

Distribution: School Based Services 04-01

Issued: March 1, 2004

Subject: New Codes and Revisions
LPN Services Addition

Effective: April 1, 2004

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

PURPOSE

This bulletin is to notify providers of procedure code revisions and additions to be made to the information in the School Based Services Fee For Service Chapter of your electronic Medicaid Provider Manual effective for dates of service as indicated.

CODE REVISIONS AND ADDITIONS

Chapter III, Section 2.1, Individuals with Disabilities Education Act (IDEA) and IEP/IFSP Development, Review and Revision

The procedure code T1024 is currently being used by three professional disciplines, the Targeted Case Manager (TCM) Designated Case Manager, the Vision, Orientation & Mobility Specialist or the Teacher Consultant, to bill for evaluations/assessments. In an effort to clarify the confusion this has caused MDCH is authorizing the use of additional codes so that each discipline can bill using their own code. Please note the changes in the Procedure Code Appendix.

The following changes apply to the "Procedure Codes" portion of the table in this subsection. The following procedure codes will be effective for dates of service on or after April, 1, 2004.

- **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). This code can be used only with the TM modifier.
- **96110** - Developmental testing; limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report (Teacher Consultant). This code can use no modifier or with the HT or TM modifiers.

- **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 (Teacher Consultant). This code can use no modifier or with the HT or TM modifiers.
- **V2799** – Vision services, miscellaneous (Vision Orientation and Mobility Specialist). This code is to be used for assessments and can be billed with no modifier or with the HT or TM modifiers.

The Special Instructions for Staff portion of the table in this subsection will be updated to reflect the following:

<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.
	<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"> ➤ Audiologist – 92506 ➤ Counselor – H0031 ➤ Occupational Therapist – 97003 ➤ Physical Therapist 97001 ➤ Physician/Psychiatrist – 99361 ➤ Psychologist – H0031 ➤ Registered Nurse – T1001 ➤ Social Worker – H0031 ➤ Speech Pathologist – 92506 ➤ TCM Designated Case Manager – T1024 (to be used with TM modifier only) ➤ Teacher Consultant – 96110 ➤ Teacher Consultant – 96111 ➤ Vision and Mobility Specialist – V2799

Chapter III, Section 2.9, Physician and Psychiatrist Services

The following bullet will be added to the “Procedure Codes” portion of the table in this subsection. This procedure code will be effective for dates of service on or after October 1, 2003. This code may only be billed for the period retroactive to October 1, 2003 if the ISD has not previously billed for record review under 99361 (Medical conference by a Physician).

Procedure code 99361 is now used for medical conference by a physician billed by itself or with HT or TM modifier. If a physician order/referral is written as a result of a physician medical conference the prescription/referral is considered to be a part of that service and is not separately reimbursable.

Procedure code G9008 should be used for basic physician record review and physician order/referrals only.

The Invoice Processing system will not allow the 99361 and G9008 to be paid for on the same date of service.

ISD's are expected to maintain adequate documentation to verify that no duplication of service occurred. Please note the changes in the Procedure Code Appendix.

- **G9008**- Coordinated care fee, physician coordinated care oversight services. (This code is to be used for the billing of the Physician record review.)

New Services Addition:

Chapter III, Section 2.8, Nursing Services:

The following new service and procedure code are to be added to the Nursing Services Table. The procedure code is to be used to bill LPN services provided within the scope of the Nurse Practice Act. Evaluations/assessments cannot be billed by LPNs. Please note the changes in the Procedure Code Appendix. This procedure code will be effective for dates of service on or after January 1, 2004.

The first two paragraphs in the "Definition" portion of the table will read as follows:

Nursing services are professional services relevant to the medical needs of the student provided through direct intervention. Direct service interventions must be medically based services, which are within the scope of the professional practice of the Registered Nurse (RN) and Licensed Practical Nurse (LPN), provided during a face-to-face encounter, and provided on a one-to-one basis.

The scope of practice is currently defined as the following; however Medicaid policy will follow current Michigan Public Health Code for Nursing practices.

Registered Professional Nurse: An individual licensed to engage in the practice of nursing whose scope of practice includes teaching, direction, and supervision of less skilled personnel in the performance of delegated nursing activities.

Licensed Practical Nurse: The practice of nursing based on less comprehensive knowledge and skill than that of a registered professional nurse and performed under supervision of a registered professional nurse, physician, or dentist.

LPN services can only be billed IF performed under the supervision of an RN or Physician.

The following bullet will be added at the end of the "Provider Qualifications" portion of the table:

- *Michigan licensure as an Licensed Practical Nurse*

The following sentence will be added at the end of the first paragraph in the "Evaluations" portions of the table:

LPN's cannot bill for evaluations/assessments.

The following procedure code and definition bullet will be added to the “Procedure Codes” portion of the table:

- **T1003-** LPN/LVN services, up to 15 minutes.

Procedure Code Appendix Deletions:

Delete T1024 from the IDEA Assessment table.

Procedure Code Appendix Additions:

Please add the following tables to the Procedure Code Appendix.

IEP/IFSP DEVELOPMENT, REVIEW AND REVISION

Procedure Code	Modifier	Description
92506	TM	Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status
H0031	TM	Mental Health Assessment, by nonphysician (Psychologist, Social Worker, Counselor)
97003	TM	Occupational Therapy Evaluation
97001	TM	Physical Therapy Evaluation
99361	TM	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care
T1024	TM	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter.
96110	TM	Developmental Testing, limited
96111	TM	Developmental Testing, extended
V2799	TM	Vision services, miscellaneous

PHYSICIAN AND PSYCHIATRIST SERVICES

Procedure Code	Modifier	Description
99361		Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care
G9008		Coordinated care fee, physician coordinated care oversight services.

NURSING SERVICES

Procedure Code	Modifier	Description
T1002		RN Services, up to 15 minutes.
T1003		LPN/LVN Services, up to 15 minutes.

MANUAL MAINTENANCE

The changes noted above will be incorporated into the online version of the electronic Medicaid Provider Manual effective April 1, 2004. Providers using the CD version of the manual dated January 2004, must retain this bulletin until an updated CD is issued.

QUESTIONS

Any questions regarding this bulletin should be directed to Provider Support, 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