Medicaid Certified School Match Program
Frequently Asked Questions

1. **Medicaid defines small group therapy sessions to include at least two students. I understand that if the group session has three to four students, and two to three of them are absent, then we cannot bill group/individual therapy for that student.**

   Correct. You cannot bill for group therapy if only one child is present. As defined in Medicaid Certified School Match (MCSM) handbook policy, a group is defined as two or more.

2. **What are billable services?**

   Billable services are identified in the MCSM Handbook. Each chapter discusses what is permissible for billing according to each discipline such as, therapy, behavioral, nursing, transportation, and AAC devices.

3. **Can G-tube feeding be billed as medication administration?**

   No. G-tube feeding should be billed as a nursing service using the following procedure codes:
   - T1002
   - T1003
   - T1004

   Please refer to Chapter 8 of the MCSM handbook for more detailed information.

4. **Why is a diagnosis code necessary for billing and who determines the code?**

   The Centers for Medicare & Medicaid (CMS) requires that all state Medicaid agencies' claims processing systems include an ICD-9/10 code that identifies either the medical diagnosis/condition, signs, symptoms, treatment diagnosis, or the nature of the illness or injury and that this code be obtained from the provider of service. The determination of who obtains the code can vary from provider to provider; it may come from the primary physician or other practitioners of the healing arts. The ICD-9/10 is a billing requirement as detailed in the CMS-1500 handbook on page 1-19.

   Here are some **helpful tips** to better understand the use of ICD-9/10 diagnosis codes:

   - The CMS-1500 handbook describes the ICD-9/10 code as a diagnosis or nature of illness or injury.

- Diagnosis coding does not *always* refer to assigning a medical diagnosis but rather a billing diagnosis. A billing diagnosis tells us "why" you saw the child.
- An Individual Education Plan (IEP) determination for Exceptional Special Education (ESE) eligibility will not necessarily be the same diagnosis used for billing purposes.

- Use the ICD-9/10 codes that describe the diagnosis, symptom, complaint, condition, or problem.
- Use the ICD code that is chiefly responsible for the item or service provided.
- Assign codes to the highest level of specialty. Use the fourth and fifth digits when available to accurately identify the purpose of treatment.

5. There are therapists who travel to different schools and may only be at a site part of the day. On certain days group therapy is done and on other days individual therapy is done, however, a child may need to be seen twice a week. Can both group and individual therapy be listed on the IEP outside of medical necessity?

No. Services must be driven by the child's needs in the most appropriate fashion to achieve their individual therapeutic goals. It cannot be based on the therapist schedule as discussed previously. This is seen as provider convenience and not medical necessity.

6. How do we document that a service provided is medically necessary?

It is documented by virtue of the service being recorded in the school district's records. If a service meets the definitions in the MCSM handbook, it would be considered medically necessary. A service may be both medically necessary and educationally relevant at the same time. A **helpful tip**: if the service requires a licensed or certified medical professional, this service generally will be considered medically necessary. More detailed information on Medicaid's definition of medically necessary can be found in the Provider General Handbook on page B-9.

7. In order for a Guidance Counselor to bill for "counseling" does either the Social Worker or Psychologist need to be at the table when the IEP is written and sign off on that IEP or subsequent addendum to the IEP?

Qualified providers of behavioral services who have master's level or higher degrees and are licensed or certified, must sign, title and date the IEP, Family Support Plan (FSP) or separate document indicating that behavioral services are needed for the Medicaid-eligible student prior to the time any claims for behavioral services are submitted to Medicaid. However, recommendations for behavioral services rendered by guidance counselors must be signed by school psychologists or psychologists or master's level social workers. (MCSM Handbook Ch. 6 page 6-5, Recommendation for Services)

8. Medicaid HMOs have been contacting school districts, requesting that they sign agreements. What are the Medicaid requirements for these agreements?

State law includes language that stipulates school districts and HMOs should develop agreements to coordinate services. HMOs must sign contracts with the Agency for Health Care Administration. Their contracts include a model agreement for use with school districts. The agreement is a model and may be modified, if needed. The purpose of the agreement is to help ensure that services are coordinated. The Medicaid Certified School Match Program is

outside of the scope of coverage for HMOs (i.e., HMOs are not reimbursed for services school districts provide). While it is not mandatory for school districts to sign these agreements, a district may wish to do so if they feel it is beneficial to their students. By electing to sign this document it will help create coordination of care.

9. Are Problem Solving/Response to Intervention services reimbursable?

No. This is not a reimbursable service.

10. You don't need to be licensed to perform Speech and Language Pathology (SLP) services - you can have a Masters level degree in Speech and Language Pathology. We require titles to be written next to the therapist's name. What title should we expect to see for an unlicensed SLP therapist who holds a Masters?

Some individuals have written MS and others MS-SLP.

11. Can Occupational Therapist/Certified Occupational Therapy Assistant (OT/COTA) or Physical Therapist/Physical Therapy Assistant (PT/PTA) interns' bill for Medicaid?

No. Only licensed OT/COTAs or PT/PTAs are credentialed Medicaid providers.

12. If we allow a Masters as satisfactory qualification then we proclaim that a Masters is "licensed" for life without any renewal process. Would this be an accurate statement?

The federal regulation states that a therapist "has completed the equivalent educational requirements and work experience necessary for a CCC" or "has completed the academic program and is acquiring supervised work experience to qualify for a CCC". ASHA requires a master's degree for issuance of CCCs. Licensing is not mentioned in the federal regulations, however, in Florida, a master's degree is required to be considered for a license. Non-licensed individuals with master's degrees working for school districts must meet DOE certification requirements.

13. Is the Plan Of Care required to be in the student's cumulative folder?

It is not required, but it must be available for monitoring purposes.

