

Distribution: School Based Services 03-02

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Subject: New CPT/HCPCS Codes
Revised Chapter III

Effective: October 1, 2003

Programs Affected: Medicaid School Based Services (SBS) Fee-for-Service Program

PURPOSE

Effective October 1, 2003, the Michigan Department of Community Health (MDCH) is implementing national procedure codes for the Medicaid School Based Services (SBS) Fee-for-Service program as required by the Federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. This bulletin, and the accompanying revised Chapter III, reflects the 2003 Current Procedural Terminology (CPT) and Health Care Financing Administration Common Procedure Coding System (HCPCS) codes. In order to meet the new coding requirements, changes in services terminology and coverage policies are required.

The attached Chapter III of the Medicaid SBS Provider Manual has been revised to:

- Eliminate Michigan Local (Procedure) Codes;
- Implement new CPT/HCPCS codes;
- Revise services terminology and policy coverage; and
- Clarify policy and benefits for the Medicaid SBS Fee-for-Service program.

CLARIFICATION

Third Party Liability (TPL) is defined as a payment resource available from both private and public insurance and other liable third parties that can be applied toward the beneficiary's health care expense. If a Medicaid-eligible student is presently covered under another health insurance policy and the district does not bill the TPL, Medicaid cannot be billed for the medical service. (Refer to the Coordination of Benefits chapter of this manual for additional information on TPL.)

ELIMINATION

Service levels (limited, intermediate, comprehensive and complex) have been eliminated from the SBS Fee-for-Service policy due to the implementation of the national CPT/HCPCS procedure codes.

NEW PROCEDURE CODES

The local SBS procedure codes have an end date of September 30, 2003. The dates of service prior to this end date must be billed using the local codes. For dates of service on and after October 1, 2003, services must be billed using the new national CPT/HCPCS codes. The following describes the conversion of the SBS Fee-for-Service local codes to the new CPT/HCPCS codes.

IDEA Assessment and IEP/IFSP Development, Review and Revision

OLD LOCAL CODES		
Z5713	Z5727	Z5750
Z5714	Z5731	Z5751
Z5715	Z5732	Z5752
Z5717	Z5733	Z5753
Z5718	Z5735	Z5754
Z5719	Z5736	Z5755
Z5721	Z5737	Z5756
Z5722	Z5745	Z5757
Z5723	Z5746	Z5758
Z5725	Z5748	Z5759
Z5726	Z5749	Z5761
MODIFIER	DESCRIPTIONS	
HT	Multi-disciplinary team	
TM	Individualized Education Program (IEP)	
NEW CODES	CODE DESCRIPTIONS	
H0031	Mental Health Assessment, by non-physician	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	
97003	Occupational therapy evaluation	
97001	Physical therapy evaluation	
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	
T1001	Nursing assessment/ evaluation	
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities for patient care (patient not present); approximately 30 minutes	

Occupational Therapy

OLD LOCAL CODES		
Z5717 Z5718	Z5719	Z5720
NEW CODES	CODE DESCRIPTIONS	
97003	Occupational therapy evaluation	
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97150	Therapeutic procedure(s), group (2 or more individuals)	

Physical Therapy

OLD LOCAL CODES		
Z5721 Z5722	Z5723	Z5724
NEW CODES	CODE DESCRIPTIONS	
97001	Physical therapy evaluation	
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97150	Therapeutic procedure(s), group (2 or more individuals)	

Speech, Language and Hearing

OLD LOCAL CODES		
Z5713 Z5714	Z5715	Z5716
NEW CODES	CODE DESCRIPTIONS	
92506	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual	
92508	Group, two or more individuals	

Assistive Technology Device Services

OLD LOCAL CODES		
Z5748	Z5751	Z5754
Z5749	Z5752	Z5755
Z5750	Z5753	Z5756
NEW CODES	CODE DESCRIPTIONS	
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97504	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes	
97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	

Psychologist, Counseling and Social Work Services

OLD LOCAL CODES		
Z5725	Z5728	Z5746
Z5726	Z5745	Z5747
Z5727		
NEW CODES	CODE DESCRIPTIONS	
H0031	Mental Health Assessment, by non-physician	
96100*	Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	
96115*	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgement, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour	
96117*	Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	
90804	Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes, face-to-face with the patient	
90806	Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with the patient	
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes, face-to-face with the patient	
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with the patient	

90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90853	Group psychotherapy (other than of a multiple-family group)
H0004	Behavioral health counseling and therapy, per 15 minutes
S9484	Crisis intervention mental health services, per hour
* TESTING – Only a fully licensed psychologist, a limited-licensed psychologist or a school psychologist can perform psychological testing.	

Developmental Testing

OLD LOCAL CODES		
Z5729	Z5730	
NEW CODES	CODE DESCRIPTIONS	
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	
96111	Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development) with interpretation and report, per hour	

Nursing Services

OLD LOCAL CODES		
Z5734 Z5735	Z5736	Z5737
NEW CODES	CODE DESCRIPTIONS	
T1001	Nursing assessment/ evaluation	
T1002	RN Services, up to 15 minutes	

Physician Services

OLD LOCAL CODES		
Z5761	Z5762	
NEW CODES	CODE DESCRIPTIONS	
99361	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities for patient care (patient not present); approximately 30 minutes	

Targeted Case Management Services

OLD LOCAL CODES		
Z5763		
NEW CODES	CODE DESCRIPTIONS	
T2023	Targeted case management; per month	
T1017	Targeted case management, each 15 minutes	

Vision, Orientation and Mobility Training

OLD LOCAL CODES		
Z5757 Z5758	Z5759	Z5760
NEW CODES	CODE DESCRIPTIONS	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes	
97150	Therapeutic procedure(s), group (2 or more individuals)	

Special Education Transportation

OLD LOCAL CODES		
Z5738 Z5739	Z5740 Z5741	Z5742
NEW CODES	CODE DESCRIPTIONS	
A0130	Non-emergency transportation: wheelchair van	
A0120*	Non-emergency transportation: minibus, mountain area transports, or other transportation systems	
* NO SPECIAL ACCOMMODATION - This procedure code may be billed when a special education vehicle with no special accommodation is required.		

