

# **PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)**

## **MEDICAID-IN-EDUCATION**

## **MEDICAID PROVIDER POLICY AND BILLING HANDBOOK (UPDATE 8)**



**ISSUED NOVEMBER 2014**

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## Section 1

# GENERAL INFORMATION

### PREFACE

The purpose of this Handbook is to provide information and guidance to those who coordinate and deliver related services and/or other special education programs and services to children with disabilities in the school districts and counties who participate in the New York State Medicaid Program. Throughout this document the term counties includes the City of New York. Handbook #8 includes information to help providers understand Medicaid program requirements and instructions regarding documentation requirements for completing and submitting Medicaid claims.

**The information and instructions in Handbook 8 apply to all Medicaid claims for school supportive health services. Handbook 8 replaces Handbook 7 and incorporates all elements of the interim billing and claiming guidance that is posted on the Medicaid in Education website at:**

<http://www.oms.nysed.gov/medicaid/>

Pertinent policy statements and requirements governing the Medicaid Program have been included in Handbook 8, which will serve as a central reference for updated information. Providers of preschool and school supportive health services are responsible for familiarizing themselves with all Medicaid regulations, policies and procedures currently in effect and as they are issued.

In addition to Handbook 8, primary sources of information about the Preschool/School Supportive Health Services Program, which is administered jointly by the New York State Education Department (SED) and the New York State Department of Health (DOH), are:

- Medicaid Alerts published by SED and DOH, which contain information regarding the provision of special education related services eligible for Medicaid reimbursement. Topics of Medicaid Alerts include the State Plan Amendment (SPA) for Preschool/School Supportive Health Services, updates on provider qualifications and updates on billing and claiming. Medicaid Alerts can be found on the Medicaid in Education website at: [www.oms.nysed.gov/medicaid](http://www.oms.nysed.gov/medicaid)
- [SSHSP Questions and Answers](#) published by SED and DOH, which contain specific historical and current Medicaid policies and billing guidance related to the provision of, and available Medicaid reimbursement for, school supportive health services.
- Medicaid Update, a monthly publication of DOH, which contains information regarding Medicaid programs, policy and billing. The Medicaid Update is **ONLY** available electronically. The newsletter is delivered monthly to your designated e-mail address in a Portable Document Format (PDF). To receive the Medicaid Update electronically, please send your e-mail address to:  
[medicaidupdate@health.state.ny.us](mailto:medicaidupdate@health.state.ny.us)

## **Section 1**

## **GENERAL INFORMATION**

or write to:

NYS Department of Health  
Office of Health Insurance Programs  
Attention: Kelli Kudlack

Corning Tower, Room 2029  
Albany, New York 12237

Past issues of Medicaid Update, organized by month, year and by topic, are available at:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/main.htm](http://www.health.ny.gov/health_care/medicaid/program/update/main.htm)

The definitions, provider qualifications and documentation requirements included in this Handbook are for Medicaid reimbursement purposes only and may not correspond exactly to requirements for the provision of special education services as required by Federal and State law and regulations. Regardless of the requirements for Medicaid reimbursement, school districts and counties must provide special education services in compliance with Federal and State law and regulations.

## **Section 1**

## **GENERAL INFORMATION**

### **MISSION**

To assist school districts and counties to provide quality healthcare to students with disabilities for certain diagnostic and health support services through accessing Medicaid reimbursement for eligible services and to prevent fraud, abuse, and false billing to the Medicaid Preschool and School Supportive Health Services Program while ensuring compliance with federal and State laws, regulations and guidelines.

### **HISTORY OF PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)**

Traditionally, all costs provided by educational institutions have been funded through educational resources. In 1988, §1903 of subdivision (c) of the Social Security Act (SSA), was added by §411(k)(13)(A) of the Medicare Catastrophic Coverage Act of 1988 (PL 100-360). §1903(c) clarified Congressional intent by stating that nothing in Title XIX of the SSA shall preclude Medicaid coverage of services included in the Individualized Education Program (IEP) of a student with a disability. This paved the way to supplement already allocated state and local educational monies earmarked for such services with Federal Medicaid dollars without impacting the State Medicaid Budget. New York State implemented the Federal Law in 1989 by amending §§368 (d) and (e) of the Social Services Law to authorize the then State Department of Social Services (SDSS) to make payment of Federal Medicaid Assistance (MA) funds for SSHSP services. The Department of Health is now the single state Medicaid agency responsible for oversight of the New York State Medicaid program.

In 2001, the Department of Justice (DOJ) and the Office of the Inspector General (OIG) initiated a federal investigation of a sample of programs in school districts, counties, and New York City as a result of litigation commenced by a whistleblower under the federal

False Claims Act. This investigation provided the impetus for a complete audit of New York's School Supportive Health Services program by the OIG. Results of the audit recommended Medicaid disallowances of approximately \$1.078 billion, not including interest. In July 2009, the State and New York City entered into an agreement with the federal Centers for Medicare and Medicaid Services (CMS), OIG and DOJ that called for restitution of approximately \$539.75 million by the State and City. Terms of this settlement also included a Compliance Agreement that required the State to implement a Compliance and Integrity Program to prevent fraud, abuse, and false billing to Medicaid in its Preschool and School Supportive Health Services Program. Under the Compliance Agreement, the State was also required to submit a new State Plan Amendment (SPA) for CMS approval. The SPA details the nature and scope of Medicaid coverage and reimbursement including provider qualifications and encounter-based billing methodology. [SPA #09-61 for the Preschool/School Supportive Health Services Program](#) was approved by CMS on April 26, 2010 with a retroactive effective date of September 1, 2009.

The Preschool/School Supportive Health Services Program (collectively "SSHSP") was developed jointly by the New York State Department of Health (DOH) and the New York State Department of Education (SED) to help school districts and counties obtain Medicaid reimbursement for certain diagnostic and health support services provided to students with disabilities. Specific services provided to school-age students from five years up to 21 years of age and to preschool students ages three to five years may be covered under SSHSP if all Medicaid requirements are met.

## Section 2

## MEDICAID SERVICES

### EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES (EPSDT)

School Supportive Health Services (SSHS) are services provided by or through school districts, and Preschool Supportive Health Services (PSSHS) are provided through counties in the State or New York City to children with disabilities who attend public or State Education Department approved schools or preschools. The services must be:

- Medically necessary and included in a Medicaid covered category in accordance with § 1905(a), § 1905(r)(5), and/or § 1903(c) of the Social Security Act;
- Ordered or prescribed by a NYS Medicaid enrolled physician or other licensed practitioner acting within his or her scope of practice under New York State Law;
- Included in the student's Individualized Education Program (IEP);
- Provided by qualified professionals under contract with or employed by a school district or a county in the State or the City of New York;
- Furnished in accordance with all requirements of the State Medicaid Program and other pertinent federal and State laws and regulations including those for provider qualifications, comparability of services, and the amount, duration and scope provisions; and
- Included in the State's Medicaid plan or available under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

A school district or county in the State or New York City must be enrolled as a Medicaid provider in order to bill Medicaid. **Effective September 1, 2009**, under State Plan Amendment #09-61, the services covered by the SSHSP for Medicaid eligible children under 21 who are eligible for EPSDT services that are medically necessary are included in Table 1.

<b>Table 1</b>
<b>SSHSP MEDICAID REIMBURSABLE SERVICES</b>
Medical Evaluations
Medical Specialist Evaluations
Psychological Evaluations
Audiological Evaluations
Physical Therapy
Occupational Therapy
Speech Therapy
Psychological Counseling
Skilled Nursing
Special Transportation

## Section 2

## MEDICAID SERVICES

### MEDICAID PROVIDERS

For purposes of clarifying the term ‘provider,’ Medicaid claims can include three ‘providers.’ These are:

- **Ordering provider** – the NYS Medicaid enrolled<sup>1</sup>, licensed and registered professional who has ordered or recommended services. Medicaid enrollable ordering/referring providers include state licensed and currently registered physicians, physician assistants, nurse practitioners, speech-language pathologists, psychiatrists, and psychologists.

Beginning with dates of service on and after May 1, 2013 the ordering/referring provider's NPI must be identified on Medicaid claims submitted for reimbursement.

- **Attending provider** – the clinician who has the overall responsibility for the student’s medical care and treatment. In cases where the **servicing provider** (i.e., the clinician who provides services to the student on a regular basis) works “under the direction of” or “under the supervision of” a licensed clinician, the directing/supervising clinician is considered the “attending” clinician.

Beginning with dates of service on and after January 1, 2012 the attending provider’s NPI must be identified on Medicaid claims submitted for reimbursement. The attending provider’s NPI must be identified on the electronic Medicaid claim when the attending provider and the servicing provider are not the same individual.

- **Billing provider** – the school district or county.

The billing provider's NPI must be identified on Medicaid claims submitted for reimbursement.

<sup>1</sup> Please note that referrals for psychological evaluations and counseling services may be made by an appropriate school official or other voluntary health or social agency. School officials are not allowed nor required to enroll as a NYS Medicaid provider. See pages 40 and 45 for additional information.

## Section 3

## CONFIDENTIALITY

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires standards to be adopted in two areas;

- 1) Electronic health-care transactions (include standardizing the manner in which health services are claimed by any entity for any person in receipt of such a service), and
- 2) Privacy (confidentiality) of all health-related services provided. This involves protection of health information for anyone in receipt of such services.

Because the Central New York Regional Information Center (CNYRIC) submits all Medicaid claim data to the electronic Medicaid system in New York State (eMedNY) for processing **on behalf of school districts and counties**, it is a covered entity under this act. The electronic transmission of Medicaid data by CNYRIC is in a HIPAA-compliant format.

For more information about HIPAA please visit the US Department of Health and Human Services website at: <http://www.hhs.gov/ocr/privacy/>

### THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

The Family Educational Rights and Privacy Act (FERPA), which is also known as the Buckley Amendment, is more restrictive than HIPAA with respect to the protection of privacy and security of all health related services. Because all school districts and counties are required to be in compliance with FERPA, they are also in compliance with HIPAA.

In order to assure compliance with FERPA (and thus with HIPAA), the following minimum procedures must be in place:

- All student data files and information must be protected (e.g., student files are locked or only accessible by appropriate personnel).
- Any student information/files transmitted to other appropriate recipients must also be protected. Information files must be encrypted and password protected.
- Student information/files may be faxed to appropriate personnel, but only to secure sites.

## **Section 3**

## **CONFIDENTIALITY**

- Parental consent is required for the release of any personally identifiable information other than those specifically excluded in [34 CFR §99.31](#).
- See Procedures for Transmission of Student Specific Information For Medicaid Billing Purposes on page 11 for all communications between school districts, counties, and SED/DOH pertaining to student-specific information.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may call 1-800-437-0833.

Or you may visit the US Department of Education website at:  
<http://www.ed.gov/policy/gen/guid/fpcos/ferpa/index.html>

Or you may contact the Family Policy Compliance Office at the following address:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20020-8520

## **Section 3**

## **CONFIDENTIALITY**

### **MEDICAID ELIGIBILITY DISCLOSURE POLICIES**

#### **New York State Education Department Policy**

Confidentiality requirements mandate parental consent is given to the school districts and counties before the identity of a special education student can be released. See page 20 for parental consent requirements.

#### **New York State Department of Health Policy**

Schools and preschools may disclose Medicaid eligibility information to their health related services professional staff and providers with whom they contract when such information is necessary to administer the Medicaid State Plan for SSHSP.

Eligibility information provided to school districts and counties, therefore, may be shared with staff and other individuals associated with the agency that must provide the documentation required for claiming Medicaid reimbursement.

## **Section 3**

## **CONFIDENTIALITY**

### **PROCEDURES FOR THE TRANSMISSION OF STUDENT SPECIFIC INFORMATION FOR MEDICAID BILLING PURPOSES**

To maintain security, all staff handling data with student identifying information, especially while seeking clarification on the processing of claims, must abide by the rules in this section. Staff includes, but is not limited to, employees and contracted staff of school districts and counties, State agencies, Regional Information Centers (RICs), and other third party vendor staff.

