

Health and Recovery Services Administration



School-Based Healthcare Services for Children in Special Education

Billing Instructions

ProviderOne Readiness Edition

[Chapter 388-537 WAC]

About This Publication

This publication supersedes all previous the Department/HRSA *School-Based Healthcare Services for Children in Special Education Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services.

Note: The Department now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

Effective Date

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Fee Schedule

You may access the Department/HRSA School-Based Healthcare Services Fee Schedule at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html#s>.

How Can I Get Department/HRSA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).

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Important Contacts

Note: This section contains important contact information relevant to School-Based Healthcare Services for Children in Special Education. For more contact information, see the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	See the Department/HRSA <i>Resources Available</i> web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html
Finding out about payments, denials, claims processing, or Department managed care organizations	
Contacting Provider Enrollment or Provider Relations	
Electronic or paper billing	
Finding The Department documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Department managed care	
Contacting Coordination of Benefits	
Prior authorization, limitation extensions, or exception to rule	

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Assessment – An assessment is made up of tests given to an individual child by qualified professionals to evaluate whether a child is determined to be a child with a disability and is in need of special education and related services. Assessments are a part of the evaluation and re-evaluation process.

Child with a disability – A child with a disability means a child evaluated and determined to need special education and related services because of a disability in one or more of the following eligibility categories:

- Autism.
- Deaf – blindness.
- A developmental delay for children ages three through nine, with an adverse educational impact, the results of which require special education and related direct services.
- Hearing impairment (including deafness).
- Mental retardation.
- Multiple disabilities.
- Orthopedic impairment.
- Other health impairment.
- Serious emotional disturbance (emotional behavioral disturbance).
- Specific learning disability.
- Speech or language impairment
- Traumatic brain injury.
- Visual impairment (including blindness).

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

Current procedural terminology (CPT™) – A systematic listing of descriptive terms and identifying codes for reporting medical services, procedures, and interventions performed by physicians and other practitioners who provide physician-related services. CPT is copyrighted and published annually by the American Medical Association.

Direct Healthcare Services – Services provided directly to a child either one on one or in a group setting.

Disability – The functional consequences of an impairment.

Educational Staff Associate Certificate – The ESA certificate is an official document that attests to minimum prerequisites of age, moral character/fitness, education, experience, competence, and preparation program, depending on the certificate type. The certificate is required to serve in a Washington Public School.

Evaluation – Procedures used to determine whether a student has a disability, and the nature and extent of the special education and related services needed.
[See WAC 392-172A-03005 through 03080]

School-Based Healthcare Services for Children in Special Education

Fee –for-service – The general payment method the Department uses to reimburse providers for covered medical services provided to medical assistance clients when those services are not covered under the Department’s managed care plans or state children’s health insurance program (SCHIP).

Healthcare Common Procedure Coding System (HCPCS) - Standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office.

Individuals with Disabilities Education Act (IDEA) – The IDEA is a United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities. It addresses the educational needs of children with disabilities from birth to the age of 21.

Individualized Education Program (IEP) - A written statement of an educational program for a student eligible for special education. [See WAC 392-172A-03095]

Maximum Allowable Fee – The maximum dollar amount that the Department reimburses a provider for specific services, supplies, and equipment.

Medical Identification card(s) – See *Services Card*.

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.

For example: 123456789WA.

Qualified healthcare provider – [See WAC 388-537-0350]

Re-evaluation – Procedures used to determine whether a student continues to be in need of special education and related services. [See WAC 392-172A-03015]

Related Services - Developmental, corrective, and other supportive services required to assist an eligible student to benefit from special education. For purposes of the School Based Healthcare Services Program related services include:

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

Services Card – A plastic “swipe” card that the Department issues to each client on a “one- time basis.” Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client’s name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Usual and customary fee – The charge that may be billed to the Department for certain services, supplies, or equipment. This charge may not exceed:

- 1) The usual and customary charge billed to the general public for the same services; or
- 2) If the general public is not served, the established charge normally offered to other contractors for the same services.