MANUAL MAINTENANCE

The attached Chapter III describes policy that applies to claims with the dates of service on and after October 1, 2003 and should be inserted into the School Based Services Provider Manual at that time. Providers may wish to retain the existing Chapter III from bulletin School Based Services 98-01 for reference for billing for dates of service occurring prior to October 1, 2003.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

APPROVAL



Paul Reinhart, Director
Medical Services Administration



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CHAPTER III – COVERED SERVICES

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SECTION 1 – GENERAL INFORMATION

This chapter describes covered medical services provided to individuals eligible under provisions of the Individuals with Disabilities Education Act (IDEA) of 1990 as amended in 1997 and to those enrolled in programs that require an Individualized Education Program (IEP) or an Individualized Family Service Program (IFSP). These services assist students with a disability to benefit from special education and related services. Medicaid reimbursement, through the Michigan Department of Community Health (MDCH), addresses the medical service needs of students receiving special education and related services and provides funding for those services. The Social Security Act, as amended in 1988 by the Medicare Catastrophic Coverage Act, specifically provides for medical assistance (Medicaid) to cover services which are "included in the child's IEP established pursuant to Part B of the IDEA or furnished to a handicapped infant or toddler because such services are included in the child's IFSP adopted pursuant to Part C (formerly called Part H) of such Act."

Section 504 of the Rehabilitation Act of 1973 requires local school districts to provide or pay for certain services to make education accessible to handicapped children. These services may include health care services similar to those covered by the IDEA and Medicaid. These services are described in an individualized service plan and provided free of charge to eligible individuals. Medicaid reimbursement is not allowed for these services.

Coverage is based on medically-necessary Medicaid-covered services already being provided by schools and enables these services provided to Medicaid-eligible students to be billed to Medicaid, thus ensuring federal participation in the cost of providing these services. Maintenance of a least restrictive and most functional education environment is an intended outcome of Medicaid enrollment as a school based services (SBS) provider. Enrollment as a Medicaid SBS provider is limited to the Intermediate School Districts (ISDs), Detroit Public Schools (DPS) and the Michigan School for the Deaf and Blind (MSDB).

Enrolled providers are required to establish an interagency agreement to facilitate coordination and cooperation with other human service agencies operating within the same service area. School Based Services are to be provided as outlined in the IEP/IFSP treatment plan and are not expected to replace or substitute for services already provided by other agencies. Enrollment as a SBS provider is not expected to result in any change in the education agency's set of existing services or service utilization. MDCH periodically evaluates the impact of Medicaid enrollment on special education programs through review of service utilization and other program data and information.

Covered services do not require prior authorization but must be documented and provided by qualified personnel as specified in the Covered Services Section of this chapter.

1.1 SCHOOL BASED SERVICES (SBS) PROGRAM

The following terms have specific meanings in the School Based Services (SBS) Program:

Enrolled Provider	ISDs, DPS and MSDB that have completed the enrollment form, certified staff and signed an agreement with MDCH.
HT Modifier (Multi-disciplinary team)	The HT modifier is used when billing for an assessment, evaluation or test performed for the IDEA Assessment. Each qualified staff bills using the appropriate procedure code followed by the modifier HT (multi-disciplinary team).



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IEP (Individualized Education Program)	A written plan for services for eligible students between the ages of 5 and 26 in Michigan, as determined by the federal IDEA statute. Medicaid funds are available to reimburse for health and medical services that are a part of a student's IEP.
IFSP (Individualized Family Services Program)	A written plan for a child with a disability who is between the ages of zero and five years, that is developed jointly by the family and appropriate qualified personnel, and is based on multi-disciplinary evaluation and assessment of the child's unique strengths and needs, as well as on a family-directed assessment of the priorities, resources and concerns. Medicaid funds are available to reimburse for health and medical services that are a part of a child's IFSP.
IDEA (Individuals with Disabilities Education Act)	The federal statute, first enacted in 1975 and most currently amended in 1997, that requires public schools to determine whether a child has a disability, develop a plan that details the education and support services that the student will receive, provide the services, and evaluate the plan at least annually. There may be federal funding available for some of these responsibilities.
IDEA Assessment	IDEA Assessment is a formal evaluation that includes assessments, evaluations, tests and all related activities performed to determine if an individual is eligible under provisions of the IDEA of 1990 as amended in 1997 and are related to the evaluation and functioning of the individual.
ISD (Intermediate School District)	A corporate body established by statute in the Michigan Revised School Code (PA 451 of 1976) that is regulated by an intermediate school board. Michigan has 57 intermediate school districts.
MDE (Michigan Department of Education)	A department within the State of Michigan.
SBS (School Based Services Program)	A Michigan Medicaid program with two components, Fee-for-Service (FFS) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Administrative Outreach. All Michigan ISDs, the DPS, and the MSDB participate in the Fee-for-Service component. All ISDs and DPS participate in the EPSDT Administrative Outreach component.
School Clinical Record	All the written or electronic information that has been created and is necessary to fully disclose and document the services requested for reimbursement.
Special Education Transportation	Transport to and from the student's pick-up and drop-off site where school based services are provided.
TM Modifier (Individualized Education Program {IEP})	The TM modifier is used when billing for the multi-disciplinary team assessment for the development, review and revision of an IEP/IFSP treatment plan. Each qualified staff bills for this assessment using the appropriate procedure code with the modifier TM (Individualized Education Program {IEP}).
Treatment Plan	If an evaluation indicates that Medicaid-covered services are required, the qualified staff must develop and maintain a treatment plan for the student. The student's IEP/IFSP form may suffice as the treatment plan as long as the IEP/IFSP contains the required components described under the Treatment Plan Subsection.



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1.2 THIRD PARTY LIABILITY

Third Party Liability (TPL) is defined as a payment resource available from both private and public insurance and other liable third parties that can be applied toward the student's health care expense. If a Medicaid-eligible student is presently covered under another health insurance policy and the district does not bill the TPL, Medicaid cannot be billed for the medical service. (Refer to the Coordination of Benefits Chapter of this manual for additional information on TPL.)

1.3 CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS)

The Medicaid program reimburses services for students dually eligible for Children's Special Health Care Services (CSHCS) and Medicaid. SBS providers are not reimbursed for students enrolled only in the CSHCS program, and must not submit claims for these students.