#### **Fax Transmissions**

The sender should place the student last name, first name, date of birth and gender on a numbered line. This will allow the receiving staff to provide a response using only the number, without having to repeat the identifying information.

Call the receiver ahead of time to ensure immediate availability to retrieve the document. The intended receiver must provide the sender with a phone number for a fax machine that is located in a secure environment and not open to the general public.

#### **E-Mail Transmissions**

E-mail transmissions are permissible only if the data is encrypted and password protected. Information on encryption software is discussed later in this section.

#### **Telephone**

The telephone is preferable for small numbers of requests. Leave messages containing identifying data only on voice mail systems that are password protected.

#### **Paper Documents**

Printed documents may be mailed but be sure to mail only to a specific individual with the right to know. General addresses, where anyone can open the mail, are not appropriate.

#### **Hand Delivered Files**

Files and printed documents with personally identifying information may be hand delivered without encrypting the files. However, the information must be hand delivered to an appropriate individual with the right to know.

#### **Files, Logs, Documentation or any Medium Containing Student Personally Identifiable Information**

All files must be maintained in a secure environment which can only be accessed by appropriate staff that requires access to such information to carry out their work responsibilities. Information should not be left unattended. It should be locked or maintained where access would be denied.

## **Section 3**

## **CONFIDENTIALITY**

### **Encryption Information**

School districts and counties may continue to use their current encryption software as long as it meets industry standards for security and privacy and is password protected. However, if you do not currently have encryption software you will need to purchase a package in order to meet FERPA requirements for security and privacy regarding the sending or transmitting of personally identifiable student information. SED does not recommend a particular software package or vendor. School districts or counties may pursue appropriate options, based on their existing infrastructure and support, and should involve their information technology support staff in deciding which option or software is in their best interest. However, SED requires that any software selected must be compatible with the Pretty Good Privacy (PGP®) software used by SED, DOH and Central New York Regional Information Center (CNYRIC). The website to inquire about the PGP Encryption Software is: <http://www.symantec.com/business/theme.jsp?themeid=pgp>. Whatever option you choose or software you use, the recipient of your data must be able to open the file with the password you choose.

### **File Transfer Protocol (FTP)**

If your local RIC offers an electronic FTP to submit or retrieve files, the RIC takes the responsibility for securing the information and the authorization for its use. If interested in submitting or retrieving information using this process, contact your RIC for details and authorization.

**Note:** HIPAA expressly excludes from HIPAA coverage any information maintained in school district educational records which are subject to the Family Educational Rights and Privacy Act (FERPA). Any questions regarding the above should be addressed to:

[MedinEd@mail.nysesd.gov](mailto:MedinEd@mail.nysesd.gov)

## **Section 4**

## **OTHER AVAILABLE REIMBURSEMENT**

### **USE OF PUBLIC INSURANCE FUNDS FOR STUDENTS WITH DISABILITIES**

The purpose of this section is to remind school districts and counties of the federal requirements relating to the use of public insurance funds for students with disabilities. Certain students with disabilities in NYS have access to public insurance. Federal regulations establish that a public agency may use a student's Medicaid or other public insurance benefit programs in which a student participates to provide or pay for school supportive health services with the following limitations:

School districts and counties cannot:

- Require parents to sign up for or enroll in public insurance programs in order for their child to receive a free appropriate public education (FAPE) under Part B of the Individuals with Disabilities Education Act (IDEA);
- Require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services, but may pay the cost that the parent otherwise would be required to pay; and
- Use a child's benefits under a public insurance program if that use would:
  - Decrease available lifetime coverage or any other insured benefit;
  - Result in the family paying for services that would otherwise be covered by the public insurance program and that are required for the child outside of the time the child is in school;
  - Increase premiums or lead to the discontinuation of insurance; or
  - Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

The use of Medicaid funds to provide or pay for school supportive health services through New York State's Preschool/School Supportive Health Services Program will not:

- Require parents to incur an out-of pocket expense;
- Decrease a child's Medicaid benefits or available lifetime coverage; or
- Increase premiums or lead to the discontinuation of insurance or a student's eligibility for home and community-based waivers.

Special Note: Section 5 of this Handbook provides detailed information regarding IDEA written parental consent requirements. In addition, parents must be informed that refusal to permit the school district or county to access public benefits or insurance does not relieve the school district or county of its responsibility to ensure that all required services are provided to students at no cost to parents.

Additional information regarding the use of public insurance is available at  
<http://www.p12.nysed.gov/specialed/publications/parentalconsent-medicaid-July2013.htm>

If you have any questions regarding the above requirements, please contact the SED Medicaid Unit at 518-474-7116 or [MedinEd@mail.nysed.gov](mailto:MedinEd@mail.nysed.gov).

## **Section 4**

## **OTHER AVAILABLE REIMBURSEMENT**

### **THIRD PARTY HEALTH INSURANCE (TPHI)/MEDICAID MANAGED CARE**

The existing Medicaid third-party liability regulations were designed to protect the government from paying for care that could otherwise be funded by private entities. However, there are two significant barriers to collecting payment from other health insurers for school supportive health services:

- private insurers do not recognize schools as health providers and have historically denied payment for services administered by schools, and
- the student's right to a free appropriate public education (FAPE) does not impose any responsibility on the parent (or other legally responsible guardian) to agree to sign up for, or allow access to third party health insurance (TPHI) which might offset the school's costs.

Given the above the pursuit of other third-party health insurance payment for SSHSP services would not be cost-effective and is unnecessarily burdensome. Therefore, Preschool/School Supportive Health Service Program (SSHSP) providers do not have to bill a student's third party health insurance before Medicaid can be billed for SSHSP services.

Preschool/School Supportive Health Services are carved out (not included in) of the Medicaid Managed Care benefit package. This means that SSHS are billed to regular fee-for-service Medicaid for students enrolled in Medicaid Managed Care.

### **SECTION 504 STUDENTS**

Medicaid reimbursement is not available for students receiving services from an Accommodation Plan in accordance with Section 504 of the Rehabilitation Act. Section 504 Accommodation Plans do not meet federal or State requirements for Medicaid reimbursement.

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

### **SUMMARY OF MEDICAID DOCUMENTATION REQUIREMENTS**

In order to submit claims to the Medicaid program for SSHSP services, certain documentation requirements must be met. Some of the requirements listed in this section are solely federal/state education requirements (#1, #5, and #9) and others are both federal and/or State Medicaid/education requirements (#2, #3, #4, #6, #7, and #8). Effective September 1, 2009, billing for SSHS is encounter-based and a session note is required to document each service (session) delivered to an eligible student. Required documentation listed here is explained further in this section. Items #1, #5, and #9 are not explicitly required for Medicaid billing purposes; however, they are required as part of the special education process. Items #2, #3, #4, #6, #7, and #8 are the documentation that must be on file for every student receiving school supportive health services in order to bill Medicaid.

In summary, necessary documentation includes:

- 1) Referral to the Committee on Special Education (CSE) and/or the Committee on Preschool Special Education (CPSE).<sup>1</sup>
- 2) 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.
- 3) Verification of current certification, licensure, and/or registration, as relevant, of clinician providing the service must be available upon request.
- 4) Provider Agreement and Statement of Reassignment completed by outside contractors, if applicable.
- 5) Parental Consent for Release of Information.
- 6) Written Orders/Referrals.
- 7) "Under the Direction of" or "Under the Supervision of" documentation, if applicable.
- 8) Documentation of each billable service:
  - A. Evaluation report.
  - B. Session note.
  - C. Medication Administration Record (MAR).
  - D. Special transportation logs.
- 9) Progress notes.

SSHSP document retention requirements are listed at the end of this section.

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<sup>1</sup> Per Part 200 of the NYS Regulations of the Commissioner of Education

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **1) REFERRAL TO THE COMMITTEE ON SPECIAL EDUCATION (CSE) AND/OR THE COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

*§200.4 (a) Referral.* A student suspected of having a disability shall be referred in writing to the chairperson of the district's committee on special education or to the building administrator of the school which the student attends or is eligible to attend for an individual evaluation and determination of eligibility for special education programs and services. The school district must initiate a referral and promptly request parental consent to evaluate the student to determine if the student needs special education services and programs if a student has not made adequate progress after an appropriate period of time when provided instruction as described in section 100.2(ii) of this Title.

For additional information, refer to Part 200.4(a) of the Regulations of the Commissioner of Education at: <http://www.p12.nysed.gov/specialed//lawsregs/sect2004.htm>

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **2) INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

The IEP is the cornerstone of the special education process for each individual student with a disability. It is designed to enable a student with a disability to receive a free appropriate public education (FAPE) or to benefit from special education. It is the tool used to document how one student's special needs related to his/her disability will be met within the context of an educational environment. For Medicaid claiming purposes, all school supportive health services, including evaluations, must be documented in the student's IEP.

Each student with a disability must have an IEP in effect by the beginning of each school year. Federal and State laws and regulations specify the information that must be documented in each student's IEP. In NYS, IEPs developed for the 2011-12 school year, and thereafter, must be on a form prescribed by the Commissioner of Education.

An IEP identifies a student's unique needs and how the school will strategically address those needs. IEPs identify how specially designed instruction will be provided in the context of supporting students in the general education curriculum and in reaching the same learning standards as students without disabilities. IEPs guide how the special education resources of a school will be configured to meet the needs of the students with disabilities in that school. IEPs identify how students will be incrementally prepared for adult living. IEPs also provide an important accountability tool for school personnel, students and parents. By measuring students' progress toward goals and objectives, schools should use IEPs to determine if they have appropriately configured how they use their resources to reach the desired outcomes for students with disabilities.

For additional information about IEP development and the required IEP form, refer to the following website: <http://www.p12.nysed.gov/specialed/formsnotices/IEP/home.html>

In order to be Medicaid reimbursable, SSHSP services must be included in the student's IEP.

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

### **3) VERIFICATION OF CURRENT CERTIFICATION, LICENSURE, AND/OR REGISTRATION AS RELEVANT**

Providers of SSHSP services are required to meet certain qualifications as defined in the New York State Plan Amendment #09-61 and federal and State laws and regulations. It is the responsibility of Medicaid billing providers (school districts and counties) to verify qualifications prior to submitting claims for Medicaid reimbursement.

Verification of practitioner qualifications must be kept on file or be available if requested for audit purposes.

Verification of clinicians' credentials can be done in various ways. Examples include:

- Request that practitioners submit documentation of current New York State certification, licensure and/or registration, as required, on an annual basis.
- Verify license and registration credentials on SED's Office of Profession's website at: <http://www.op.nysed.gov/opsearches.htm>
- Verification of a teacher's certification can be accessed through SED's Teach Public Inquiry System online at:  
[http://eservices.nysed.gov/teach/certhelp/CpPersonSearchExternal.jsp?trgAction=IN  
QUIRY](http://eservices.nysed.gov/teach/certhelp/CpPersonSearchExternal.jsp?trgAction=INQUIRY)

Reminder: Services rendered by certified teachers are not Medicaid reimbursable, with the exception of speech therapy rendered by certified teachers of the speech and hearing handicapped (TSHH) and certified teachers of students with speech and language disabilities (TSSL) under the direction of a licensed and currently registered speech-language pathologist (SLP).

Licenses and PTA and OTA certificates are issued by the Office of Professions; all other certificates are issued by the Office of Teaching Initiatives.

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **4) PROVIDER AGREEMENT AND STATEMENT OF REASSIGNMENT**

In order for school districts and counties to claim Medicaid reimbursement for services, they must have all private agencies, or service providers with whom they contract (other than a Board of Cooperative Educational Services (BOCES)), sign a Provider Agreement and a Statement of Reassignment. Specifically, if a school district or county contracts directly for a service such as transportation or speech therapy with an agency or person who is not an employee of the school district, county, or BOCES, that provider must have signed the Provider Agreement and the Statement of Reassignment. An independent agency may be an individual person or a corporation.

