  ➢ Within 365 calendar days from the date of service (WAC 182-502-0150)
  ➢ Within twenty-four (24) months of the date the service, a provider may resubmit, modify, or adjust an initial claim (WAC 182-502-0150)

• Districts must submit local match to HCA per the IGT process within 120 days of invoice
How to Submit SBHS Claims

• Training is available for self-billing districts on the SBHS webpage:
  ➢ How to submit SBHS claims

• Districts contracted with a billing agent need to work with the billing agent on claim submission process
How are School Districts Reimbursed?

1. Provider renders service to student.
2. Provider documents services in treatment notes.
3. Provider submits treatment notes to SBHS coordinator or billing agent.
4. SBHS coordinator or billing agent enters claims in ProviderOne.
5. Claims entered incorrectly deny. Claims entered correctly are placed in suspended status.
6. HCA determines local match due based on the amount of claims entered.
7. HCA emails invoice to SBHS coordinator.
8. SD receives invoice for the local match due.
9. SD sends local match to HCA via EFT or check.
10. HCA receives match from district and releases claims for payment.
11. SD receives payment in the form of EFT or check.
Intergovernmental Transfer Process

- School districts are reimbursed through an intergovernmental transfer (IGT) process.
- School districts submit 30% of the claim amount before claims are released for payment.
- The IGT flowchart explains the process in detail and is available on the SBHS webpage.
SBHS IGT Invoice Process

• After claims are entered into ProviderOne, HCA’s accounting staff emails the district an A-19 invoice and an Excel spreadsheet with a list of billed claims
• Districts are invoiced as soon as there is a significant amount of claims in ProviderOne
• Invoicing timeframe for each district may vary
• Districts have 120 days from the invoice date to submit local match to HCA
• HCA’s accounting staff emails reminders to the district at 30, 60, & 90 days and a final notice is emailed at 120 days if local match is not received
• Local match may be submitted to HCA via paper check or electronically
• If local match is not received after 120 days of invoicing, claims will be denied
Remittance Advice (RA)

• Districts can download and view remittance advices (RA) in ProviderOne:
  ➢ Reading the remittance advice

• Districts can view paid, denied, in process claims on the RAs

• Coordinators should share RAs with school fiscal staff who process the local match
Provider Revalidation

WAC 182-502-0016
Provider Revalidation

• School districts participating in the SBHS program are required to participate in provider revalidation activities every five (5) years.
• When a school district is selected for revalidation, HCA’s Office of Provider Enrollment notifies the district’s business office via letter.
• Districts can contact Provider Enrollment, 1-800-562-3022 ext. 16137, for assistance with completing revalidation or questions related to the revalidation process.
HCA is federally required to collect the following information:

- Updated disclosures of ownership/managing employees
  - Managing employee is defined as a general manager, business manager, administrator, director or other person who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency
  - All disclosing entities must provide the name, address, date of birth (DOB), and Social Security Number (SSN) of any managing employee
  - It is at each school district’s discretion to determine which school district personnel meets the definition of “managing employee”.

- More information about the Provider Revalidation process can be found in the SBHS Billing Guide
Program Monitoring

WAC 182-537-0800
Program Monitoring

• On-site or desk reviews
• District is notified via email and via letter
• HCA recovers overpayments if a school district is found out of compliance with Medicaid and program requirements
• Documentation requested during monitoring includes but is not limited to:
  – Current and previous IEPs/IFSPs
  – Treatment notes
  – Attendance records
  – Evaluations/assessment reports
## Contact List

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SBHS program questions/billable services</strong></td>
<td>• SBHS program manager, <a href="mailto:shanna.muirhead@hca.wa.gov">shanna.muirhead@hca.wa.gov</a>, (360) 725-1153</td>
</tr>
</tbody>
</table>
| **Claim issues/questions** | • Self biller: HCA’s Provider Relations, [ProviderRelations@hca.wa.gov](mailto:ProviderRelations@hca.wa.gov)  
• Non-self biller: Contact your billing agent |
| **Locked out of ProviderOne** | • ProviderOne Security, [Provideronesecurity@hca.wa.gov](mailto:Provideronesecurity@hca.wa.gov), 1-800-562-3022 ext. 59991 |
| **Updating provider information in ProviderOne/Enrolling new providers** | • HCA’s Provider Enrollment, [ProviderEnrollment@hca.wa.gov](mailto:ProviderEnrollment@hca.wa.gov), 1-800-562-3022 ext. 16137 |
| **A-19 invoice/local match questions** | • HCA’s accounting office, [HCASchoolBased@hca.wa.gov](mailto:HCASchoolBased@hca.wa.gov) |
| **WAMR, EasyTrac, HealthOffice Anywhere, EmbraceIEP** | • Contact your billing agent (Leader, PCG, Embrace) |
## Additional Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOH license status</strong></td>
<td>Department of Health, <a href="mailto:hsqa.csc@doh.wa.gov">hsqa.csc@doh.wa.gov</a>, 360–236–4700</td>
</tr>
<tr>
<td><strong>National provider identifier (NPI)</strong></td>
<td><a href="https://nppes.cms.hhs.gov">National Plan and Provider Enumeration System (NPPES)</a></td>
</tr>
</tbody>
</table>
| **Parental consent/annual notification**     | **Part B (IEP):** OSPI, Office of Special Education, [medicaidreports@k12.wa.us](mailto:medicaidreports@k12.wa.us), 360–725–6075  
**Part C (IFSP):** DCYF, Early Support for Infants and Toddlers, [esit@del.wa.gov](mailto:esit@del.wa.gov), 360–725–3500 |
Questions?

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

Resources
SBHS Billing Guide
SBHS Fee Schedule
SBHS WAC

Sign up to receive SBHS email updates!
NOTE: The purpose of this training is to provide guidance to contracted school districts participating in the SBHS program. The information in this training does not supersede the current SBHS Billing Guide, SBHS WAC 182-537, other agency rules, 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.