1.4 MEDICAL NECESSITY

A school based service is determined medically necessary when all of the following criteria are met:

- Addresses a medical or mental disability;
- Assists the student to benefit from special education or a related educational program;
- Is included in the student's IEP/IFSP treatment plan; and
- Is ordered, in writing, by a physician or other licensed practitioner acting within the scope of his/her practice under State law. Students who require speech, language and hearing services must be referred. A referral means contact by a physician with the speech pathologist or audiologist providing the service or with an enrolled School Based Services provider for special education and related services. The written order/referral must be updated at least annually.

1.5 COVERED SERVICES

School based services that may be covered include:

- Evaluations and tests performed for assessments;
- Therapies (Occupational, Physical, and Speech, Language and Hearing);
- Assistive Technology Device (ATD) Services;
- Psychological, Counseling and Social Work Services;
- Developmental Testing;
- Nursing Services;
- Physician and Psychiatrist Services;
- Targeted Case Management (TCM) Services;
- Vision Orientation and Mobility Training; and
- Special Education Transportation.



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1.6 SERVICE EXPECTATIONS

The IEP/IFSP treatment plan must include the appropriate annual goals and short-term objectives, criteria, evaluation procedures and schedules for determining whether the objectives are being achieved within an appropriate period of time. All therapy services must be skilled (i.e., require the skills, knowledge, and education of a registered occupational therapist, licensed physical therapist or certified speech-language pathologist or audiologist). Interventions expected to be provided by another practitioner (e.g., teacher, registered nurse), family member or caregiver are not reimbursable as occupational, physical, and speech, language and hearing therapy by this program.

To be covered by Medicaid, occupational, physical, and speech, language and hearing therapy must address a student’s medical need that affects his/her ability to learn in the classroom environment. MDCH does not reimburse for therapies that do not have medically-related goals (i.e., handwriting, increasing attention span, identifying colors and numbers, enhancing vocabulary, improving sentence structure and reading, and increasing attention span).

Group therapy or treatment must be provided in groups of two to eight students. Services provided as part of a regular classroom activity are not reimbursable. When regularly scheduled attention is provided to one student who is part of the class currently in session, the service is not reimbursable.

Supplies or equipment utilized in service delivery are included as part of the service and are not reimbursed separately. Art, music and recreation therapies are not covered services.

Medicaid is required to follow the procedure code definition from the Current Procedural Terminology (CPT) and Health Care Financing Administration Common Procedure Coding System (HCPCS) manuals. Procedure codes referencing office or outpatient facility include the medical services provided in the school setting. Procedure codes that do not specify a unit of time are to be billed per session. Group therapy is billed per student.

Certain CPT/HCPCS code descriptions include a specified unit of service time. Service times are based on the time it generally takes to provide the service. If the procedure code specifies a unit of time, it may be billed when the service time equals the unit of time. Any additional time cannot be billed unless the full time specified is reached.

Consultation or consultative services are an integral part or an extension of a direct medical service and are not separately reimbursable.

1.7 TREATMENT PLAN

Requirements	If an evaluation indicates that Medicaid-covered services are required, the qualified staff must develop and maintain a treatment plan for the student. The student’s IEP/IFSP form may suffice as the treatment plan as long as the IEP/IFSP contains the required components described below. Only qualified staff may initiate, develop or change the student’s treatment plan. The treatment plan must be signed, titled and dated by the qualified staff prior to billing Medicaid for services and must be retained in the student’s school clinical record. (Refer to Covered Services Section of this chapter for definitions of qualified staff.)
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Components	<p>The treatment plan, which is an immediate result of the evaluation, must consist of the following components:</p> <ul style="list-style-type: none"> ▪ Student’s name; ▪ Description of the student’s qualifying diagnosis and medical condition; ▪ Time-related goals that are measurable and significant to the student’s function and/or mobility; ▪ Long-term goals that identify specific functional achievement to serve as indicators that the service is no longer needed; ▪ Anticipated frequency and duration of treatment required to meet the time related goals; ▪ Plan for reaching the functional goals and outcomes in the IEP/IFSP; ▪ A statement detailing coordination of services with other providers (e.g., medical and educational); and ▪ All services are provided with the expectation that the student’s primary care provider and, if applicable, the student’s case manager are informed on a regular basis.
Review	<p>The treatment plan must be reviewed and updated at least annually as part of the IEP/IFSP multi-disciplinary team assessment process, or more frequently if the student’s condition changes or alternative treatments are recommended.</p>

1.8 EVALUATIONS

Evaluations for medical services are covered when:

- Performed as part of the IDEA Assessment;
- The student left and is re-entering special education or related program;
- At any time when (as required above) initiation, development, review or revision of the student’s IEP/IFSP treatment plan will occur; and
- When a change or decrease in function occurs.

1.9 DOCUMENTATION

For covered services, the school clinical record must include all of the following:

- Student’s name and birth date;
- Date of service/treatment;
- Type (modality) of service/treatment;
- The student’s response to the service/treatment; and
- The name and title of the person providing the service/treatment and a dated signature.



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For services that have time-specific procedure codes, the provider must indicate the actual begin and end time of the service in the school clinical record. The record must indicate the specific findings or results of the diagnostic or therapeutic procedures. The student's school clinical record should include documentation of the implementation and coordination of services for the special education student.

Progress notes must be written monthly, or more frequently as appropriate, and must include:

- Evaluation of progress;
- Changes in medical or mental status; and
- Changes in treatment with rationale for change.

(Refer to the General Information for Providers Chapter of this manual for additional information regarding clinical records.)



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SECTION 2 – COVERED SERVICES

2.1 INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) ASSESSMENT AND IEP/IFSP DEVELOPMENT, REVIEW AND REVISION

Definition	The Individuals with Disabilities Education Act (IDEA) Assessment is a formal evaluation that includes assessments, evaluations, tests and all related activities performed to determine if a student is eligible under provisions of the IDEA of 1990 as amended in 1997 and are related to the evaluation and functioning of the student. These services are reimbursable only after they result in the implementation of an IEP/IFSP treatment plan. If an IEP/IFSP treatment plan is not implemented within one (1) year of the date of service, then none of the services provided are covered.
Provider Qualifications	<p>Qualified staff may bill for assessments, tests, and evaluations performed for the IDEA Assessment. To be covered by Medicaid, the staff must have the following credentials:</p> <ul style="list-style-type: none"> ▪ An occupational therapist currently registered in Michigan (OTR); ▪ A licensed physical therapist (LPT) in Michigan; ▪ A speech-language pathologist or audiologist possessing a current Certificate of Clinical Competence (CCC) and others designated in Section 2.4; ▪ A fully licensed psychologist (Doctoral level) in Michigan; ▪ A limited-licensed psychologist (Master’s level) under the supervision of a licensed psychologist; ▪ A Michigan-licensed professional counselor; ▪ A school psychologist with a Master’s degree in psychology with a minimum of 500 clock hours of supervised internship; ▪ A social worker with a Master’s degree from a graduate school of social work and a minimum of 500 clock hours of supervised practicum; ▪ A physician or psychiatrist (M.D. or D.O.) with a current State of Michigan license to practice; ▪ A registered nurse (RN) with a Michigan license; ▪ Orientation and mobility specialist certified by the Association for the Education and Rehabilitation of the Blind and Visually Impaired; or ▪ A teacher consultant with a Master’s degree in education or a field of study related to special education, and a minimum of three years teaching experience, not less than two years of which must be in teaching special education.