The Provider Agreement requires the contractor to "keep any record necessary to disclose the extent of services the Provider furnishes to recipients receiving assistance under the New York State Plan for Medical Assistance."

The Statement of Reassignment requires the contractor "to reassign all Medicaid reimbursements to your school district [county] that you contracted with for providing medical services billed under the School Supportive Health Services Program."

A Provider Agreement and Statement of Reassignment are needed from each contracted agency, but not from each individual service provider within the contracted agency. It is recommended that school districts and counties review these forms at the time of contract renewal.

The Provider Agreement and the Statement of Reassignment can be found at:  
<http://www.oms.nysed.gov/medicaid/resources/>

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **5) PARENTAL CONSENT FOR RELEASE OF INFORMATION**

Medicaid may not be billed for school supportive health services furnished to a student without a separate signed parental consent that meets IDEA and FERPA requirements.

Information on parental consent can be found online at:

<http://www.p12.nysed.gov/specialed/publications/parentalconsent-medicaid-July2013.htm>

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

### **6) WRITTEN ORDER/REFERRAL**

The written order/written referral (prescription) is the documentation that establishes medical necessity for the related service to be furnished and constitutes medical direction of the ordering professional. In order to bill Medicaid, a written order/written referral from a qualified Medicaid provider is required. Written orders/written referrals must be prospective and must be kept on file. Faxed copies of the written order/referral are acceptable.

The following elements **must** be included on a written order:

- The name of the child for whom the order is written;
- The complete date the order was written and signed;
- The service(s) being ordered. Note: The frequency and duration of the ordered service must be either specified on the order itself or the order can explicitly adopt the frequency and duration of the service in the IEP by reference;
- Ordering provider's contact information (office stamp or preprinted address and telephone number);
- Signature\* of a NYS Medicaid enrolled provider who is a NYS licensed, registered, and/or certified, as relevant, physician, physician assistant, or licensed nurse practitioner acting within his or her scope of practice, and
  - only for speech therapy services this also includes a NYS Medicaid enrolled provider who is a licensed and registered speech-language pathologist\*\*
  - only for psychological evaluation and counseling services this includes a NYS Medicaid enrolled provider who is a licensed and registered psychologist, and/or an appropriate school official (school officials are not allowed nor required to enroll in NYS Medicaid));
- The time period for which services are being ordered;
- The ordering practitioner's National Provider Identifier (NPI) or license number; and,
- Patient diagnosis and/or reason/need for ordered service(s).

\* Please note that stamped signatures are not allowable. Electronic signatures affixed by someone other than the actual ordering/referring practitioner are also not allowable.

\*\*For purposes of the SSHSP, where **written referrals** are permitted (e.g., speech therapy services, psychological counseling services), the written referral must include the information listed above.

It should be noted that the written order/written referral must be in place prior to the initiation of services (prospective), including evaluations.

18 NYCRR 515.2(b)(1)(c) states that an unacceptable practice is conduct which constitutes fraud or abuse and includes submitting, or causing to be submitted, a claim or claims for medical care, services or supplies provided at a frequency or in an amount not medically necessary. This means that SSHSP providers cannot bill Medicaid for services that are in excess of those specified on the written order/referral. If the frequency and duration of the ordered services are not explicitly stated then there is no documentation of the determination of the medically necessary of those services and therefore they cannot be billed to Medicaid.

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **Life of a Written Order/Referral**

A written order/referral is required for Medicaid reimbursement for medically necessary services included in the IEP. The written order/referral for service(s) must be obtained whenever there is a change to a medically necessary service being furnished to a student pursuant to the student's Individualized Education Program (IEP), this includes but is not limited to changes to the frequency or duration for the service(s), if the service changes from individual to/from group, and when the annual review is completed and the student's next IEP is developed.

There must be a valid written order/referral annually or whenever there is a change in the services when Medicaid is being billed.

For example, a written order, dated 5/5/10, for physical therapy for the time frame of 7/1/10 – 6/30/11 is received by the Committee on Special Education (CSE). On 5/16/10 the CSE met and developed the IEP for the 2010/2011 school year and included physical therapy in the IEP for 3 sessions a week. After the student's most recent physical therapy evaluation (November 2010), the CSE agreed to decrease services to 2 sessions a week. Because this is a change in both the IEP and treatment, a new written order must be obtained in order for Medicaid to be billed.

When a student with an IEP transfers from one district to another the new home district may adopt the student's IEP from the prior district - for continuity of services - until they have an opportunity to hold a CSE meeting and develop a new IEP. In these instances, the existing IEP and written orders/referrals (that haven't expired, aren't over a year old) would still be considered valid for Medicaid reimbursement as long as all other Medicaid requirements are satisfied until such time that the existing written orders/referrals expire or the next IEP is written (whichever comes sooner).

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

### **7) “UNDER THE DIRECTION OF” AND “UNDER THE SUPERVISION OF”**

To be Medicaid reimbursable, clinicians furnishing services must possess certain qualifications, including New York State licensure, registration, or certification as appropriate. For SSHSP purposes, the “under the direction of” requirements apply to speech teachers and therapy assistants in physical and occupational therapy as relevant, while the “under the supervision of” requirement applies to licensed master social workers (LMSWs). Licensed practical nurses (LPNs) must be under the direction of a licensed registered professional nurse (RN), physician, or other licensed health care provider authorized under the Nurse Practice Act. “Under the direction of” requirements are different for LPNs; additional information can be found in the [SSHSP Questions and Answers](#) that are posted on the Medicaid in Education webpage.

Occupational and physical therapy assistants must have direction from a licensed practitioner in their discipline, while teachers of the speech and hearing handicapped (TSHH) and teachers of students with speech and language disabilities (TSSL) must receive direction from a licensed speech-language pathologist. Licensed master social workers (LMSWs) must receive supervision from a licensed and registered psychiatrist, psychologist, or licensed clinical social worker (LCSW). Supervision requirements applicable to LMSWs providing SSHSP services are defined by the State Education Department's Office of the Professions and are located at <http://www.op.nysed.gov/prof/sw/>.

The various professionals that can provide school supportive health services are listed in a table on page 25. Provider qualifications are also summarized in the SSHSP Provider Matrix on pages 36 and 37. Section 6 of this Handbook provides greater detail about the qualifications necessary for clinicians' services to be Medicaid reimbursable.

Supporting documentation of the direction/supervision of staff rendering permissible SSHSP services requiring direction/supervision must be maintained and made available upon request for audit purposes.

**“Under the direction of” (applies to PTA, OTA, TSHH, and TSSL) means that the qualified practitioner:**

- Sees the student at the beginning of and periodically during treatment;
- Is familiar with the treatment plan as recommended by the referring physician or other licensed practitioner of the healing arts practicing under State law;
- Has input into the type of care provided;
- Has continued involvement in the care provided, and reviews the need for continued services throughout treatment;
- Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- Spends as much time as necessary directly supervising services to ensure students are receiving services in a safe and efficient manner in accordance with accepted standards of practice;
- Ensures that providers working under his or her direction have contact information to permit them direct contact with the supervising (directing) therapist as necessary during the course of treatment;

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

- Keeps documentation supporting the supervision of services (including meetings and observations) and ongoing involvement in the treatment of each student.

**"Under the supervision of" requirements apply only to licensed master social workers (LMSWs) and are described here.**

Supervision of the psychological counseling services provided by the LMSW, with respect to each Medicaid beneficiary (student), shall consist of contact between the LMSW and supervisor during which:

- The LMSW apprises the supervisor of the diagnosis and treatment of each client;
- The LMSW's cases are discussed;
- The supervisor provides the LMSW with oversight and guidance in diagnosing and treating clients;
- The supervisor regularly reviews and evaluates the professional work of the LMSW; and
- The supervisor is required to provide at least two hours per month of in-person individual or group clinical supervision.

**Section 5****SSHSP DOCUMENTATION REQUIREMENTS****“UNDER THE DIRECTION OF”/“UNDER THE SUPERVISION OF” CHART**

<b>SERVICE</b>	<b>PROVIDER</b>	<b>“Under the Direction Of”/ “Under the Supervision Of”</b>
Speech-Language Services	Speech-Language Pathologist (SLP)	N/A
	Teacher of the Speech and Hearing Handicapped (TSHH)	Under the direction of a Speech-Language Pathologist
	Teacher of Students with Speech and Language Disabilities (TSSL)	Under the direction of a Speech-Language Pathologist
Physical Therapy	Physical Therapist (PT)	N/A
	Physical Therapy Assistant (PTA)	Under the direction of a Physical Therapist
Occupational Therapy	Occupational Therapist (OT)	N/A
	Occupational Therapy Assistant (OTA)	Under the direction of an Occupational Therapist
Psychological Evaluations	Psychiatrist	N/A
	Psychologist	N/A
Psychological Counseling Services	Psychiatrist	N/A
	Psychologist	N/A
	Licensed Clinical Social Worker (LCSW)	N/A
	Licensed Master Social Worker (LMSW)	Under the supervision of an LCSW, psychiatrist, or psychologist
Skilled Nursing	Registered Professional Nurse (RN)	N/A
	Licensed Practical Nurse (LPN)	Under the direction of a licensed registered professional nurse, physician, or other licensed health care provider authorized under the Nurse Practice Act
Medical Evaluation	Physician	N/A
	Physician Assistant	N/A
	Nurse Practitioner	N/A
Medical Specialist Evaluation	Physician Specialist	N/A
	Physician Assistant	N/A
	Nurse Practitioner	N/A
Audiological Evaluations	Audiologist	N/A

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

### **8) MEDICAID DOCUMENTATION OF EACH ENCOUNTER**

Documentation requirements to support Medicaid claims for therapy sessions, evaluations and re-evaluations, medication administration, and special transportation are described in this section.

#### **A) SESSION NOTES**

Service providers must maintain contemporaneous records. Session notes specifically document that the servicing provider delivered certain diagnostic and/or treatment services to a student on a particular date. Session notes must be completed by all qualified providers furnishing the services authorized in a student's IEP for each Medicaid service delivered and must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify actual group size)
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session – record session start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature and credentials of the servicing provider and signature/credentials of supervising clinician as appropriate

The duties of the provider are discussed in Social Services regulation at 18 NYCRR §504.3(a). Medicaid providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable. In addition to preparing contemporaneous records, providers in the Medicaid program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.

#### **SAMPLE SESSION NOTE – (Includes all Medicaid-required elements)**

Student Name: <u>John Smith</u>	Service Type: <u>Speech Therapy</u>
Date: <u>December 10, 2010</u>	Location: <u>Springdale Elementary</u>
Time in/Time out: <u>10:00am /10:30am</u>	Indiv (I) Group (G) (incl # in group): <u>I</u>
Practitioner Name: <u>Martha Clark</u>	
Session Note: <u>During this session John produced initial, medial, and final /l/ with 80% accuracy in words. John is demonstrating good progress. He continues to improve his production of the /l/ in all positions in single words.</u>	
<u>Martha Clark, TSHH</u>	<u>Mary Brown, SLP</u>
Practitioner's signature, title, and credentials	Supervising signature and credentials if UDO required

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **B) EVALUATIONS**

#### Students without an IEP in place (initial evaluation)

An initial evaluation is the evaluation(s) that is done prior to the development of a student's first Individualized Education Program (IEP). The initial evaluation(s) for psychological counseling, physical therapy, occupational therapy, and speech therapy are not Medicaid reimbursable unless an IEP is developed which includes a recommendation for ongoing services in the same therapy type for which the student was evaluated. In addition, all other Medicaid requirements must be met:

- The written order/referral (dated prior to the evaluation) must be on file,
- The evaluation must be provided by a Medicaid qualified provider,
- The evaluation must be documented, and
- The evaluation must be included in the IEP.