About the Program

What Is the Purpose of the School-Based Healthcare Services Program? [Refer to WAC 388-537-0100]

School-based Healthcare Services for special education students may be diagnostic, evaluative, habilitative, or rehabilitative in nature and must be based on the student's medical needs.

The Department pays school districts for school-based healthcare services delivered to Medicaid enrolled children in special education in accordance with the Individuals with Disabilities Education Act (IDEA). The services must:

- Address the physical and/or mental disabilities of a child;
- Be prescribed or recommended by a physician or other qualified healthcare provider within his or her scope of practice under state law; and
- Be included in the child's Individualized Education Program (IEP).

What Services Does the Department Pay for? [Refer to WAC 388-537-0400]

The Department pays school districts for the following school-based healthcare services:

- Evaluations, when the child is determined to be a child with a disability and in need of special education and related services;
- Direct healthcare services including:
 - ✓ Audiology;
 - ✓ Counseling;
 - ✓ Nursing;
 - ✓ Occupational Therapy;
 - ✓ Physical therapy;
 - ✓ Psychological assessments;
 - ✓ Speech – language therapy; and
- Re-evaluations, to determine whether the child continues to need special education and related services.

Client Eligibility

Who Is Eligible? [Refer to WAC 388-537-0300 (1)]

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Note: Refer to the *Scope of Coverage Chart* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

How Is Eligibility For School-Based Healthcare Services Determined?

To determine if a child is eligible for medical assistance from the State of Washington, the parent or guardian must file an application with the Community Service Office (CSO). Applications may be completed and filed on-line or mailed to the local CSO.

To determine eligibility, all the information must be filed with the CSO. When all the information has been received, an eligibility worker will determine if the child qualifies for medical assistance.

For further information regarding applying for benefits, the parent or guardian may contact the Medical Assistance Customer Service Center (see *Important Contacts*).

Are Clients Enrolled in a Managed Care Plan Eligible?

[Refer to WAC 388-537-0500]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in a Department managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. Eligible students enrolled in a managed care plan receive school-based healthcare services on a fee-for-service basis. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

Note: To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Provider Qualifications

Who May Deliver School-Based Healthcare Services?

[Refer to WAC 388-537-0350]

School-based healthcare services must be delivered by healthcare providers who meet federal and state requirements and who operate according to Washington state law within the scope of the provider’s license. See the following categories of service for more information:

Service	Qualified Provider
Audiology	<ul style="list-style-type: none"> • A licensed audiologist; or • A school-based audiologist who: <ul style="list-style-type: none"> ✓ Meets the education and work experience necessary for a state professional license; ✓ Holds a valid school audiologist educational staff associate certificate; and ✓ Limits their audiology services to the school setting.
Counseling	<ul style="list-style-type: none"> • A licensed independent social worker; • A licensed advanced social worker; • A licensed mental health counselor; or • A school based social worker or mental health counselor who: <ul style="list-style-type: none"> ✓ Meets the education and work experience necessary for a state professional license; ✓ Holds a valid school social worker or school counselor educational staff associate certificate; and ✓ Limits their counseling services to the school setting.

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School-Based Healthcare Services for Children in Special Education

(Cont.)

Service	Qualified Provider
Nursing Services	<ul style="list-style-type: none"> • A licensed registered nurse; • A licensed practical nurse; or • A non credentialed school employee who is delegated certain limited healthcare tasks and is trained and supervised by a registered nurse according to professional practice standards.
Occupational Therapy	<ul style="list-style-type: none"> • A licensed occupational therapist; or • A certified occupational therapy assistant supervised by a licensed occupational therapist in accordance with professional practice standards.
Physical Therapy	<ul style="list-style-type: none"> • A licensed physical therapist; or • A licensed physical therapist assistant, supervised by a licensed physical therapist in accordance with professional practice standards.
Psychology	<ul style="list-style-type: none"> • A licensed psychologist; • A school-based psychologist who: <ul style="list-style-type: none"> ✓ Holds a masters degree in school psychology; and ✓ Holds a valid school psychologist educational staff associate certificate; and ✓ Limits their psychology services to the school setting; or • A school-based psychologist who: <ul style="list-style-type: none"> ✓ Holds a doctoral degree in psychology; ✓ Holds a valid school psychologist educational staff associate certificate; and ✓ Limits their psychological services to the school setting.