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<p>Procedure Codes</p>	<p>Qualified staff may bill for three distinct types of assessments/evaluations/tests as follows. All activities, such as meetings and written reports related to the assessment/evaluation/test, are an integral part or extension of the service and are not separately reimbursable.</p> <ul style="list-style-type: none"> ▪ The HT modifier is used with the procedure code when billing for an evaluation, assessment or test performed for the IDEA Assessment. Each qualified staff bills using the appropriate procedure code below followed by the modifier HT (multi-disciplinary team). The date of service is the date of determination of eligibility for special education or early-on services. ▪ The TM modifier is used with the procedure code when billing for the multi-disciplinary team assessment to develop, review and revise an IEP/IFSP treatment plan. Each qualified staff bills using the appropriate procedure code below with the modifier TM (Individualized Education Program {IEP}). The date of service is the date of the multi-disciplinary team assessment. ▪ Evaluations, assessments or tests may be provided not related to the IDEA Assessment or the IEP/IFSP treatment plan development, review and revision. Each qualified staff bills for these activities using the appropriate procedure code below with no modifier. The date of service is the date the evaluation, assessment or test is completed. <p>Procedure codes to be used to bill for the above activities are:</p> <ul style="list-style-type: none"> ▪ H0031 -Mental Health Assessment, by non-physician (psychologists, counselors and social workers). ▪ T1024 - Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (TCM designated case manager, vision orientation and mobility specialist or teacher consultant). ▪ 97003 - Occupational Therapy Evaluation (Occupational Therapist). ▪ 97001 - Physical Therapy Evaluation (Physical Therapist). ▪ 92506 - Evaluation of speech, language, voice, communication auditory processing, and/or aural rehabilitation status (speech pathologist or audiologist). ▪ T1001 - Nursing assessment/evaluation (registered nurse {RN}). ▪ 99361 - Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes. <p>An occupational therapist, physical therapist and speech language pathologist or audiologist may participate in IDEA Assessment for therapy and/or ATD services.</p>
<p>Special Instructions for Staff Responsible for Psychological and Developmental Testing</p>	<ul style="list-style-type: none"> ▪ The Psychological, Counseling and Social Work subsection below defines who can perform psychological testing and the procedure codes to be used for billing. Use the HT modifier discussed above when the testing is performed for the IDEA assessment. ▪ The Developmental Testing subsection below defines who can perform developmental testing and the procedure codes to be used for billing. Use the HT modifier discussed above when the testing is performed for the IDEA assessment.



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	<ul style="list-style-type: none"> ▪ For participation in the team assessment to develop, review and revise the IEP/IFSP treatment plan, staff must use the TM modifier with the procedure code specified below by discipline: <ul style="list-style-type: none"> ➤ Psychologist – H0031 ➤ Social Worker – H0031 ➤ Counselor – H0031 ➤ Teacher Consultant – T1024 ➤ Physician/Psychiatrist - 99361
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2.2 OCCUPATIONAL THERAPY (OT)

Definition	Occupational therapy must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem interfering with age appropriate functional performance. Occupational therapy services must require the skills, knowledge and education of an OTR or COTA to provide therapy.
Prescription	Occupational therapy services must be prescribed by a physician and updated annually.
Provider Qualifications	<p>OT services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ An occupational therapist currently registered in Michigan (OTR); or ▪ A certified occupational therapy assistant (COTA) registered in Michigan and under the supervision of a currently-Michigan-registered OTR (i.e., the COTA's services must follow the evaluation and treatment plan developed by the OTR and the OTR must supervise and monitor the COTA's performance with continuous assessment of the student's progress). All documentation must be reviewed and signed by the appropriately supervising OTR.
Evaluations	<p>Evaluations are formalized testing and reports for the development of the student's treatment plan. They may be completed by an OTR.</p> <p>An evaluation includes:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the student in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The student's current functional status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress;



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	<ul style="list-style-type: none"> Assessment of the student’s performance components (strength, dexterity, range of motion, sensation, perception) directly affecting the student’s ability to function; Assessment of the student’s cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and Evaluation of the needs related to assistive technology device services, including a functional evaluation of the student.
Services	<p>Occupational therapy services include:</p> <ul style="list-style-type: none"> Group therapy provided in a group of two to eight students; Manual therapies techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions; and Wheelchair management/propulsion training.
Procedure Codes	<p>The following procedure codes may be used to bill for occupational therapy services:</p> <ul style="list-style-type: none"> 97110 - Therapeutic procedure one or more area, each 15 minutes. Therapeutic exercises to develop strength and endurance, range of motion and flexibility. 97150 - Therapeutic procedure(s), group (2 or more individuals).