A written report must also be completed at the end of each evaluation. The State's IEP form includes an *Evaluation Results* section as a place to document the results of evaluations that were conducted and considered in the development of the student's IEP. Alternatively, the Committee on Special Education (CSE)/Committee on Preschool Special Education (CPSE) could document its consideration of the evaluation and assessment results under the four need areas (academic achievement, functional performance and learning characteristics; social development; physical development; and management needs).

It is important to note that IDEA-driven evaluations are Medicaid reimbursable only for students determined to have a disability.

#### Students with an IEP in place

For students with an existing IEP, physical therapy evaluations, occupational therapy evaluations, speech therapy evaluations, and psychological evaluations are not Medicaid reimbursable unless the IEP will include a recommendation for ongoing services in the same therapy type for which the student was evaluated. These SSHSP evaluations are Medicaid reimbursable when ongoing services will be recommended based on the evaluation results (i.e., physical therapy services are recommended after the physical therapy evaluation) and all Medicaid requirements are met (see above).

### **RE-EVALUATIONS**

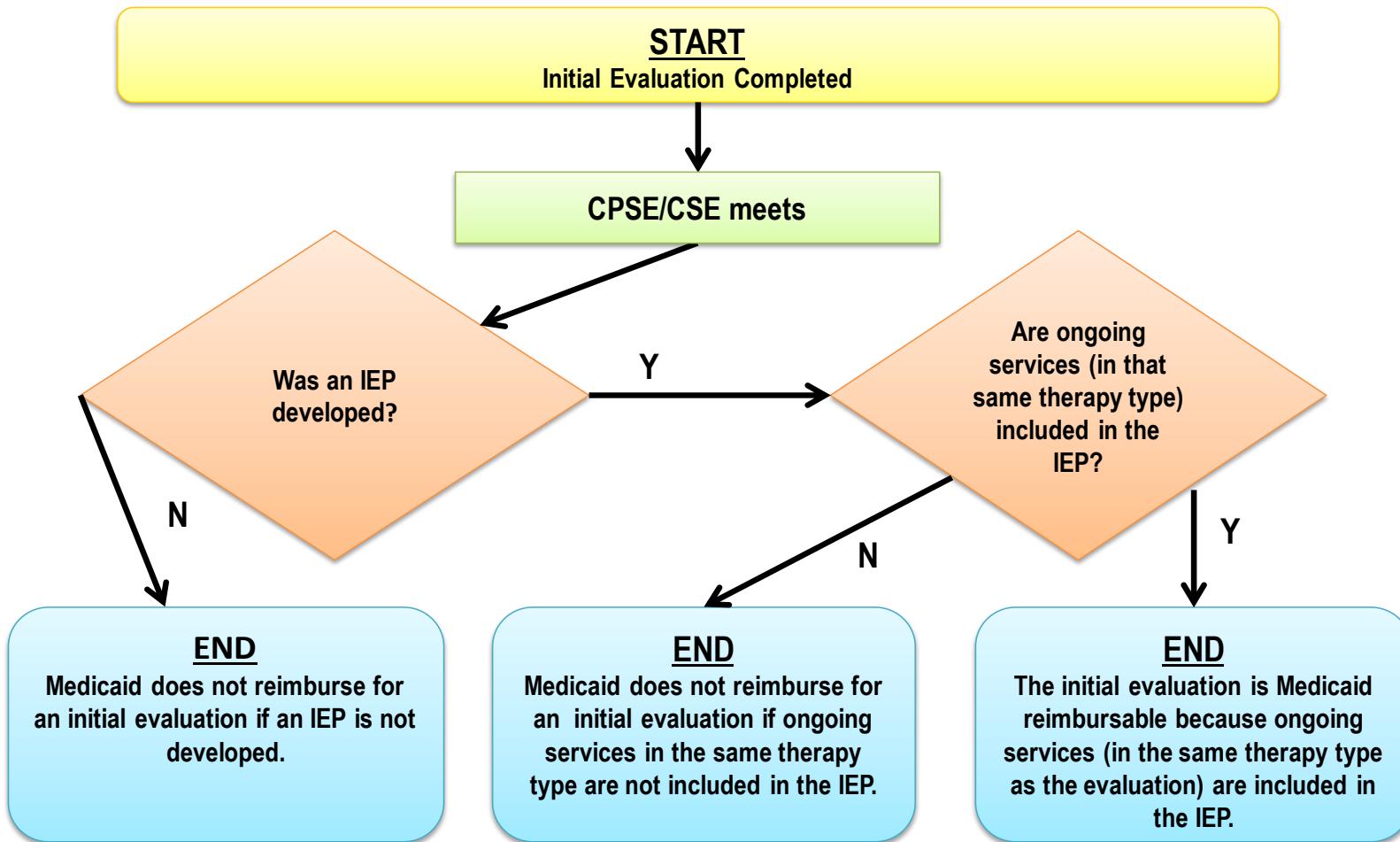
A CSE is responsible for arranging an appropriate re-evaluation of a student with a disability. A re-evaluation must occur at least once every 36 months unless the parent and school district agree in writing that the re-evaluation is not necessary to provide current assessment information for a student in special education. In addition, the CSE/CPSE must arrange for a re-evaluation more frequently if the needs of the student warrant a re-evaluation or if requested by the student's teacher or parent. A re-evaluation cannot be conducted more frequently than once a year unless the parent and school district representative on the CSE agree otherwise.

Discipline specific re-evaluations (e.g., physical therapy, occupational therapy, etc.) are also eligible for Medicaid reimbursement when the recommendation for the re-evaluation is included in the student's IEP prior to the re-evaluation being conducted and all other Medicaid requirements are met (written order/referral, qualified provider, and documented)

## **Section 5                    SSHSP DOCUMENTATION REQUIREMENTS**

regardless of whether or not ongoing services of that same therapy type will continue to be included in the student's IEP.

**PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM (SSHSP)**  
**WHEN ARE INITIAL EVALUATIONS MEDICAID REIMBURSABLE?**



JANUARY 2012; reviewed June 2014

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **C) MEDICATION ADMINISTRATION RECORD (MAR)**

School nursing personnel should maintain accurate records of the medication administered, any special circumstances related to the procedure, and students reactions/responses. Nursing personnel must maintain an individual daily medication record for each student taking medication during the time frame medication is being given.

The medication log (MAR) must include:

- Student's name and date of birth
- Grade/school
- Medication name, dosage, and route
- Order start date
- Order expiration date
- Prescriber's name/telephone number
- Parent's name/telephone number
- Date, time, and dosage of medication administered
- Signature and title of the person administering medication\*

\*If services are delivered by an LPN, the MAR does not need to be co-signed by the RN.

Nursing documentation should be accurate, objective, concise, thorough, timely, and well organized. All entries for paper records should be legible and written in ink that can be photocopied easily (black ink is recommended). The date and exact time should be included with each entry. A sample Medication Administration Record (MAR) can be found on pages 30 and 31.

## Section 5

## SSHSP DOCUMENTATION REQUIREMENTS

### *Monthly Medication Administration Record*

Student Name			DOB		School/ District			Grade	
Medication			Dose		Route			ICD-9 Code	_____
Parent/ Guardian			Phone		Physician/ NP/PA			Phone	

Order start date (MM/DD/YY): \_\_\_\_\_

Order expiration date (MM/DD/YY): \_\_\_\_\_

ICHP on File

Date	Time-in	Time-out	Time Given	Dose	Exception Code	Reaction	Signature/title	*CPT/Unit
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
Date	Time-in	Time-out	Time Given	Dose	Exception Code	Reaction	Signature/title	*CPT/Unit
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
Date	Time-in	Time-out	Time Given	Dose	Exception Code	Reaction	Signature/title	*CPT/Unit
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
Date	Time-in	Time-out	Time Given	Dose	Exception Code	Reaction	Signature/title	*CPT/Unit
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		
					<input type="checkbox"/> Out of med. <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Field trip <input type="checkbox"/> Other (see notes)	<input type="checkbox"/> Adverse (see notes) <input type="checkbox"/> Appropriate		

\*Medication Administration Procedure Code: CPT T1002 = RN services up to 15 min. or CPT T1003 = LPN services up to 15 min.

To be completed by Attending Provider (School Nurse/RN):

NOTE: LPN must use supervising RN's NPI number

Name: _____	Title: _____	NPI number: _____
Name: _____	Title: _____	NPI number: _____
Name: _____	Title: _____	NPI number: _____
Name: _____	Title: _____	NPI number: _____

To be completed by Billing Provider (School District, County or §4201 School): NPI Number: \_\_\_\_\_

## Section 5

# **SSHSP DOCUMENTATION REQUIREMENTS**

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Page 2.

## **Additional Documentation**

## **Monthly Medication Administration Record (p.2 of 2)**

A large, faint, diagonal watermark reading "SAMPLE" in a bold, sans-serif font, oriented from the bottom-left towards the top-right. The letters are semi-transparent and appear to be cut out of a sheet of lined paper, with visible horizontal ruling lines running across the page.

*All documentation should include date, time, signature, and title.*

This sample form is located at: [www.schoolhealthservicesny.com](http://www.schoolhealthservicesny.com) in the SN Tool Kit – updated September 2012

## Section 5

## SSHSP DOCUMENTATION REQUIREMENTS

### D) SPECIAL TRANSPORTATION LOG

Special transportation recommended by the Committee on Special Education (CSE) and Committee on Preschool Special Education (CPSE) and identified on the students' IEP may be eligible for Medicaid reimbursement. Special transportation can only be billed on a day that a Medicaid reimbursable service (other than transportation) was delivered and may only be billed at the rate for each one-way trip.

Claims for Medicaid reimbursement for special transportation must be supported by the following documentation:

- The specific medical need for special transportation to accommodate the student's disability must be documented in the student's Individualized Education Program (IEP);
- An explanation as to how the transporting vehicle has been specially modified to serve the needs of that student with a disability must be documented in the IEP (see exceptions on page 50);
- The Medicaid reimbursable services to be delivered to the child must also be included in the child's IEP;
- Session notes or other appropriate documentation for the Medicaid reimbursable service (other than transportation) delivered to the student.

The **bus/transportation log** must include:

- The student's name;
- Both the origination of the trip and time of pickup;
- Both the destination of the trip and time of drop off;
- Bus number or the vehicle license plate number; and,
- The full printed name of the driver providing the transportation.

The full address of each origination and destination must be documented. However, this does not necessarily have to be recorded on each daily transportation log. For example, in a situation when routine special transportation services are provided from the student's home to the school it is sufficient to use the terms 'home' and 'school' on the daily log and to document the full street addresses separately in the student's record.

It is acceptable for the transportation log to indicate the actual time the first student was picked up and the actual time the last student was dropped off. For example, when the same bus is transporting the same students from their homes to the school in the morning the transportation log could indicate the time and place the first student is picked up and the time and place all the students are dropped off. The bus manifest and/or schedule may serve as documentation of the pickup locations and times in between the first pick up and the last drop off.

It is not necessary for the provider to create a separate special transportation log for each Medicaid eligible student.

These items are considered unacceptable documentation of a trip: a driver or vehicle manifest, or dispatch sheet; an issuance of prior authorization by the authorizing agent with subsequent checkmarks on a prior authorization roster; or an attendance log from the school or program.

## **Section 5**

## **SSHSP DOCUMENTATION REQUIREMENTS**

### **9) PROGRESS NOTES**

Quarterly progress notes are an IDEA requirement. Although they are not required for Medicaid reimbursement, practitioners must complete quarterly progress notes to fulfill documentation requirements under IDEA. This information is included here for convenience and to differentiate this requirement from the Medicaid program requirement for encounter-based contemporaneous session notes. Progress notes are completed, at a minimum quarterly, by the service provider and must include the progress the student is making towards his/her goals as indicated in the student's IEP.