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(Cont.)

Service	Qualified Provider
Speech Therapy	<ul style="list-style-type: none"> • A licensed speech-language pathologist; or • A speech language pathology assistant who has graduated from a speech-language pathology assistant program, and is supervised by a speech-language pathologist with a certificate of clinical competence (CCC) in accordance with professional practice standards; or • A school based speech language pathologist who: <ul style="list-style-type: none"> ✓ Meets the education and work experience necessary for a state professional license; ✓ Holds a valid school speech language pathologist educational staff associate certificate; and ✓ Limits their speech therapy services to the school setting.

For services provided under the supervision of a physical therapist, occupational therapist or speech language pathologist the following requirements apply:

- The nature, frequency and length of the supervision must be provided in accordance with professional practice standards and adequate to assure the child receives quality therapy services.
- At a minimum, supervision must be one-on one communication between the supervisor and the supervised professional.
- Documentation of supervisory activities must be on record and available to the department upon request.

Licenses, Certificates, and Practitioner Qualifications

Services must be provided by licensed or certified personnel. School districts must list each qualified provider in the Department core provider agreement and notify the Provider Relations Unit of changes to this list (see *Important Contacts*). Each provider must meet the Department qualifications listed in this section. It is the responsibility of the school district to assure providers meet the professional qualifications described in WAC 388-537-0350.

Coverage

What Is Covered? [Refer to WAC 388-537-0400]

The Department covered services include the following:

- Evaluations, when it is determined that the child has a disability and in need of special education and related services.
- Direct healthcare services include:
 - ✓ Audiology services;
 - ✓ Counseling;
 - ✓ Nursing services;
 - ✓ Occupational therapy;
 - ✓ Physical therapy;
 - ✓ Psychological assessments including testing;
 - ✓ Speech-language therapy services; and
- Re-evaluations to determine whether the child continues to need special education and related services

Audiology Services

Audiology services include the following:

- Assessment of hearing loss;
- Determination of the range, nature, and degree of hearing loss, including the referral for medical or other professional attention for restoration or rehabilitation due to hearing disorders; and
- Provision of rehabilitative activities, such as speech restoration or rehabilitation, auditory training, hearing evaluation and speech conversation, and determination of the need for individual amplification.

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Audiology Services (cont.)

Listed below are the descriptions of covered audiology services with the corresponding billing codes. Services must be provided by an audiologist.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92552	None	Pure tone audiometry, air	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92553	None	Audiometry, air & bone	
92555	None	Speech threshold audiometry	
92556	None	Speech audiometry, complete	
92557	None	Comprehensive hearing test	
92567	None	Tympanometry	
92568	None	Acoustic refl threshold tst	
92569	None	Acoustic reflex decay test	
92579	None	Visual audiometry (vra)	
92582	None	Conditioning play audiometry	
92587	None	Evoked auditory test	
92587	26	Evoked auditory test, professional component	
92587	TC	Evoked auditory test, technical component	
92588	None	Evoked auditory test	
92588	26	Evoked auditory test, professional component	
92588	TC	Evoked auditory test, technical component	
92620	None	Auditory function, 60 min	
92621	None	Auditory function, + 15 min	

The following services may be billed by both a speech-language pathologist and an audiologist:

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92506	None	Speech/hearing evaluation	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92507	None	Speech/hearing therapy	
92508	None	Speech/hearing therapy	
92551	None	Pure tone hearing test, air	
92630	None	Aud rehab pre-ling hear loss	
92633	None	Aud rehab postling hear loss	
97532	None	Cognitive skills development	
97533	None	Sensory integration	

Speech Therapy Services

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Speech therapy services include the following:

- Assessment of speech and/or language disorders;
- Diagnosis and appraisal of specific speech and/or language disorders;
- Provision of speech or language services for the prevention of communicative disorders; and
- Referral for medical and other professional attention necessary for the rehabilitation of speech and/or language disorders.