2.3 PHYSICAL THERAPY (PT)

Definition	Physical therapy must be rehabilitative, active or restorative and designed to correct or compensate for a medical problem. Physical therapy services must require the skills, knowledge and education of an LPT or CPTA to provide therapy. Treatment is performed through the use of therapeutic exercises and rehabilitative procedures.
Prescription	A physician must prescribe physical therapy services annually.
Provider Qualifications	<p>PT services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> A licensed physical therapist (LPT) in Michigan; or A certified physical therapy assistant (CPTA) in Michigan and under the supervision of a currently-Michigan-registered LPT (i.e., the LPT supervises and monitors the CPTA’s performance with continuous assessment of the student’s progress). All documentation must be reviewed and signed by the appropriately-licensed supervising LPT.
Evaluations	<p>Evaluations are formalized testing and reports to determine a student’s need for services and recommend a course of treatment. They may be completed by an LPT.</p> <p>Evaluations include:</p> <ul style="list-style-type: none"> The treatment diagnosis and the medical diagnosis, if different than the treatment diagnosis; Current therapy being provided to the student in this and other settings; Medical history as it relates to the current course of therapy;



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	<ul style="list-style-type: none"> ▪ The student’s current functional status (i.e., functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; ▪ Assessment of the student’s performance components (e.g., strength, dexterity, range of motion) directly affecting the student’s ability to function; ▪ Assessment of the student’s cognitive skill level (e.g., ability to follow directions, including auditory and visual, comprehension); and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the student.
Services	<p>Physical therapy services include:</p> <ul style="list-style-type: none"> ▪ Group therapy provided in a group of two to eight students; ▪ Gait training; ▪ Training in functional mobility skills (e.g., ambulation, transfers, and wheelchair mobility); ▪ Stretching for improved flexibility; and ▪ Modalities to allow gains of function, strength or mobility.
Procedure Codes	<p>The following procedure codes may be used to bill for physical therapy services:</p> <ul style="list-style-type: none"> ▪ 97110 - Therapeutic procedure, one or more area, each 15 minutes. Therapeutic exercises to develop strength and endurance, range of motion and flexibility. ▪ 97150 - Therapeutic procedure(s), group (2 or more individuals).

2.4 SPEECH, LANGUAGE AND HEARING THERAPY

Definition	Speech, language and hearing therapy must be a diagnostic or corrective service or to teach compensatory skills for deficits that directly result from a medical condition. This service is provided to students with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the student. Speech, language and hearing therapy must require the skills, knowledge and education of a qualified speech-language pathologist or audiologist to provide the therapy.
Prescription	Speech, language and hearing services require an annual referral from a physician.
Provider Qualifications	<p>Speech, language and hearing services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A speech-language pathologist or audiologist possessing a current Certificate of Clinical Competence (CCC); ▪ An appropriately supervised speech-language pathologist (SLP) and/or audiology candidate (i.e., in his/her clinical fellowship year or having completed all requirements but has not obtained a CCC). All documentation must be reviewed and signed by the appropriately-credentialed supervising SLP or audiologist;



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	<ul style="list-style-type: none"> ▪ Master’s Degree in Speech and Language Pathology with a minimum of 300 clock hours of supervised practicum experience; or ▪ A person employed as a teacher of the speech and language impaired who met the requirements of the Michigan Special Education Rules before the effective date of the Rules amended August 13, 1980.
Evaluations	<p>Evaluations are formalized testing and reports conducted to determine the need for services and recommendation of a course of treatment. An SLP or audiologist may complete them.</p> <p>Evaluations include:</p> <ul style="list-style-type: none"> ▪ The treatment diagnosis and the medical diagnosis, if different from the treatment diagnosis; ▪ Current therapy being provided to the student in this and other settings; ▪ Medical history as it relates to the current course of therapy; ▪ The student’s current communication status (functional baseline); ▪ The standardized and other evaluation tools used to establish the baseline and to document progress; and ▪ Evaluation of the needs related to assistive technology device services, including a functional evaluation of the student. <p>Evaluations may also include, but are not limited to,:</p> <ul style="list-style-type: none"> ▪ Articulation - standardized tests that measure receptive and expressive language, mental age, oral motor skills, articulation skills, current diet level (including difficulties with any food consistencies), current means of communication, and a medical diagnosis. ▪ Language - standardized tests that measure receptive and expressive language, mental age, oral motor skills, current and previous means of communication, and medical diagnosis(es). ▪ Rhythm - standardized tests that measure receptive and expressive language, mental age, oral motor skills, measurable assessment of dysfluency, current means of communication, and a medical diagnosis. ▪ Swallowing - copy of the videofluoroscopy or documentation that objectively addresses the laryngeal and pharyngeal stages, oral motor assessment that measures consistencies that have been attempted and the results, voice quality (i.e., pre- and post-feeding and natural voice), articulation assessment, and a standardized cognitive assessment. ▪ Voice - copy of the physician’s medical assessment of the student’s voice mechanism and the medical diagnosis.
Services	<p>Speech, language and hearing services include:</p> <ul style="list-style-type: none"> ▪ Group therapy provided in a group of two to eight students; ▪ Articulation, language, and rhythm; ▪ Swallowing dysfunction and/or oral function for feeding; ▪ Voice therapy; ▪ Speech, language or hearing therapy;



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	<ul style="list-style-type: none"> ▪ Speech reading/aural rehabilitation; ▪ Esophageal speech training therapy; ▪ Speech defect corrective therapy; and ▪ Fitting and testing of hearing aids or other communication devices.
Procedure Codes	<p>The following procedure codes may be used to bill for speech, language and hearing therapy services:</p> <ul style="list-style-type: none"> ▪ 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehab); individual. ▪ 92508 - Therapeutic procedure(s), group (2 or more individuals).

2.5 ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

Definition	<p>An assistive technology device (ATD) is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, customized or developed by staff as an orthotic device that is used to increase, maintain, or improve the functional capabilities of a student. The device primarily addresses a medical condition by replacing a missing body part, preventing or correcting a physical deformity or malfunction, supporting a weak or deformed portion of the body (prosthetic function) or restoring communication skills to meet basic medical need by providing a tool to the student (rehabilitative function).</p>
Provider Qualifications	<p>ATD services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ An occupational therapist currently registered in Michigan (OTR); ▪ A licensed physical therapist (LPT) in Michigan; ▪ A speech-language pathologist or audiologist possessing a current Certificate of Clinical Competence (CCC); ▪ An appropriately supervised speech-language pathologist (SLP) and/or audiology candidate (i.e., in his/her clinical fellowship year or having completed all requirements but has not obtained a CCC). All documentation must be reviewed and signed by the appropriately-credentialed supervising SLP or audiologist; or ▪ A person employed as a teacher of the speech and language impaired who met the requirements of the Michigan Special Education Rules before the effective date of the Rules amended August 13, 1980.
Services	<p>ATD services are intended to directly assist a student with a disability in the selection, acquisition, or use of an ATD. Services include:</p> <ul style="list-style-type: none"> ▪ Selecting, providing for the acquisition of the device, designing, fitting, customizing, adapting, applying, retaining, or replacing the ATD, including orthotics; ▪ Coordinating and using other therapies, interventions, or services with the ATD; ▪ Training or technical assistance for the student or, if appropriate, the student’s parent/guardian;