14. Medicaid traditionally claims that if a service is not documented it never took place. If an evaluation is not found in a child's record for a child receiving any kind of therapy, would an auditor negate all consequential therapy performed?

Yes. The evaluation is required *before* therapy can take place if a school district plans to seek reimbursement from Medicaid. Please refer to the handbook for specific evaluation requirements.

15. Can a therapist bill for providing inclusive therapy services to a student in a general education classroom?

If inclusive therapy is medically necessary it would be appropriate to seek reimbursement as long as the group size does not exceed handbook policy.

16. Have they ever resolved the issue regarding the need to obtain a parental permission form before we bill Medicaid? We would like to bill for screenings and assessments, etc., but do not have parental permission to bill as yet.

Medicaid does not require parental permission as a prerequisite for a Medicaid provider to bill for services provided to a student in the school environment under the MCSM Program. However, Department of Education (DOE) does require one-time signed consent for both checking eligibility and billing Medicaid. The handbooks do encourage providers to inform parents that "Medicaid will only reimburse one provider for the same procedure on the same day for the same student."

17. If the therapist disagrees with the IEP team recommendations, are those services reimbursable?

If all required documentation components are in place, Medicaid will reimburse for services provided to the student. However, if the therapist disagrees with the IEP team decision, the therapist can choose not to bill.

18. Does the POC have to specifically say that therapy will be a group or individual session? If a student misses a therapy session can the make-up session be billed if it exceeds what was documented in the POC?

In chapters 2, 3, and 4 of the MCSM handbook, the components needed for the POC have been outlined. One of the requirements is to identify the type of therapy, and then the therapist will address which therapy would be most appropriate to meet the needs of the student. The POC is designed to describe goals and objectives specific to the individual student. If the therapist determines that student requires more care, then the POC should be updated; and if less was needed then the same should occur. It would be appropriate to make up a session if it was deemed to be medically necessary by the practitioner of the healing arts.

19. Can progress be a checklist with boxes to be marked "progress", "minimal progress", "mastered", "regression", or other similar one-word descriptors?

The MCSM handbook (pages 2-11, 3-11 and 4-9) does not specify the level of detail required for progress; consequently, these statements would be acceptable. It is important to understand that progress notes should clearly and effectively document the student's present level. Thus, the districts must be able to substantiate that treatments were necessary to accomplish the goals set in each student's POC or, if progress was not made, explain why.

20. Can our school district bill for a child who requires continuous nursing care, if so how do we bill?

The district can bill for nursing services provided. However, personal care services are not reimbursable through the MCSM program. In the MCSM handbook on page 8-1 and 8-2 there

is a list of nursing services that are appropriate for seeking reimbursement. Please note that personal care services are to provide medically necessary assistance with activities of daily living and should not be confused with nursing services.

21. I know we need to document "Reaction" in Nursing Services, but do we need to document it in Medication Administration? I know the handbook doesn't specify "reaction" in Medication Administration.

Documentation for reaction to medication administration is required, and time spent observing the reaction can be billed as a nursing service in addition to billing medication administration. Additional information regarding medication administration can be found on page 8-2 of the handbook.

22. Can school health aides complete CPR training online?

School health aides can complete online CPR training if it is conducted by The American Heart Association or The American Red Cross.

23. Can you combine information between an IEP and a "completed" POC to obtain the frequency and duration of treatment?

The MCSM handbook (pages 2-3, 3-3 and 4-4) states that the IEP will suffice as the POC, if the required elements are present, which includes objectives. The handbook does not prohibit combining the documents as long as (1) the therapist signs each document (the POC and IEP) since they are being "combined" as one plan of care, (2) POC is updated annually so the IEP annual update coincides with the updated POC if the frequency and duration remain separate in each document, and (3) both documents are present for monitoring and all required components are identified. If document dates do not match, the latter date should be used. The POC must also indicate whether group therapy, individual therapy, or a combination of both is required to achieve the desired outcome.

24. A student has Transportation and SLP in the IEP, the school won't bill Medicaid for SLP because the service is being provided by a Bachelors SLP. Can our school district still bill for Transportation?

No. The student has to receive a Medicaid Compensable Service (billed or not billed). This service would not be eligible for seeking reimbursement as the service was provided by a bachelor's level therapist.

25. What is a Medicaid "reference for services" in IEPs and IFSPs?

For Medicaid's purposes, a reference for service can be a general or specific statement in a student's IEP/IFSP that the student will receive a medical service that is covered by the Medicaid Certified School Match Program. Additional information can be found in the handbook on page 1-4.

26. A question was raised, referring to G-tube feedings covered under nursing services. Do they still have to log in a reaction to the nursing service?

Yes. The reaction to the service(s) provided by the nurse is an integral part of documentation requirements of all services provided by a nurse.

27. Can Medicaid be billed if a student who already has a behavioral services plan in place via an IEP (or otherwise has behavioral treatments already in his IEP) has a crisis situation?

Medicaid will reimburse for covered services necessary to resolve the student's crisis based on the reference to behavioral services already in the IEP. Additional information can be found in chapter 6 of the MCSM handbook.

28. Is it permissible for one school district to be a billing agent for another school district(s)?

Yes. It is permissible under both fee for service and administrative claiming programs. However, any reimbursements made to a school district by another school district must not be made on a contingency fee basis. Administrative claiming policy requires that a copy of the billing agent contract between districts be sent to Jim Robinson, Medicaid Headquarters. Please review the Provider General Handbook page 2-59 for more detailed information.

29. Can Medicaid be billed if a student who already has a nursing plan (ex., tube feeding) or nursing treatments in an IEP gets ill or injured at school and needs nursing services?

Yes. Medicaid will reimburse for treatment of an illness or injury based on the reference to nursing services already in the IEP.