

Preschool/School Supportive Health Services (SSHSP)

SSHSP BILLING/CLAIMING GUIDANCE

I. Documentation necessary to bill Medicaid (kept on file)

- **Provider Information:**
 - **Certification/Licensure of all servicing providers** (See Provider Matrix)
 - **“Under the Direction of” (UDO) documentation** (if applicable; see UDO explanation/requirements)
 - **Provider Agreement and Statement of Reassignment** (completed by outside contractors)
- **Student Information:**
 - **Medicaid-eligible student**
 - **Referral to the CSE/CPSE**
 - **Individualized Education Program (IEP)**
 - **Consent for Release of Information**
 - **Referrals or written orders for services as required**
 - **Special Transportation** (medical need must be documented in IEP)

II. Provision of Service:

- **Service must be medically necessary and**
 - i. **Documented in IEP**
 - ii. **Ordered by a practitioner acting within his/her scope of practice**
 - iii. **Provided by a qualified provider**
 - iv. **Provided “Under the Direction of” (UDO) or with supervision if applicable**

III. Each encounter must have the following documentation:

- **Student’s name**
- **Specific type of service provided**
- **Whether the service was provided individually or in a group**
- **The setting in which the service was rendered (school, clinic, other)**
- **Date and time the service was rendered (length of session)**
- **Brief description of the student’s progress made by receiving the service during the session**
- **Name, title, signature, and credentials of the person furnishing the service and signature/credentials of supervising clinician as appropriate**

IV. For claims with date of service 6/30/09 and earlier:

- **Supporting documentation from Sections I and II is required**
- **Supporting documentation from Section III is required for the applicable minimum visits per month (e.g., two documented speech therapy sessions per month)**
- **Select applicable monthly rate code**
- **Transmit to billing agent**

V. For claims with date of service 9/1/09 and later:

- **Supporting documentation from Sections I, II and III is required**
- **Provider who furnished the service documents Current Procedural Technology (CPT) code(s) (see SSHSP CPT codes for additional information) that apply to each encounter**
- **Transmit to billing agent**

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Date of Service	Documentation Requirements	Process
Pre-July 1, 2009	<ul style="list-style-type: none"> • Provider Qualifications/Credentials, Agreement and Statement of Reassignment • Medicaid eligible student's information including: referral to CSE/CPSE; IEP; consent for release of information; referrals or orders for services as required; special transportation needs if applicable • Contemporaneous session note documenting provision of service (minimum 2 sessions/month), including: <ul style="list-style-type: none"> ▪ Student's name ▪ Specific type of service provided ▪ Whether the service was provided individually or in a group ▪ The setting in which the service was rendered (school, clinic, other) ▪ Date and time the service was rendered (length of session) ▪ Brief description of the student's progress made by receiving the service during the session ▪ Name, title, and signature of the person furnishing the service and signature of supervising clinician as appropriate 	Transmit to Billing Agent: <ul style="list-style-type: none"> • Date of Service; • Billing Code; • Actual number of services provided in the month; • Parental consent indicator for eligible students
July 1, 2009- August 31, 2009	No SSHSP claims can be paid	
September 1, 2009 and forward	<ul style="list-style-type: none"> • Provider Qualifications/Credentials, Agreement and Statement of Reassignment • Medicaid eligible student's information including: referral to CSE/CPSE; IEP; consent for release of information; referrals or orders for services as required; special transportation needs if applicable • Contemporaneous session note documenting provision of service for each encounter, including: <ul style="list-style-type: none"> ▪ Student's name ▪ Specific type of service provided ▪ Whether the service was provided individually or in a group ▪ The setting in which the service was rendered (school, clinic, other) ▪ Date and time the service was rendered (length of session) ▪ Brief description of the student's progress made by receiving the service during the session ▪ Name, title, and signature of the person furnishing the service and signature of supervising clinician as appropriate 	Transmit to Billing Agent: <ul style="list-style-type: none"> • Date of Service; • CPT code that corresponds to type of service and duration of session; • Parental consent indicator for eligible students