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	<ul style="list-style-type: none"> ▪ Training or technical assistance for professionals providing other education or rehabilitation services to the student receiving ATD services; ▪ Neuromuscular reduction of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities; and ▪ Evaluating the needs of the student, including a functional evaluation of the student.
Documentation	The need for Assistive Technology Device (ATD) services must be specified in the student’s IEP/IFSP treatment plan. The service must be documented as part of a specific therapy, namely physical, occupational, speech or audiology. If the ATD service is part of physical or occupational therapy, then a physician prescription is required. If the service is part of speech therapy, then a physician referral is required. Speech related ATD services may be billed using procedure code 97535 .
Procedure Codes	<p>The following procedure codes may be used to bill for ATD services:</p> <ul style="list-style-type: none"> ▪ 97112 - Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities. ▪ 97504 - Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 minutes. ▪ 97520 - Prosthetic training, upper and/or lower extremities, each 15 minutes. ▪ 97535 - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.

2.6 PSYCHOLOGICAL, COUNSELING AND SOCIAL WORK SERVICES

Definitions	<p>Psychological, counseling and social work services include planning, managing and providing a program of face-to-face services for students with diagnosed psychological conditions. Psychological, counseling and social work services must require the skills, knowledge and education of a psychologist, counselor or social worker to provide treatment.</p> <p>Psychotherapy is the treatment of a mental disorder or behavioral disturbance for which the clinician provides services through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development. The codes for reporting psychotherapy are divided into two broad categories: Interactive Psychotherapy and Insight-Oriented, Behavior-Modifying and/or Supportive Psychotherapy.</p> <ul style="list-style-type: none"> ▪ Interactive psychotherapy refers to the use of physical aids and nonverbal communication to overcome barriers to therapeutic interaction between the clinician and a student who has not yet developed, or has lost, either the expressive language communication skills to explain their symptoms and response to treatment or the receptive communication skills to understand the clinician if they would use ordinary adult language for communication.
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	Insight-oriented, behavior-modifying and/or supportive psychotherapy refers to the development of insight or affective understanding, the use of behavior modification techniques, the use of supportive interactions, and the use of cognitive discussion of reality or any combination of the above to provide therapeutic change.
Provider Qualifications	<p>Psychological, counseling and social work services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ Licensed physician or psychiatrist in the State of Michigan; ▪ A fully licensed psychologist (Doctoral level) in Michigan; ▪ A limited-licensed psychologist (Master’s level) under the supervision of a licensed psychologist; ▪ A school psychologist with a Master’s degree in psychology with a minimum of 500 clock hours of supervised internship; ▪ A social worker with a Master’s degree from a graduate school of social work and a minimum of 500 clock hours of supervised practicum; ▪ Licensed professional counselor in the State of Michigan; or ▪ Limited licensed counselor under the supervision of a licensed professional counselor.
Evaluations	Evaluations or assessments include tests, interviews and behavioral evaluations that appraise cognitive, emotional, social functioning and self-concept. These may also include interpretations of information about a student's behavior and conditions relating to functioning. A qualified psychologist, counselor or social worker must complete them.
Psychological Testing	<p>Psychological testing includes tests, interviews, evaluations and recommendations for treatment. This may also include interpretations of information about a student's behavior and conditions relating to functioning. A fully-licensed psychologist, a limited-licensed psychologist, or a school psychologist may perform psychological testing. Medicaid covers psychological testing that is reasonable and necessary for diagnosing the student's condition. Medicaid does not cover the time that a student spends alone in testing. The student’s school clinical record must be signed and dated by the staff that administered the tests and include the actual tests administered and completed reports. The protocols for testing must be available for review. Psychological testing may be billed per hour with a 5-hour maximum per year, and a report must be generated from the results of the tests. In accordance with CPT guidelines, the service includes testing time only; it does not include writing a report. Writing the report is considered a part of the testing process and is a requirement for billing.</p> <p>The psychological testing report must include all of the following:</p> <ul style="list-style-type: none"> ▪ Student name and birth date; ▪ Psychological tests administered; ▪ Summary of testing results; ▪ Treatment recommendations; and ▪ Psychologist name and dated signature.



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<p>Procedure Codes</p>	<p>The following procedure codes may be used to bill for psychological testing:</p> <ul style="list-style-type: none"> ▪ 96100 - Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI) with interpretation and report, per hour. ▪ 96115 - Neurobehavioral status exam (clinical assessment of thinking reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour. ▪ 96117 - Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour. <p>The following procedure codes may be used to bill for psychological, counseling and social work services. Only one individual psychotherapy procedure code (20 to 30 minutes or 45 to 50 minutes) may be billed per day:</p> <ul style="list-style-type: none"> ▪ 90804 - Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes, face-to-face with the patient. ▪ 90806 - Individual psychotherapy, insight-oriented, behavior-modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with the patient. ▪ 90810 - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms for non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes, face-to-face with patient. ▪ 90812 - Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms for non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes, face-to-face with patient. ▪ 90846 - Family psychotherapy (conjoint psychotherapy) without the patient present. ▪ 90847 - Family psychotherapy (conjoint psychotherapy) with patient present. ▪ 90853 - Group psychotherapy (other than of a multiple-family group). ▪ H0004 - Behavioral health counseling and therapy, per 15 minutes.
<p>Crisis Intervention</p>	<p>Crisis intervention services are unscheduled activities performed for the purpose of resolving an immediate crisis situation. Activities include crisis response, assessment, referral and direct therapy. Since these services are unscheduled activities, they are not listed in the student's IEP/IFSP treatment plan.</p> <p>Crisis intervention must be billed using the procedure code S9484 - Crisis intervention mental health services, per hour.</p>