Listed below is the description of the covered speech-language pathologist services with the corresponding billing code. Services must be provided by speech-language pathologist.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
92607	None	Ex for speech device rx, 1hr	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
92608	None	Ex for speech device rx addl	
92609	None	Use of speech device service	
92610	None	Evaluate swallowing function	
92506	None	Speech/hearing evaluation	
92507	None	Speech/hearing therapy	
92508	None	Speech/hearing therapy	
92551	None	Pure tone hearing test, air	
92630	None	Aud rehab pre-ling hear loss	
92633	None	Aud rehab postling hear loss	
97532	None	Cognitive skills development	
97533	None	Sensory integration	

Counseling Services

Counseling services are for the purpose of assisting a child with adjustment to their disability.

Listed below are the descriptions of covered counseling services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
S9445	None	Pt education, NOC, individual	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
S9446	None	Pt education, NOC, group	

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Nursing Services

Nursing services include:

- Medical and remedial services ordered by a physician or other licensed healthcare provider within his/her scope of practice; and
- Assessments, treatment services, and supervision of delegated health care services provided to:
 - ✓ Prevent disease, disability, or the progression of other health conditions;
 - ✓ Prolong life; and
 - ✓ Promote physical and mental health and efficiency.

Listed below are descriptions of covered nursing services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
T1001	None	Nursing assessment/evaluatn	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
T1002*	None	RN services up to 15 minutes	
T1003*	None	LPN/LVN services up to 15min	

* Use this code when billing for the following services:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Blood glucose testing and analysis • Catheterization • Chest wall manipulation/postural drainage • Dressing/wound care • Intravenous care/feedings • Medication administration: oral, enteral, parenteral inhaled, rectal, subcutaneous, intramuscular. Also includes eye drops and ear drops. | <ul style="list-style-type: none"> • Nebulizer treatment • Nurse delegation (initiation and re-evaluation) • Stoma care • Testing oxygen saturation levels and adjusting oxygen levels • Tracheotomy care/suctioning • Tube feedings • Pump Feeding (Setup and take down only) |
|---|---|

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Occupational Therapy

Occupational therapy services include the following:

- Assessing, improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation;
- Improving ability to perform tasks for independent functioning when functions are lost or impaired; and
- Preventing initial or further impairment or loss of function through early intervention.

Listed below are descriptions of covered occupational therapy services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
95851	None	Range of motion measurements	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
95852	None	Range of motion measurements	
97003	None	Ot evaluation	
97004	None	Ot re-evaluation	
97110	None	Therapeutic exercises	
97112	None	Neuromuscular reeducation	
97150	None	Group therapeutic procedures	
97530	None	Therapeutic activities	
97532	None	Cognitive skills development	
97533	None	Sensory integration	
97535	None	Self care mngmt training	
97537	None	Community/work reintegration	
97542	None	Wheelchair mngmt training	
97750	None	Physical performance test	
97755	None	Assistive technology assess	
97760	None	Orthotic mgmt and training	
97761	None	Prosthetic training	
97762	None	C/o for orthotic/prosth use	

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Physical Therapy

Physical therapy services include the following:

- Assessing;
- Preventing; and
- Alleviating movement dysfunction and related functional problems.

Listed below are descriptions of covered physical therapy services with the corresponding billing codes.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
97001	None	PT evaluation	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s
97002	None	PT re-evaluation	
97110*	None	Therapeutic exercises	
97112	None	Neuromuscular reeducation	
97116	None	Gait training therapy	
97124	None	Massage therapy	
97139	None	Physical medicine procedure	
97150	None	Group therapeutic procedures	
97530	None	Therapeutic activities	
97535	None	Self care mngmt training	
97537	None	Community/work reintegration	
97542	None	Wheelchair mngmt training	
97750	None	Physical performance test	
97755	None	Assistive technology assess	
97760	None	Orthotic mgmt and training	
97761	None	Prosthetic training	
97762	None	C/o for orthotic/prosth use	

* Use CPT code 97110 to bill for fine or gross motor therapy.

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Psychological Services

Psychological services include psychological and developmental testing.