#### **Appearance**

The notes should address the goals set in the IEP and should describe how the student is reaching those goals. Progress notes containing one or two word phrases do not adequately describe a student's progress.

#### **Frequency**

Progress notes are required, under IDEA and Part 200 of the Commissioner's Regulations, to be provided to parents at the time specified in the IEP. An annual review that contains progress notes by appropriate providers qualifies as one progress note.

#### **Report of Progress**

The IEP must identify when periodic reports on the progress the student is making toward the annual goals will be provided to the student's parents (such as through the use of quarterly or other periodic reports that are concurrent with the issuance of report cards).

## Section 5

## SSHSP DOCUMENTATION REQUIREMENTS

### DOCUMENTATION RETENTION POLICY

Section 517.3(b) of Title 18 NYCRR regulates audit and record retention for the NYS Medicaid program. As this section indicates, providers must retain records for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later. The full text is included here for convenience:

**18 NYCRR 517.3(b)(1)... All records necessary to disclose the nature and extent of services furnished and the medical necessity therefore, including any prescription or fiscal order for the service or supply, must be kept by the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.**

In addition, student cumulative health records, which include treatment records, are to be kept until the student reaches the age of 27. The document recording records retention can be found at: [http://www.archives.nysed.gov/a/records/mr\\_pub\\_ed1.pdf](http://www.archives.nysed.gov/a/records/mr_pub_ed1.pdf)

*Individual professions may have other documentation and record retention requirements in addition to the Medicaid program and education requirements noted. Clinicians can access discipline-specific record retention requirements on the Office of Professions website.*

## Section 6

## SSHSP MEDICAID COVERED SERVICES

### COVERED SERVICES

Included in the section of **covered services** are definitions, provider qualifications, and documentation requirements that are necessary to claim Medicaid reimbursement for the provision of certain diagnostic and health related support services provided to students with disabilities.

- Medical Evaluation
- Medical Specialist Evaluation
- Psychological Evaluation
- Audiological Evaluation
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Psychological Counseling
- Skilled Nursing
- Special Transportation

Note: These definitions, provider qualifications and documentation requirements are for Medicaid reimbursement purposes and may not correspond exactly to criteria for the provision of special education services as required by IDEA. School districts and counties must also be in compliance with the provisions of IDEA.

## Section 6

## SSHSP MEDICAID COVERED SERVICES

MEDICAID QUALIFIED PROVIDERS & MEDICAID DOCUMENTATION REQUIREMENTS				
<b>SERVICE MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE</b>				
SERVICES <sup>1</sup>		ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	MEDICAID QUALIFIED SERVICE PROVIDER <sup>2</sup>	DOCUMENTATION IS REQUIRED FOR EACH ENCOUNTER
THERAPIES	SPEECH	SIGNED/DATED WRITTEN ORDER OR REFERRAL FROM A PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER OR SPEECH-LANGUAGE PATHOLOGIST (SLP) WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED SPEECH-LANGUAGE PATHOLOGIST (SLP)	EVALUATION REPORT <sup>3</sup> ONGOING THERAPY: SESSION NOTE <sup>4</sup>
			CERTIFIED TEACHER OF THE SPEECH AND HEARING HANDICAPPED OPERATING UNDER THE DIRECTION OF AN SLP	
			CERTIFIED TEACHER OF STUDENTS WITH SPEECH AND LANGUAGE DISABILITIES OPERATING UNDER THE DIRECTION OF AN SLP	
	PHYSICAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PHYSICAL THERAPIST (PT)	
			CERTIFIED PHYSICAL THERAPY ASSISTANT (PTA) OPERATING UNDER THE DIRECTION OF A PT	
	OCCUPATIONAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED OCCUPATIONAL THERAPIST (OT)	
			CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (OTA) OPERATING UNDER THE DIRECTION OF AN OT	
MENTAL HEALTH	PSYCHOLOGICAL COUNSELING	REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL SUCH AS A SCHOOL ADMINISTRATOR OR THE CHAIRPERSON OF THE CSE/CPSE OR OTHER LICENSED PRACTITIONER ACTING WITHIN HIS/HER SCOPE OF PRACTICE - SEE Q&A #21 FOR MORE INFORMATION	LICENSED & REGISTERED PSYCHIATRIST	ONGOING THERAPY: SESSION NOTE <sup>4</sup>
			LICENSED & REGISTERED PSYCHOLOGIST	
			LICENSED CLINICAL SOCIAL WORKER (LCSW)	
			LICENSED MASTER SOCIAL WORKER (LMSW) OPERATING UNDER THE SUPERVISION OF A PSYCHIATRIST, PSYCHOLOGIST, OR LCSW	
NURSING	SKILLED NURSING	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER WHO IS CURRENTLY LICENSED, REGISTERED AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PROFESSIONAL NURSE	MEDICATION ADMINISTRATION: MEDICATION ADMINISTRATION RECORD (MAR) OTHER SKILLED NURSING SERVICES: SESSION NOTE <sup>4</sup>
			LICENSED & REGISTERED PRACTICAL NURSE (LPN) SUPERVISED BY A LICENSED & REGISTERED HEALTH CARE PROVIDER IN ACCORDANCE WITH THE NURSE PRACTICE ACT	

## Section 6

## SSHSP MEDICAID COVERED SERVICES

### MEDICAID QUALIFIED PROVIDERS & MEDICAID DOCUMENTATION REQUIREMENTS

#### SERVICE MUST BE INCLUDED IN THE IEP TO BE MEDICAID REIMBURSABLE

SERVICES <sup>1</sup>		ORDERING/REFERRING REQUIREMENTS FOR MEDICAID REIMBURSEMENT	MEDICAID QUALIFIED SERVICE PROVIDER <sup>2</sup>	DOCUMENTATION IS REQUIRED FOR EACH ENCOUNTER
EVALUATIONS	PSYCHOLOGICAL	REFERRAL BY AN APPROPRIATE SCHOOL OFFICIAL SUCH AS A SCHOOL ADMINISTRATOR OR THE CHAIRPERSON OF THE CSE/CPSE OR OTHER LICENSED PRACTITIONER ACTING WITHIN HIS/HER SCOPE OF PRACTICE - SEE Q&A #21 FOR MORE INFORMATION	LICENSED & REGISTERED PSYCHIATRIST OR PSYCHOLOGIST	EVALUATION REPORT <sup>3</sup>
	MEDICAL	REFERRAL BY CSE/CPSE DOCUMENTED AS PART OF THE IEP PROCESS	LICENSED & REGISTERED PHYSICIAN CERTIFIED PHYSICIAN ASSISTANT LICENSED & REGISTERED NURSE PRACTITIONER	EVALUATION REPORT <sup>3</sup>
	MEDICAL SPECIALIST	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER WHO IS LICENSED, REGISTERED, AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED PHYSICIAN CERTIFIED PHYSICIAN ASSISTANT LICENSED & REGISTERED NURSE PRACTITIONER	EVALUATION REPORT <sup>3</sup>
	AUDIOLOGICAL	SIGNED/DATED WRITTEN ORDER FROM A PHYSICIAN, PHYSICIAN ASSISTANT OR NURSE PRACTITIONER WHO IS LICENSED, REGISTERED, AND/OR CERTIFIED AS REQUIRED	LICENSED & REGISTERED AUDIOLOGIST HAVING A CERTIFICATE OF CLINICAL COMPETENCE (CCC) FROM THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)	EVALUATION REPORT <sup>3</sup>
SPECIAL TRANS	SPECIAL TRANSPORTATION	CSE/CPSE MUST IDENTIFY IN IEP MEDICAL NEED FOR SPECIAL TRANSPORTATION AND HOW VEHICLE IS MODIFIED TO MEET THE NEEDS OF THE STUDENT & MAY ONLY BE BILLED ON A DAY THAT A MEDICAID REIMBURSABLE SERVICE (OTHER THAN TRANSPORTATION) IS DELIVERED. SEE MEDICAID ALERT #13-10 FOR MORE INFORMATION.	A VENDOR LAWFULLY AUTHORIZED TO PROVIDE TRANSPORTATION SERVICES ON THE DATE THE SERVICE IS RENDERED	TRANSPORTATION LOG FOR EACH ONE-WAY TRIP

<sup>1</sup>"Services" include therapy sessions, medication administration and other skilled nursing services, evaluations, and special transportation.

<sup>2</sup> Provider licenses, registrations and certifications must be on file prior to submitting claims for Medicaid reimbursement.

<sup>3</sup> If the evaluation is used to identify a student's health related needs, it must be reflected in the IEP in order to be Medicaid reimbursable.

<sup>4</sup> Contemporaneous Session Notes: Providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program [18 NYCRR Section 504.3(a)].

"Contemporaneous" means as close to the conclusion of the session as practicable.

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **MEDICAL EVALUATION**

#### **Definition**

A medical evaluation is the recording of chief complaints; present illness; family history; past medical history; personal history and social history; a system review; a complete physical evaluation; the ordering of appropriate diagnostic tests and procedures; and a recommended plan of treatment.

#### **Documentation needed for Medicaid reimbursement:**

##### **Medical necessity must be documented.**

- A referral by the CPSE or CSE documented as part of the IEP process.

A referral for Medicaid reimbursement purposes in this instance is not a written referral separate from the IEP, but rather the Committee's recommendation that a medical evaluation be conducted. The evaluation must be documented in the IEP.

##### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered physician,
- NYS currently certified and registered physician assistant, or
- NYS licensed and currently registered nurse practitioner

Medicaid providers must be qualified in accordance with 42 CFR §§440.50(a), 440.60(a), and /or 440.166(a) and other applicable federal and State laws and regulations acting within their scope of practice under New York State law.

##### **The encounter must be documented.**

- Signed and dated medical evaluation or examination report must be available.

##### **The evaluation must be included in the IEP.**

- The Medical Evaluation must be reflected in the IEP.

In the "Present Levels of Performance" section of SED's required IEP form, there is an Evaluation Results section. Results of evaluations that were conducted could be documented in this section.

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **MEDICAL SPECIALIST EVALUATION**

#### **Definition**

A Medical Specialist Evaluation is an examination of the affected bodily area or organ system and other symptomatic or related organ systems; the ordering of appropriate diagnostic tests and procedures; the reviewing of the results and reporting on the tests and procedures; and, the reporting of findings, including test results and recommendations.

#### **Documentation needed for Medicaid reimbursement:**

#### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner.

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered physician specialist,
- NYS currently certified and registered physician assistant specialist, or
- NYS licensed and currently registered nurse practitioner specialist

A Medicaid qualified specialist is a medical specialist practicing in the related area of specialization within his or her scope of practice under New York State law in accordance with 42 CFR §§440.50(a), 440.60(a), and/or 440.166(a) and other applicable federal and State laws and regulations.

#### **The encounter must be documented.**

- Signed and dated medical specialist evaluation or examination report must be available.

#### **The evaluation must be included in the IEP.**

- The Medical Specialist Evaluation must be reflected in the IEP.

In the "Present Levels of Performance" section of SED's required IEP form, there is an Evaluation Results section. Results of evaluations that were conducted could be documented in this section.

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **PSYCHOLOGICAL EVALUATION**

#### **Definition**

Psychological evaluations include but are not limited to: administering psychological tests and other assessment procedures; interpreting testing and assessment results; and evaluating a Medicaid recipient for the purpose of determining the needs for specific psychological health or related services.

#### **Documentation needed for Medicaid reimbursement:**

##### **Medical necessity must be documented.**

- Written order or referral from a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner; or an appropriate school official or other voluntary health or social agency (school officials are not allowed nor required to enroll in NYS Medicaid).

An order/referral for a psychological evaluation is not necessarily a written order/referral separate from the IEP, but rather the recommendation that a psychological evaluation be conducted. The recommendation for the psychological evaluation must be documented in the IEP.

##### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered psychiatrist, or
- NYS licensed and currently registered psychologist

Medicaid providers must be qualified in accordance with 42 CFR §440.60 or 42 CFR §440.50(a) and other applicable federal and State laws and regulations acting within their scope of practice under New York State law. Psychological evaluation services may only be provided by a professional whose credentials are equivalent to those of providers who are able to provide psychological evaluation services in the community.

##### **The encounter must be documented.**

- Signed and dated psychological evaluation report must be available.

##### **The evaluation must be included in the IEP.**

- The psychological evaluation must be reflected in the IEP.

In the "Present Levels of Performance" section of SED's required IEP form, there is an Evaluation Results section. Results of evaluations that were conducted could be documented in this section.

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **AUDIOLOGICAL EVALUATION**

#### **Definition**

An audiological evaluation is the determination of the range, nature and degree of hearing loss including: measuring hearing acuity, tests relating to air and bone conduction, speech reception threshold and speech discrimination and other hearing evaluation tests as appropriate including conformity evaluations and pure tone audiometry, and, the reporting of findings, including test results and recommendations.

Medically necessary audiology services include but are not limited to: identification of children with hearing loss; determination of the range, nature and degree of hearing loss, including the referral for medical or other professional attention for the amelioration of hearing loss; and determination of the child's need for amplification.

#### **Documentation needed for Medicaid reimbursement:**

#### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner.

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered audiologist with a certificate of clinical competence (CCC) from the American Speech-Language-Hearing Association (ASHA)

Medicaid providers must be qualified in accordance with 42 CFR §440.60(a) and 42 CFR §440.110(c)(3) and other applicable federal and State laws or regulations, acting within their scope of practice under New York State law.

#### **The encounter must be documented.**

- Signed and dated audiological evaluation or examination report must be available.

#### **The evaluation must be included in the IEP.**

- The audiological evaluation must be reflected in the IEP.

In the "Present Levels of Performance" section of SED's required IEP form, there is an Evaluation Results section. Results of evaluations that were conducted could be documented in this section.

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **PHYSICAL THERAPY**

#### **Definition**

Physical therapy services include but are not limited to:

- Identification of children with physical therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for physical therapy services;
- Provision of physical therapy services for the purpose of preventing or alleviating movement dysfunction and related functional problems;
- Obtaining, interpreting, and integrating information appropriate to program planning;
- Diagnosis and treatment of physical disability, injury or disease using physical and mechanical means, including but not limited to: heat, cold, light, air, water, sound, electricity, massage, mobilization and therapeutic exercise with or without assistive devices; and
- The performance and interpretation of tests and measurements to assist pathopsychological, pathomechanical, and developmental deficits of human systems to determine treatment and assist in diagnosis and prognosis.

The term "services" is defined as including both evaluations and ongoing therapy. Physical therapy services may be provided in an individual or group setting.

#### **Documentation needed for Medicaid reimbursement:**

#### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner.

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered physical therapist, or
- NYS certified physical therapy assistant "under the direction of" a qualified NYS licensed and currently registered physical therapist.

Medicaid providers must be qualified in accordance with the requirements of 42 CFR §440.110(a) and with applicable federal and State laws and regulations, acting within their scope of practice under New York State law.

#### **The encounter must be documented.**

- Evaluation: Signed and dated physical therapy evaluation report must be available.
- Ongoing Therapy: Contemporaneous session note for each encounter.

#### **The service must be included in the IEP.**

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **OCCUPATIONAL THERAPY**

#### **Definition**

Occupational therapy services include but are not limited to:

- Identification of children with occupational therapy needs;
- Evaluation for the purpose of determining the nature, extent and degree of the need for occupational therapy services;
- Improving, developing or restoring functions impaired or lost through illness, injury, or deprivation;
- Preventing through early intervention, initial or further impairment or loss of function; and
- Planning and utilization of a program of activities to develop or maintain adaptive skills designed to achieve maximal physical and mental functioning of the student in daily life tasks.

The term "services" is defined as including both evaluations and ongoing therapy. Occupational therapy services may be provided in an individual or group setting.

#### **Documentation needed for Medicaid reimbursement:**

##### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner.

##### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered occupational therapist; or
- NYS certified occupational therapy assistant (OTA) "under the direction of" a qualified licensed and currently registered occupational therapist

Medicaid providers must be qualified in accordance with the requirements of 42 CFR §440.110(b) and with applicable federal and State laws and regulations, acting within their scope of practice under New York State law.

##### **The encounter must be documented.**

- Evaluation: Signed and dated occupational therapy evaluation report must be available.
- Ongoing Therapy: Contemporaneous session note for each encounter.

##### **The service must be included in the IEP.**

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **SPEECH THERAPY**

#### **Definition**

Speech therapy services include but are not limited to:

- Identification of children with speech disorders;
- Diagnosis and appraisal of specific speech disorders;
- Referral for medical or other professional attention necessary for the habilitation of speech disorders;
- Provision of speech or language services for the habilitation or prevention of communicative disorders;
- Evaluation and application of principles, methods and procedures of measurement, prediction diagnosis, testing, counseling, consultation, rehabilitation and instruction, related to the development of disorders of speech, voice, and/or language, and
- Preventing, ameliorating or modifying speech disorder conditions in children and/or groups of children.

The term "services" is defined as including both evaluations and ongoing therapy. Speech therapy services may be provided in an individual or group setting.

#### **Documentation needed for Medicaid reimbursement:**

#### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner; or
- Written referral that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered speech-language pathologist.

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently NYS registered speech-language pathologist;
- Teacher of the speech and hearing handicapped (TSHH) or teacher of students with speech and language disabilities (TSSL) certified to provide speech therapy services "under the direction of" a qualified NYS licensed and currently registered speech-language pathologist.

Medicaid providers must be qualified in accordance with the requirements of 42 CFR §440.110(c) and applicable federal and State laws and regulations acting within their scope of practice under NYS law.

#### **The encounter must be documented.**

- Evaluation: Signed and dated speech therapy evaluation report must be available.
- Ongoing Therapy: Contemporaneous session note for each encounter.

#### **The service must be included in the IEP.**

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **PSYCHOLOGICAL COUNSELING**

#### **Definition**

Psychological counseling services include treatment using a variety of techniques to assist the child in amelioration of behavioral and emotional problems that are severe enough to require treatment.

Psychological counseling services may be provided in an individual or group setting.

#### **Documentation needed for Medicaid reimbursement:**

#### **Medical necessity must be documented.**

- A written order/referral from a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner; or a written referral from an appropriate school official or other voluntary health or social agency(school officials are not allowed or required to enroll in NYS Medicaid).

Effective 9/1/2013, a separate and distinct written order/referral is required in addition to identifying needed psychological counseling services in a student's IEP (i.e., the inclusion of this service in a student's IEP no longer serves to meet the Medicaid requirement for a written order/referral).

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered psychiatrist,
- NYS licensed and currently registered psychologist,
- NYS licensed clinical social worker (LCSW), or
- NYS licensed master social worker (LMSW), "under the supervision of" a NYS licensed clinical social worker (LCSW), a NYS licensed and currently registered psychologist, or a NYS licensed and currently registered psychiatrist

Medicaid providers must be qualified in accordance with the requirements of 42 CFR §§ 440.60(a) or 440.50(a) (2) and applicable federal and State laws and regulations acting within their scope of practice under New York State law.

Psychological counseling services may only be billed to Medicaid if provided by a professional whose credentials are comparable to those of providers who are able to furnish psychological counseling services in the community.

#### **The encounter must be documented.**

- Contemporaneous session note for each encounter.

#### **The service must be included in the IEP.**

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **SKILLED NURSING**

#### **Definition**

Skilled nursing services include but are not limited to:

- Health assessments and evaluations;
- Medical treatments and procedures;
- Administering and/or monitoring medication needed by the student during school hours; and
- Consultation with licensed physicians, parents and staff regarding the effects of the medication.

Skilled nursing services eligible for Medicaid reimbursement only include those medically necessary services the student requires to remain in school in order to benefit from special education services. Medicaid reimbursement is available only for skilled nursing services that are episodic in nature, rather than full-day 1:1 nursing.

The phrase "skilled nursing services" must be included on the student's IEP and the specific skilled nursing services or medications should not be listed on the IEP. The specific skilled nursing services or medications should be recorded in the student's individualized health care plan (IHCP).

An IHCP developed by a registered professional nurse (RN), is a plan of nursing care for a child with health needs. It is not required by law, but is customarily used in nursing practice and is recommended for all students with special health care needs.

<b>Treatments and procedures include, but are not limited to:</b>	
<b>Feeding</b>	Initiating gastrostomy tube or nasogastric tube feeding, bolos tube feeding and flushes, stoma care and dressing changes, feeding students with feeding difficulties such as choking
<b>Ostomies</b>	Ostomy care, and ostomy irrigation
<b>Respiratory</b>	Performing postural drainage and percussion, oral-pharyngeal, nasal, and endo-tracheal suctioning, nebulizer treatment administration, ventilator care, tracheostomy care and suctioning, tracheostomy tube change/reinsertion, respiratory assessments
<b>Initiating, discontinuing, and monitoring oxygen administration</b>	Continuous/intermittent nasal and oral care, assessment of oxygen efficacy
<b>Catheterization</b>	Insertion of indwelling catheter, assessing and monitoring intake/output, intermittent catheterization, external care of indwelling catheter, and catheter irrigation

## Section 6

## SSHSP MEDICAID COVERED SERVICES

<b>Treatments and procedures include, but are not limited to:</b>	
<b>Medications</b>	Administering medications via oral, gastrostomy or nasogastric tube or other indwelling lines, intramuscular (IM), (sub cutaneous), intravenous (IV) & parenteral nutrition (IV), topical, ocular, ear canal, rectal, vaginal, or respiratory routes. Assessing for medication side effects and efficacy.
<b>Medical Support System</b>	Monitoring intravenous (IV) fluid administration and site care, initiating IV line and reinserting prn, assessing shunt functioning, central line care including dressing change and emergency intervention, insulin pump care, emergency care of student (including but not limited to: seizures, choking, respiratory and cardiac arrest, status asthmaticus, and anaphylaxis.)
<b>Specimen Collecting</b>	Venous or arterial blood draws; blood glucose monitoring and urine glucose monitoring; wound, stool or urine sample collection
<b>Other Nursing Procedures</b>	Collecting and assessing vital signs, applying sterile dressings, prevention and care of decubitus ulcers, cool and warm applications, and special skin care assessment cast care, skin assessment of incontinent student, medical aspects of bowel and bladder training programs
<b>Health Assessment</b>	Collecting, documenting, assessing and evaluating a student's health information to determine the student's state of health. Evaluating patterns of functioning and need for health services, counseling and education. This includes assessing the student's current health status and on an as needed basis, reviewing medical diagnoses, treatments, or orders and requesting clarification or a change in a licensed health prescriber's order as necessary. Creating, implementing and evaluating nursing care plans. Collaborating with other disciplines on a student's health needs.

### Documentation needed for Medicaid reimbursement:

#### **Medical necessity must be documented.**

- Written order that is signed and dated by a NYS Medicaid enrolled practitioner who is also a NYS licensed and currently registered and/or certified, as required: physician, physician assistant, or nurse practitioner.

#### **Providers must be Medicaid qualified.**

- NYS licensed and currently registered professional nurse, or
- NYS licensed and currently registered practical nurse under the direction of a NYS licensed and currently registered professional nurse, physician, physician assistant, dentist or other licensed health care provider legally authorized under the Nurse Practice Act

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

Medicaid providers must be qualified in accordance with the requirements of 42 CFR §440.60(a) and other applicable federal and State laws and regulations acting within their scope of practice or a New York State licensed practical nurse qualified in accordance with 42 CFR §440.60(a) and other applicable federal and State laws or regulations acting within his or her scope of practice “under the direction” of a licensed registered professional nurse, or licensed physician, dentist, or other licensed health care provider authorized under the Nurse Practice Act.