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2.7 DEVELOPMENTAL TESTING

Definition	Developmental testing is medically-related testing (not performed for educational purposes) provided to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental delays. Testing is accomplished by the combination of several testing procedures and includes the evaluation of the student’s history and observation. Whenever possible and when age-appropriate, standardized, objective measurements are to be used (e.g., Denver II) for children under the age of six. Administering the tests must generate material that is formulated into a report.
Documentation	The developmental testing report must include all of the following: <ul style="list-style-type: none"> ▪ Student name and birth date; ▪ Tests administered; ▪ Summary of testing results; ▪ Treatment recommendations; and ▪ The dated signature, address and phone number of the person administering the tests.
Provider Qualifications	Developmental testing services may be reimbursed when provided by the following qualified staff in accordance with their professional credentials: <ul style="list-style-type: none"> ▪ A fully-licensed psychologist (Doctoral level) in the State of Michigan; ▪ A limited-licensed psychologist (Master’s level) under the supervision of a licensed psychologist; ▪ A school psychologist with a Master’s degree in school psychology with a minimum of 500 clock hours of supervised internship; ▪ A social worker with a Master’s degree from a graduate school of social work program and a minimum of 500 clock hours of supervised practicum; or ▪ Teacher consultant with a Master’s degree in education or a field of study related to special education and a minimum of three years teaching experience, not less than two years of which must be in teaching special education. This individual cannot be involved in any instructional activities during testing.
Procedure Codes	The following codes may be used to bill for developmental testing: <ul style="list-style-type: none"> ▪ 96110 - Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report. ▪ 96111 - Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development) with interpretation and report, per hour.



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2.8 NURSING SERVICES

Definition	<p>Nursing services are professional services that require the skills of a registered nurse (RN) and are relevant to the medical needs of the student provided through direct intervention.</p> <p>Direct service interventions must be medically based services, which are within the scope of professional practice of the RN, provided during a face-to-face encounter, and provided on a one-to-one basis. Such services include:</p> <ul style="list-style-type: none"> ▪ Catheterizations or Catheter care; ▪ Maintenance of tracheostomies; ▪ Medication administration; ▪ Oxygen administration; ▪ Tube feeding; ▪ Suctioning; and ▪ Ventilator care. <p>Services considered observation or stand-by in nature are not covered.</p>
Prescription	<p>Direct service interventions require a physician’s written order when the initial need for services is determined. Direct service interventions must be reviewed and revised annually or as medically necessary by the student’s attending physician. The school nurse is responsible for notifying the attending physician of any change in the student’s condition, which may result in a change or modification to the care plan.</p>
Provider Qualifications	<p>Nursing services may be reimbursed when provided by:</p> <ul style="list-style-type: none"> ▪ A certified school nurse, i.e., RN possessing Michigan licensure and Michigan Board of Education school nurse certification; or ▪ A RN with a Michigan license.
Evaluations	<p>A RN must complete the evaluations/assessments and prepare a nursing care plan. An evaluation/assessment may be performed when a change in the student’s medical condition occurs.</p>
Procedure Codes	<p>To bill for nursing services, use procedure code T1002 - RN Services, up to 15 minutes.</p>

2.9 PHYSICIAN AND PSYCHIATRIST SERVICES

Definition	<p>Physician and psychiatrist services are services provided with the intent to diagnose, identify or determine the nature and extent of a student’s medical or other health-related condition. Physician/psychiatrist services include:</p> <ul style="list-style-type: none"> ▪ Evaluation and consultation with providers of covered services for diagnostic and prescriptive services; includes participation in multi-disciplinary team assessment; and ▪ Record review for diagnostic and prescriptive services.
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	<p>Only the services provided by a physician or psychiatrist (M.D. or D.O.) through SBS may be billed and reimbursed through the enrolled SBS school district.</p> <p>Other physician or psychiatrist services, including those which may be delivered through other Medicaid-enrolled Provider Types 10, 11, or 77, are to be billed separately and may not be billed through the enrolled school district.</p>
Provider Qualifications	Physician or psychiatrist (M.D. or D.O.) with a current State of Michigan license to practice medicine.
Procedure Codes	<p>The following procedure code may be used to bill for physician or psychiatrist services:</p> <p>99361 - Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present); approximately 30 minutes.</p>

2.10 TARGETED CASE MANAGEMENT (TCM) SERVICES

Definition	<p>Targeted Case Management (TCM) Services are a component of the IEP/IFSP treatment plan. TCM identifies and addresses special health problems and needs that affect the student’s ability to learn, assist the student to gain and coordinate access to a broad range of medically-necessary services covered under the Medicaid Program, and ensures that the student receives effective and timely services appropriate to their needs.</p> <p>TCM is covered only when:</p> <ul style="list-style-type: none"> ▪ There are other Medicaid-covered medical services in the IEP/IFSP treatment plan. Transportation by itself is not a qualifying Medicaid-covered service for billing TCM. ▪ Coordinating activities to assist students receiving special education or early intervention services to gain access to needed medical, social, educational, and other services. ▪ TCM services may be reimbursed when provided by a Designated Case Manager or other ISD staff who are qualified to participate in the IDEA Assessment. <p>Staff Case Management Services may be reimbursed when they relate to the respective IEP/IFSP services that are provided by that staff person and do not duplicate services that are the responsibility of the Designated Case Manager. When a staff is qualified to provide both types of case management services and is serving as the Designated Case Manager, they may only bill as the Designated Case Manager.</p> <p>An integral part of all case management activities is the ongoing monitoring of needed medical, social, and educational and other services that are related to Medicaid-covered services and the delivery, adequacy and satisfaction of the treatment plan for the student.</p>
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<p>Designated Case Manager Provider Qualifications</p>	<p>The Designated Case Manager is the person responsible for the implementation of the IEP/IFSP treatment plan. The Designated Case Manager must be an individual who meets one of the following criteria:</p> <ul style="list-style-type: none"> ▪ A RN with a Michigan license; ▪ A baccalaureate degree with a major in a specific special education area; ▪ Has earned credit in course work equivalent to that required for a major in a specific special education area; or ▪ Has a minimum of three years personal experience in the direct care of an individual with special needs. <p>In addition to meeting at least one of the above, the Designated Case Manager must also demonstrate knowledge and understanding of all of the following:</p> <ul style="list-style-type: none"> ▪ Services for infants and toddlers who are eligible under the IDEA law as appropriate; ▪ Part C of the IDEA law and the associated regulations; ▪ The nature and scope of services covered under IDEA, as well as systems of payments for services and other pertinent information; ▪ Provision of direct care services to individuals with special needs; and ▪ Provision of culturally competent services within the culture of the community being served.
<p>Staff Case Manager Provider Qualifications</p>	<p>Staff that is qualified to participate in the IDEA Assessment may perform Staff Case Management services when the activities are related to the respective IEP/IFSP treatment plan services.</p>
<p>Designated Case Manager Services</p>	<p>The following functions are the responsibility of the Designated Case Manager. A designated case management service consists of the activities performed during the month to complete each responsibility:</p> <ul style="list-style-type: none"> ▪ Assure that standard re -examination and follow-up of the student are conducted on a periodic basis to ensure that the student receives needed diagnosis and treatment; ▪ Assist families in identifying and choosing the most appropriate providers of care and services, scheduling appointments and helping families to maintain contact with providers; ▪ Follow-up to ensure that the student receives needed diagnostic and treatment services; ▪ Assure that case records are maintained and indicate all contacts with, or on behalf of, a student in the same manner as other covered services; ▪ Coordinate performance of evaluations, assessments and other services that the student needs; ▪ Prevention of duplication of services; ▪ Facilitation and participation in the development, review and evaluation of the IEP/IFSP treatment plan; and ▪ Activities that support linking and coordinating needed health services for the student.