Listed below is the description of the covered psychological service with the corresponding billing code.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee
96101	None	Psycho testing by psych/phys	Click here for current fee schedule: http://hrsa.dshs.wa.gov/RBRVS/Index.html#s

Recommendations for services must be updated at least annually.

What Is Not Covered? [WAC 388-537-0700]

Non-covered services include, but are not limited to the following:

- Attending meetings;
- Charting;
- Equipment preparation;
- Instructional assistant contact;
- Parent consultation;
- Parent contact;
- Planning;
- Preparing and sending correspondence to parents or other professionals;
- Professional consultation;
- Report writing;
- Review of records;
- Set-up;
- Teacher contact;
- Travel; and
- Observation.

It is the responsibility of the school district to contact the School-Based Healthcare Services Program Manager for questions regarding covered and non covered services.

Documentation

What Documentation Requirements Are There for School Districts? [Refer to WAC 388-537-0900]

- School districts must maintain sufficient documentation to support and justify the paid claims to include at a minimum:
 - ✓ Professional assessment reports;
 - ✓ Evaluation and re-evaluation reports;
 - ✓ Individualized Education Programs (IEP); and
 - ✓ Treatment notes for each date of service the provider bills the Department.
- All provider licenses and other credentials must be current and on file with the school district and available for review upon request. It is the responsibility of the school district to assure providers meet the professional qualifications described in WAC 388-537-0350.
- All records must be easily and readily available to the Department upon request.

Note: Providers must also follow the documentation requirements found in the Department/HRSA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Program Monitoring

Program Monitoring/Audits [WAC 388-537-1100]

- Providers must participate in the monitoring process. The Department monitors school-based healthcare services as established by the School-Based Healthcare Services Program Manager and in compliance with the Department's monitoring policy and plan.
- The Department conducts audits of school-based healthcare services in accordance with chapter 388-502A WAC.
- The Department's authority to conduct audits and recover overpayments is found in RCW 74.09.200, 74.09.220, and 74.09.290.

Payment

What Are the Requirements For Payment? [WAC 388-537-0700 (2)]

To receive payment from the Department for school-based healthcare services, a school district must:

- Have a current, signed core provider agreement with the Department;
- Meet the applicable requirements in chapter 388-502 WAC; and
- Bill according to these billing instructions.

Note: A unit of service is based on the CPT and HCPCS code descriptions.

- For any code reimbursed based on time, each measure of time as defined by the code equals one unit.
- If the code description does not include time, the service described by the code equals one unit.

Fee Schedule

You may view the Department/HRSA **School-Based Healthcare Services Fee Schedule** on-line at: <http://hrsa.dshs.wa.gov/RBRVS/Index.html#s>

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Third-Party Liability

The Department is required by federal regulation to determine the liability for third-party resources that are available to Department clients. The Department must assure that all resources available to the client that are applicable to the cost of medical care are used. Once the applicable resources are applied, the Department may make payment on the balance if the third-party payment is less than the amount allowed by the Department.

School districts may choose not to bill the Department for services provided to special education students who have third party insurance.

- School districts must bill third party carriers before billing the Department; and
- Request, in writing, consent from the student's parent(s) or guardian(s) to bill the students insurance carrier.

When the Department is being billed, follow the instructions found in the Department/HRSA *ProviderOne Billing and Resource Guide* at:

http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html.

Completing the CMS-1500 Claim Form

Note: Refer to the Department/HRSA [ProviderOne Billing and Resource Guide](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) at:
http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html
 for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 claim form instructions relate specifically to school-based healthcare services providers.

Field No.	Name	Entry
24A.	Date(s) of Service	For each procedure code being billed, enter the first day of the month for which you are billing in the <i>From</i> section. Enter the last day of that month in the <i>To</i> section. This allows all charges during one month for one procedure code to be billed on one line. When billing multiple months of service, use a separate line for each month. Enter dates numerically (e.g., September 1, 2009 = 09012009).
24B.	Place of Service	Use the following Place of Service codes: 03 School 12 Student's residence
24E.	Diagnosis Code	Enter V41.9 , unspecified problem with special functions.
24F.	Charges:	Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.
24G.	Days or Units	For each procedure code, enter the total number of billable units for the month being billed.