### **The encounter must be documented.**

- Medication administration: Medication Administration Record (MAR)
- Skilled nursing services: Contemporaneous session note for each encounter.

Note: If services are provided by an LPN, the MAR or session note does not need to be co-signed by an RN.

### **The service must be included in the IEP.**

## **Section 6**

## **SSHSP MEDICAID COVERED SERVICES**

### **SPECIAL TRANSPORTATION**

#### **Definition**

Special transportation is provided when a student requires specialized transportation equipment because of his/her disability as cited in 34 CFR §300.34(c)(16)(iii).

With some exceptions, Medicaid reimbursable special transportation is limited to those situations where the student receives transportation in a vehicle modified to accommodate the student's disability to obtain a Medicaid-covered service (other than transportation), or returns from a Medicaid-covered service.

The New York State Education Department (NYSED) field memorandum, dated March 2005, titled Special Transportation for Students with Disabilities, is NYSED's guidance to be used when determining the need for special transportation services when developing an IEP. This memo reflects special education policy only, and cannot be used to determine if or when special transportation is Medicaid reimbursable. The memorandum can be viewed at:

[http://www.oms.nysed.gov/medicaid/services/transportation/Cort\\_Special\\_Transportation.pdf](http://www.oms.nysed.gov/medicaid/services/transportation/Cort_Special_Transportation.pdf)

#### **Documentation needed for Medicaid reimbursement:**

##### **Medical necessity must be documented.**

- The specific medical need for special transportation to accommodate the student's disability must be documented in the student's Individualized Education Program (IEP); and
- An explanation as to how the transporting vehicle has been specially modified to serve the needs of that student with a disability must be documented in the IEP (see exceptions on page 50)
  - A specially modified vehicle is one where the vehicle has a physical feature to accommodate a specific student with a disability. A bus with a wheelchair lift is an example of a specially modified vehicle. Examples that do not qualify a vehicle as a specially modified vehicle for purposes of Medicaid reimbursement include the following:
    - Air conditioning;
    - Seat belts or harnesses;
    - A bus aide; or
    - Installed video equipment.

##### **Providers are Medicaid qualified.**

- Special transportation services must be provided by a vendor who is legally authorized to provide transportation services on the date the services are rendered.

##### **The encounter must be documented.**

- Bus/transportation log for each one-way trip:
  - Student's name;
  - Both the origination and time of pick up for each trip;
  - Both the destination and time of drop off for each trip;

## Section 6

## SSHSP MEDICAID COVERED SERVICES

- Bus number or vehicle license plate number; and,
- The full printed name of the driver providing the transportation.

It is acceptable for the transportation log to indicate the actual time the first student was picked up and the actual time the last student was dropped off. For example, when the same bus is transporting the same students from their homes to the school in the morning the transportation log could indicate the time and place the first student is picked up and the time and place all the students are dropped off. The bus manifest and/or schedule may serve as documentation of the pickup locations and times in between the first pick up and the last drop off.

It is not necessary for the provider to create a separate special transportation log for each Medicaid eligible student.

These items are considered unacceptable documentation of a trip: a driver or vehicle manifest, or dispatch sheet; an issuance of prior authorization by the authorizing agent with subsequent checkmarks on a prior authorization roster; or an attendance log from the school or program.

### **The service must be included in the IEP.**

- The IEP must include specific transportation recommendations to address each of the student's needs, as appropriate. It is **not** appropriate for the IEP to simply indicate, "special transportation needed," without including the nature (reason/need) of the special transportation; and
- An explanation as to how the transporting vehicle has been specially modified to serve the needs of that student with a disability must be documented in the IEP (see exceptions below)

### **Exceptions (Special circumstances)**

Special circumstances where transportation is Medicaid reimbursable, regardless of the type of vehicle used, are when:

- A student resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP and the student is traveling to or from a Medicaid reimbursable service;
- A student is transported from school or home directly to and/or from a provider in the community for the exclusive purpose of accessing an SSHSP service, (e.g., BOCES or other contracted provider), and transportation is noted in the IEP. If the student is transported to a provider located in the community and is then transported directly back to school or directly home, both one-way trips are Medicaid reimbursable.

There is no requirement that the student's IEP contain a description of a vehicle modification when the transportation being billed to Medicaid was provided under a special circumstance listed above.

Other than the two exceptions above, transportation on a regular (unmodified) bus or other vehicle to/from school must not be billed to Medicaid.

## **Section 7**

## **MEDICAID CLAIMING PROCESS**

### **MEDICAID BILLING PROVIDER REQUIREMENTS**

In order to bill for Medicaid eligible services and evaluations, the following conditions must be met:

- The school district/county must be an approved and enrolled Medicaid provider;
- The school district/county must have a National Provider Identifier (NPI);
- The attending provider must have a National Provider Identifier (NPI);
- The student must be eligible for Medicaid (have an eligible Client Identification Number (CIN));
- The school district/county must obtain parental consent to bill Medicaid (in accordance with IDEA) prior to billing Medicaid;
- The school district/county must incur a cost for the service and/or evaluation (i.e., the school district/county must not bill Medicaid for a service and/or evaluation that is paid partially or in full by Federal funds);
- Provider Agreements and Statement of Reassignments must be completed by outside contractors other than BOCES; and
- Medicaid billing providers must ensure that each service or evaluation is:
  - Medically necessary (ordered/referred by a Medicaid qualified provider);
  - Documented (evaluation report, session note, MAR, or transportation log);
  - Provided by a Medicaid-qualified provider; and
  - Included in the IEP.

## Section 7

## MEDICAID CLAIMING PROCESS

### SSHSP BILLING/CLAIMING GUIDANCE

- I. Documentation necessary to bill Medicaid (kept on file)
  - Provider Information:
    - Acceptable Medicaid Enrollment status for Ordering/Referring Practitioners
    - Certification/Licensure of all servicing/attending providers (see Provider Qualifications and Documentation Requirements on pages 36 and 37)
    - "Under the Direction of" (UDO) documentation, if applicable (see UDO explanation/requirements on pages 23-24)
    - Provider Agreement and Statement of Reassignment (completed by outside contractors)
  - Student Information:
    - Medicaid-eligible student
    - Referral to the CSE/CPSE
    - Individualized Education Program (IEP)
    - Parental consent to bill Medicaid
    - 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
  - Documented in IEP
  - Ordered/referred by a Medicaid-enrolled practitioner acting within his/her scope of practice (exceptions found on pages 40 and 45)
  - Provided by a Medicaid qualified provider
  - Provided "Under the Direction of" (UDO) or "Under the Supervision of" as 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 (include actual # in group)
  - The setting in which the service was rendered (school, clinic, other)
  - Date and time the service was rendered (length of session; record start and end times)
  - 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 directing/supervising clinician as appropriate
- IV. Claims submitted to Medicaid must:
  - Be supported with documentation from Sections I, II and III as required
  - Include the appropriate Current Procedural Terminology (CPT) code(s) (**see Appendix A for SSHSP CPT codes**) and number of units for each CPT code assigned by the provider(s) who furnished the service
  - Include an appropriate ICD-9 code(s)
  - Include ordering/referring provider NPI
  - Include attending provider NPI
  - Include billing provider NPI
  - Include student's Medicaid client identification number (CIN)

## Section 7

## MEDICAID CLAIMING PROCESS

Date of Service	Documentation Requirements	Process
September 1, 2009 and forward	<ul style="list-style-type: none"><li>• Provider Agreement and Statement of Reassignment</li><li>• Referral to CSE/CPSE and the consent for release of information</li><li>• Provider Qualifications (current license, certification and/or registration, Medicaid enrollment if applicable)</li><li>• Documentation of "under the direction of" or "under the supervision of" if appropriate</li><li>• Written orders/written referrals (establishes medical necessity)</li><li>• All services must be included in the IEP to be Medicaid reimbursable</li><li>• Special transportation needs if applicable</li><li>• <b>Document each encounter</b> <b>(contemporaneous session note, evaluation report, Medication Administration Record or transportation log)</b></li></ul>	<p>Transmit to Billing Agent:</p> <ul style="list-style-type: none"><li>• Date of Service;</li><li>• CIN</li><li>• CPT code that corresponds to type of service and duration of session;</li><li>• Number of units</li><li>• Diagnosis code(s)(ICD)</li><li>• Attending provider NPI</li><li>• Ordering/Referring provider NPI</li><li>• Billing provider NPI</li><li>• Parental consent indicator for eligible students</li></ul>

## **Section 7**

## **MEDICAID CLAIMING PROCESS**

### **MEDICAID CLAIMING PROCESS SCHOOL DISTRICT AND COUNTY RESPONSIBILITIES**

#### **MEDICAID ELIGIBLE (ME) LIST**

School districts and counties who elect to participate in SED's billing process receive their listing of Medicaid eligible students through a file matching process handled by Central New York Regional Information Center (CNYRIC). This identified special education population is transmitted to CNYRIC where a file match is performed against DOH's file of Medicaid eligible students.

A list of Medicaid eligible recipients, along with a Non-Matching report that includes a near-match/multiple match/match not found list, is created for the school districts and counties.

#### **BILLING PROCESS**

Once the listing of Medicaid eligible students is provided to the school districts and counties the related supportive health services provided to these students must be identified. The Medicaid billing provider may claim Medicaid services at the appropriate fee when documentation exists establishing that services were provided in conjunction with federal and State policies.

For school districts and counties that elect not to use the SED billing process, the fees and supporting documentation remain the same.

The federal and non-federal shares associated with the provisions of SPA #09-61 are funded from appropriations by the State Legislature to two separate State agencies, the State Education Department (SED) and the State Department of Health (DOH) (the single State Medicaid agency) which enables the DOH to draw general fund dollars directly to fund the non-federal share of payments for the SSHSP. Payment by DOH to school districts and counties represents 100% of the State and federal share of the Medicaid claim. The non-federal share represents an advance of state aid dollars and is subsequently deducted from a school district/county state aid payment.

**All providers are required to maintain confidentiality pursuant to HIPAA and FERPA as described in Section 3 of this Handbook.**

## Section 7

## MEDICAID CLAIMING PROCESS

STEP	RESPONSIBILITY	PROCESS
I	The school district/county gathers Biographical (BIO) Data.	School district/county collects student name, date of birth (DOB), gender and social security number, if available. Include all students referred to the Committees on Special Education (CSE/CPSE) whether or not classified as disabled in the school district/county.
II	The school district/county is responsible for transmitting biographical data through MEDWeb to the Central New York Regional Information Center (CNYRIC).	CNYRIC maintains the student database. CNYRIC will match this data monthly against the Department of Health's Eligibility File to determine which students are Medicaid eligible.
III	CNYRIC will post the electronic file and report of Medicaid eligible students from the school district/county to the CNYRIC Web Reports website based on the Monthly Claiming/Billing Calendar. Any students that are new to the school district/county and missing from the report should be added by providing the BIO data for these students (see Step I).	School districts/counties can retrieve the electronic files and corresponding reports from the CNYRIC Web Reports website.
IV	The school district/county collects data regarding eligible services provided to their students from the appropriate service providers.	The school district/county assures that all documentation required for claiming Medicaid reimbursement for eligible services is on file in the school district/county.
V	The school district/county transmits the Medicaid claim data through MEDWeb to CNYRIC.	The school district's/county's claims for each student must include the appropriate data for the service provided:  month, day and year of service; CIN; CPT code; units of service provided; diagnosis code(s); attending provider NPI; ordering/referring provider NPI; billing provider NPI
VI	The school district/county verifies the biographical/claim data waiting for monthly processing through MEDWeb.	CNYRIC collects the biographical and claim data per the Monthly Claiming/Billing Calendar.

