

Medicaid in Education Alert

New York State Department of Health (DOH), Office of Health Insurance Programs (OHIP)
New York State Education Department
Preschool/School Supportive Health Services Program (SSHSP)
Medicaid in Education Unit

Issue #14-04

TO: All SSHSP Medicaid Providers

FROM: NYS OHIP SSHSP &
NYSED Medicaid in Education Unit

DATE: August 15, 2014

SUBJECT: Clarification of Medicaid Claim Form and Supporting
Documentation Requirements: Billing PT and OT Services

The purpose of this Medicaid Alert is to clarify claiming and documentation requirements when a Medicaid eligible student with an IEP receives both physical therapy (PT) and occupational therapy (OT) services through the SSHSP on the same day and both therapists select the same procedure code/rate code for Medicaid billing purposes.

eMedNY Claim Denials

When two SSHSP Medicaid claims – one claim for PT services and one claim for OT services provided on the same day – are submitted for the same student using the same procedure/rate code, same date of service, and the same billing provider (school district or county), only the first claim processed will result in payment. The second claim will be denied by eMedNY as a duplicate of the first paid claim because eMedNY does not differentiate claims based on the attending provider NPI. eMedNY edit # 00705 – duplicate claim in history (claim adjustment reason code 97) – is reported on Medicaid remittance reports (from eMedNY) when these claims are denied.

Central New York Regional Information Center

For SSHSP claims that are processed by CNYRIC, the second claim will be “rejected” as duplicate because a previous claim with the same procedure/rate code was submitted for the same date of service by the same billing provider for the same student, and the claims are not differentiated based on the attending provider’s NPI. CNYRIC lists these rejected claims as duplicate service data on the billing provider’s “Medicaid Service Update Report.”

Pending eMedNY Solution

The Department of Health has submitted a systems project request to reprogram eMedNY to be able to distinguish the therapy types being billed on the separate claims even though the procedure and rate codes are the same. Including procedure code modifiers on the claims will allow eMedNY to distinguish the therapy types from one

another. The following procedure code modifiers will be required on SSHSP claims when the system project is implemented:

- GN – Speech therapy
- GO – Occupational therapy
- GP – Physical therapy

A Medicaid Alert will be issued when the necessary system projects at Computer Sciences Corporation (CSC) and CYNRIC have been implemented to inform the SSHSP billing providers (and billing vendors) of the requirement to include procedure code modifiers on claims. In the meantime, SSHSP billing providers should begin preparing to make system changes to accommodate the use of modifiers in the procedure code modifier field on their claims.

Interim Solution Until eMedNY System Request Implemented

SSHSP providers may utilize the following process to avoid additional claim denials or rejections until they have been notified that the eMedNY project request has been fully implemented (requiring procedure code modifiers on claims):

When an SSHSP physical therapy session and an SSHSP occupational therapy session are billed to Medicaid with the same procedure and rate code on the same day, **only one claim should be submitted**. The one claim submitted must include the appropriate number of ‘units’ to account for both the physical and occupational therapy sessions that are being billed on the same claim. For example, when billing Medicaid for 30 minutes of procedure code 97530/rate code 2084 for physical therapy and the same procedure and rate code for 30 minutes of occupational therapy, billing providers must submit only one claim for 4 units of procedure code 97530/rate code 2084.

The SSHSP Medicaid claim must include an attending provider NPI that belongs to one of the practitioners who performed one of the services being billed. SSHSP providers (school districts or counties) must determine which attending provider’s NPI (either the physical therapist or the occupational therapist) to include as the attending NPI on the SSHSP Medicaid claim. It is strongly recommended that each SSHSP billing provider develop and document a district (or county) specific policy detailing:

- Which attending provider’s NPI will be attached to the claim; and,
- The supporting documentation (separate session notes) that will be maintained for each furnished service that is included on the same claim form.

Medicaid Documentation Requirements

In order to submit claims to the Medicaid program for SSHSP services, the following document requirements must be met:

- The Individualized Education Program (IEP). For Medicaid claiming purposes all school supportive health services to be provided and all evaluations used in the IEP development must be on the student's IEP.
- Verification of current certification, licensure, and/or registration, as relevant, of clinician providing the service must be available upon request.
- Provider Agreement and Statement of Reassignment completed by outside contractors, if applicable.
- Parental Consent for Release of Information.
- Written Orders/Referrals.
- “Under the Direction of” or “Under the Supervision of” documentation, if applicable.
- Documentation of each billable service:
 - Evaluation report.
 - Session note.
 - Medication Administration Record (MAR).
 - Special transportation logs.

In addition, as previously noted, it is recommended that billing providers establish a clear written policy and procedures to detail how their school district or county will comply with Medicaid billing and claiming requirements when two practitioners identify the same procedure/rate code for different SSHSP services provided to the same student on the same date of service. This policy should include, at a minimum, the following elements:

- The Medicaid policy requiring clinics/institutional providers to only submit one claim per rate code billed per day, including a reference to this Medicaid Alert,
- How your school district or county will combine multiple therapy services billed with the same procedure/rate code for the same student on the same date of service into one claim for Medicaid billing purposes,
- The methodology used to determine how the attending NPI for the Medicaid claim is chosen and how this decision is documented, and
- A mechanism or process for notifying both of the affected attending providers when their services are combined into one claim for Medicaid billing purposes.

This Medicaid Alert, combined with the written policy established by each SSHSP provider addressing the four elements above, should be maintained by your school district/county and made available upon request for Medicaid audit purposes, in addition to the other Medicaid required supporting documentation for each separate service that was claimed.

This policy has been shared with the NYS Office of the Medicaid Inspector General (OMIG) and the Centers for Medicare and Medicaid Services (CMS). Both agencies are aware of this interim, administrative solution for processing claims for services provided on the same date of service to the same student where the same procedure/rate code has been selected by each servicing provider.

eMedNY Claim Adjustments

To receive reimbursement for the claims that were denied in eMedNY or rejected at CNYRIC as “duplicates,” SSHSP billing providers will have to submit adjustments on the original claims that were paid. The adjusted claim will need to be submitted with additional units of service, so that the total units billed to Medicaid represent the combined therapy sessions. For example, Claim A was submitted with 2 units for procedure code 97530/rate code 2084 for a 30-minute physical therapy session and was approved and paid. Claim B was submitted with 2 units for procedure code 97530/rate code 2084 for a 30-minute occupational therapy session and was denied or rejected because it is too similar to Claim A, and is considered a “duplicate.” To be reimbursed for both ½ hour therapy sessions, a claim adjustment must be submitted for Claim A to change the number of units billed from 2 to 4. Adjustments to paid claims should be made as soon as practicable as long as all Medicaid documentation requirements are met.

If you have any questions or comments regarding this alert, please contact the NYS Department of Health at 518-473-2160 or your local Regional Information Center representative, or the NYS Education Department, Medicaid Unit at medined@mail.nysed.gov