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Staff Case Management Services	<p>The Staff Case Management Services include:</p> <ul style="list-style-type: none"> ▪ Meeting with teachers and other professional staff involved with the student to discuss testing, planning, treatment, coordinating effective interventions and the student’s progress; ▪ Linking and coordinating health and behavioral services related to the IEP/IFSP treatment plan; ▪ Coordinating school based services and treatment with parents; ▪ Monitoring and recommending a plan of action; ▪ Providing modifications to the IEP/IFSP treatment plan to help the student; ▪ Coordinating with staff and other health professionals to establish a continuum of health and behavioral services in the school setting; and ▪ Staff Case Management Services must total no less than 15 minutes and must be billed using the procedure code noted below.
Procedure Codes	<p>To bill for the Designated Case Manager, use procedure code T2023 -Targeted case management; per month. Services are billed on a monthly basis. All services provided throughout the month must be documented.</p> <p>To bill for Staff Case Management, use procedure code T1007 - Targeted case management, each 15 minutes. The Designated Case Manager must not use this procedure code to bill for his/her TCM services.</p>

2.11 VISION, ORIENTATION AND MOBILITY TRAINING

Definition	<p>Vision, orientation and mobility training services are the evaluation and training performed to correct or alleviate movement deficiencies created by a loss or lack of vision. These services include communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities. The teaching of Braille is not a covered benefit.</p> <p>Vision orientation and mobility training must require the skills, knowledge and education of the qualified staff listed below.</p>
Provider Qualifications	<p>Services may be reimbursed as vision, orientation and mobility training when provided by:</p> <ul style="list-style-type: none"> ▪ Orientation and mobility specialist certified by the Association for the Education and Rehabilitation of the Blind and Visually Impaired; ▪ Teacher of special education with approval as teacher of the visually impaired; or ▪ Assistive Technology Consultant, Master’s Degree in Special Education or Speech Pathology.
Procedure Codes	<p>The following procedure codes may be used to bill for vision, orientation and mobility services:</p> <ul style="list-style-type: none"> ▪ 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes. ▪ 97150 - Therapeutic procedure(s), group (2 or more individuals).



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2.12 SPECIAL EDUCATION TRANSPORTATION

Definition	<p>Special education transportation services include transport to and from the student's pick-up and drop-off site where school based services are provided. It includes no more than one round-trip on a date of service.</p> <p>The need for special education transportation must be specified in the student's IEP/IFSP treatment plan. Medicaid may reimburse for special education transportation when a student receives a Medicaid-covered service on the same day.</p> <p>Medicaid does not reimburse for transportation provided in a regular or general education school bus. Also, there is no additional payment for an attendant.</p>
Documentation	<p>Federal requirements include documentation for transportation service claims that must be maintained for purposes of an audit trail, such as an ongoing trip log maintained by the provider of the special education transportation.</p>
Procedure Codes	<p>Use the following procedure codes when billing for Special Education Transportation:</p> <ul style="list-style-type: none"> ▪ A0130 - Non-emergency transportation: wheelchair van. This procedure code may be billed when a handicapped-equipped or -adapted vehicle is required. The motor vehicle is specialized (e.g., adapted bus, lift vehicle or van) for students who require accommodation for wheelchairs or other special equipment. ▪ A0120 - Non-emergency transportation: minibus, mountain area transports, or other transportation systems. This procedure code may be billed when a special education vehicle with no special accommodation is required. The special education vehicle may not necessarily be adapted or specially-equipped to serve disabled students.



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SECTION 3 – QUALITY ASSURANCE

SBS providers must have a written quality assurance plan on file. SBS providers may be reviewed/audited by the MDCH for determination of medical necessity and to verify that all services were billed and paid appropriately. The purpose of the quality assurance plan is to establish and maintain a process for monitoring and evaluating the quality and documentation of covered services, and the impact of Medicaid enrollment on the school environment. The Michigan Department of Education will conduct ongoing certification of school based services providers to assure compliance with enrollment criteria and quality assurance standards. MDCH accepts the Department of Education certification requirements.

An acceptable quality assurance plan must address each of the following quality assurance standards:

- Covered services are medically necessary, as determined and documented through appropriate and objective testing, evaluation and diagnosis;
- The IEP/IFSP treatment plan identifies which covered services are to be provided and the service frequency, duration, goals and objectives;
- A monitoring program exists to ensure that services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities and assisting the student to benefit from special education;
- Billings are reviewed for accuracy;
- Staff qualifications meet current license, certification and program requirements;
- Established coordination and collaboration exists to develop plans of care with other providers, including those from local Public Health and Family Independence Agencies (FIA), Early Periodic Screening, Diagnosis and Treatment (EPSDT) providers, Community Mental Health Services Programs (CMHSPs), the student's physician and managed care providers, and from the Medicaid Health Plans (MHPs), Hearing and Speech Centers, and Outpatient Hospitals; and
- Parent or guardian and student participation exists, outside of the IEP/IFSP team process, in evaluating the impact of the SBS program on the educational setting, service quality and outcomes.



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SECTION 4 – HEALTH AND ANCILLARY SERVICES REIMBURSEMENT

Reimbursement for covered services is on a fee-for-service methodology using a uniform fee schedule. Payments to a SBS provider are equal to 60 percent of the federal Medicaid funds (Federal Financial Participation--FFP) received by the State resulting from amounts billed to the Medical Services Administration by the SBS provider. Payments to school based health services providers are made on a monthly basis. To be reimbursed, all claims must be submitted within twelve months of the date of service.