## Section 7

## MEDICAID CLAIMING PROCESS

STEP	RESPONSIBILITY	PROCESS
VII	The school district/county verifies that the claims that have been submitted to CNYRIC have been appropriately processed.	The Service Update Report will provide the detail of each claim submitted in order to verify the claim. Your regional RIC can assist in resolving any discrepancies the school district/county found in the Service Update Report.
VIII	CNYRIC will transmit monthly all eligible claims to the Computer Sciences Corporation's electronic Medicaid system in New York State (eMedNY).	CNYRIC will follow the Monthly Claiming/Billing Calendar.
IX	CNYRIC will post the Billing Summary Report, representing all billed claims, to the Web Reports website.	The CNYRIC will post the Billing Summary Report based on the Monthly Claiming/Billing Calendar.
X	Computer Sciences Corporation (CSC) will process the claims submitted on behalf of each school district/county based on the Monthly Claiming/Billing Calendar. CSC will distribute Medicaid payment to each school district and county.	CSC will distribute Medicaid reimbursement to school districts/counties based on the Monthly Claiming/Billing Calendar. CNYRIC will post remittance files (MR) and remittance reports to the Web Reports website.

**NOTE #1:** All CNYRIC reports provided and available to school districts and counties are listed and explained on the Medicaid in Education website at [www.oms.nysesd.gov/medicaid](http://www.oms.nysesd.gov/medicaid). A listing of CNYRIC processing error messages is also provided at the website.

**NOTE #2:** The processing of the near match and multiple match students on the Medicaid Biographical Match Report and the processing of claims for students not found on the eligible lists or the Medicaid Biographical Match Report (CIN Transaction) is described on Pages 57 and 58 of this Handbook.

**NOTE #3:** Students may be deleted from the Student Database (SDB) maintained at CNYRIC. Procedures on the Delete Transaction are on Page 59 of this Handbook.

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## MEDICAID CLAIMING PROCESS

### PROCESSING OF A STUDENT'S MEDICAID BIOGRAPHICAL DATA

#### MATCH Report and CIN Transactions Processing

Students identified on the Medicaid Biographical Non-Match Report as either a "Near Match," "Multiple Matches Found" or "Match Not Found" may be possible Medicaid matches. The school district/county should review each group as indicated below to determine if this information (CIN) is related to their students. The final decision to determine if the Medicaid client and the student are the same person lies with the school district/county, not the state.

#### Medicaid Biographical Non-Match Report (MATCH)

##### **A. Near-Match:** (Students identified as possible matches).

- 1) The students whose biographical data are identified as Near Matches are students whose date of birth and gender match exactly and whose:
  - a) First 3 letters of the last name match, and
  - b) First 2 letters of the first name match.
- 2) The Near Match report contains the following information:
  - a) Line 1 contains the biographical information the school district/county submitted for matching.
  - b) Line 2 contains the Near Match indicator.
  - c) Line 3 contains the:
    - CIN,
    - Provider number of any other school districts and counties that also submitted this student for matching,
    - Exact spelling of the student,
    - Top line of the begin/end eligibility dates (Note-additional eligibility before the begin date could exist) and,
    - SSI indicator.
- 3) If you are unable to determine if the student listed is the same student, contact DOH staff or the parent/guardian for additional information (CIN/county of residence) to help you determine if the student listed is your student.
- 4) If you determine that your student is listed on the report, submit, as a demographic "ADD", the name, date of birth, gender and CIN exactly as they appear on Line 3 of the report (according to your software requirements).

##### **B. Multiple Matches Found:** (Students identified with more than one CIN).

- 1) More than one CIN is on the report because the biographical data submitted matches the biographical data on file for more than one CIN.
- 2) The Multiple Match report contains the following information:
  - a) Line 1 contains the biographical information the school district/county submitted for matching.
  - b) Line 2 contains the Multiple Matches Found indicator.
  - c) The subsequent lines contain the:
    - CIN,

## Section 7

## MEDICAID CLAIMING PROCESS

- Provider number of any other school district/county that also submitted this student for matching,
  - Exact spelling of the student,
  - Top line of the begin/end eligibility dates and
  - SSI indicator.
- 3) If you are unable to determine if the student listed is the same student, contact DOH staff or the parent/guardian for additional information (CIN/county of residence) to help you determine if the student listed is your student.
  - 4) If you determine that your student is listed on the report, submit, as a demographic "ADD", the name, date of birth, gender, and CIN exactly as they appear on the appropriate line (3, 4, and 5) on the report (according to your software requirements).
- C. Match Not Found:** (Students whose biographical data submitted was not matched against the DOH eligibility file and did not fit the criteria as a Near Match or Multiple Match).
- 1) These students may need to be reviewed for name spelling, date of birth and/or gender errors (date of birth and gender must match exactly).
  - 2) If you determine that your student is listed in error on the Match Not Found section, just submit, as a demographic "ADD", the correct name, date of birth, and gender per your software system requirements.
  - 3) If a brother or sister is matched as a student to a CIN, then you should look into why the student in question was not a match.

## CIN TRANSACTIONS

### **Students identified as eligible by ascertaining the CIN from another source.**

- A.** If you have an appropriate CIN for a student, but the student does not appear on the complete student eligible list:
  - 1) Submit the name, date of birth, gender, and CIN as a demographic "ADD" (according to your software requirements).
  - 2) This information must be submitted exactly as listed on eMedNY or an inconsistent data error message will be generated and it can create a claiming problem.
- B.** If the student does appear on the current student eligibility list, but you have a more current eligible CIN to replace the listed ineligible CIN:
  - 1) Delete ("DEL") the original (ineligible) CIN as it appears on your current eligibility listing.
  - 2) Submit the name, date of birth, gender and (eligible) CIN as a demographic "ADD".

## **Section 7**

## **MEDICAID CLAIMING PROCESS**

### **ADJUST/VOID PROCESS**

The Adjust/Void process was developed by CNYRIC in conjunction with New York State DOH and Computer Science Corporation (CSC). This process is designed to give the provider a mechanism to make changes to, or delete claims, that have been submitted to Medicaid for payment and have been paid.

- **An adjustment transaction corrects the number of units previously submitted and paid at a particular rate code.**
- **A void transaction cancels a previously submitted paid bill.**

The processing of adjustments and voids can be achieved through the current software package you are using or through the MEDWeb Client Claiming application. Please refer to your software manual or contact your software support person for any processing questions.

### **DELETE TRANSACTION**

Students placed on the Student Database (SDB) at CNYRIC are matched monthly against the DOH Medicaid Eligibility File to determine which students from a school district or county are Medicaid eligible.

CNYRIC will clean up the SDB automatically by removing students who have not matched the DOH Eligibility file every month, for over two years or are over 23 years old. School districts and counties will be given the opportunity each year to revise the time period for deletions or bypass this process.

Matched Students with no claims processed for three years (or the cutoff time specified for the provider), are inactivated.

The processing of delete/inactivation transactions can be achieved through the current software package you are using or through the MEDWeb Client Claiming application. Please refer to your software manual or contact your software support person for any processing questions.

### **MONTHLY CLAIMING/BILLING CALENDAR**

The monthly claiming and billing calendar is available online at:  
<http://www.oms.nysed.gov/medicaid/resources/>

### **MEDICAID WEB REPORTS**

Medicaid web reports and files, along with a brief description of each, is available online at: [http://www.oms.nysed.gov/medicaid/handbook/handbook\\_7/medicaid\\_reports](http://www.oms.nysed.gov/medicaid/handbook/handbook_7/medicaid_reports).

### **CNYRIC PROCESSING ERROR MESSAGES**

CNYRIC processing error messages, along with a brief description of each, is available online at: [http://www.oms.nysed.gov/medicaid/handbook/handbook\\_7/error\\_messages](http://www.oms.nysed.gov/medicaid/handbook/handbook_7/error_messages).

## **Section 7**

## **MEDICAID CLAIMING PROCESS**

### **EXCEPTIONS TO SCHOOL DISTRICTS CLAIMING MEDICAID REIMBURSEMENT FOR CERTAIN ELIGIBLE SERVICES**

A school district may claim Medicaid reimbursement for any eligible SSHSP service included in a student's IEP provided by the school district to any student with a disability with the following exceptions:

#### **Intermediate Care Facilities**

If the New York State Office for People with Developmental Disabilities (OPWDD) places a child in an Intermediate Care Facility (ICF) in your school district, the school district may not claim Medicaid reimbursement for any related services provided to these students since the SED reimburses 100% of the costs to educate these children including transportation. SED claims the Medicaid reimbursement for these services. However, the school district may claim reimbursement for any evaluations provided to these students.

**NOTE:** OPWDD has converted some ICFs residences to Individual Residential Alternatives (IRAs) or initially opened a new residence as an IRA. If a child resides in an IRA, the school district is entitled to claim Medicaid reimbursement for all eligible services provided to that child.

A listing of Intermediate Care Facilities (ICF) and Community Residence Programs (CRP) can be accessed online at:

[http://www.oms.nysed.gov/medicaid/icfs\\_crps/](http://www.oms.nysed.gov/medicaid/icfs_crps/)

#### **Article 28 Facilities**

When a student is not placed in an Article 28 facility full time but receives only related services from the staff at that facility, the school district may claim Medicaid reimbursement for these services. The Article 28 facility may not.

Certain Article 28 facilities may claim Medicaid reimbursement for students placed full time in the facility.

Other than the above exceptions, if a school district pays for the delivery of eligible services, they may claim Medicaid reimbursement. If you have any questions please contact the Medicaid Unit at 518-474-7116 or at [MedinEd@mail.nysed.gov](mailto:MedinEd@mail.nysed.gov).

## **APPENDIX A**

### **Preschool/School Supportive Health Services Program (SSHSP)**

#### **Claiming Methodology and Procedure Codes**

#### **NEW BILLING METHODOLOGY**

According to SPA #09-61, effective September 1, 2009, all SSHSP services will be reimbursed using an encounter-based claiming methodology, based on fees established by the Department of Health.

Except for special transportation, fees have been set at 75% of the 2010 Medicare fee schedule for the Mid-Hudson Region. Payment for special transportation services was set based on a statistically valid cost study that was conducted in 1999 to establish round trip transportation rates. These rates were trended forward based on changes in the Consumer Price Index (CPI). The round trip rates were then converted to one-way rates.

All SSHSP providers will now bill on an encounter-based claiming methodology, using the select list of Current Procedural Terminology (CPT) codes that begins on page 62. CPT codes are numbers assigned to services practitioners may provide to a patient including medical, surgical and diagnostic services. CPT codes are then used by insurers to identify the service provided and ultimately the reimbursement rates. Since CPT codes are used nationally, they ensure uniformity, while adding a level of precision.

CPT codes are developed, maintained and copyrighted by the American Medical Association (AMA). As the practice of health care changes, new codes are developed for new services, current codes may be revised, and old, unused codes are discarded. Thousands of codes are in use, (over 14,000) and are updated annually. Development and maintenance of these codes is overseen by editorial boards at the AMA. DOH in coordination with SED has developed a list (just over 100 codes) that is available for SSHSP claiming.

CPT codes are either **timed or untimed**. **Timed codes** require the entry of units. When the practitioner chooses a code, the number of units must also be indicated. For example, if the physical therapist provided a service (CPT code 97140) and the session lasted 30 minutes, two units would be billed. **Untimed codes** are used on a one-per-session/per day basis.

With one exception, providers should not report more than one physical medicine and rehabilitation therapy service for the same 15 minute time period. The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same 15 minute time period as other therapy services.

For more information on the use of CPT codes and the claiming parameters, please contact your individual professional organizations.

**APPENDIX A**  
**SSHSP Billing Codes**

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time/Units	Payment Rate
Psychological Evaluation	90791	2000	PSYCHIATRIC DIAGNOSTIC EXAMINATION	1 per session	\$116.57
Psychological Evaluation	90792	2001	PSYCHIATRIC DIAGNOSTIC EXAMINATION WITH MEDICAL SERVICES	1 per session	\$95.16
Psychological Evaluation	96101	2002	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INTELLECTUAL ABILITIES, PERSONALITY AND PSYCHOPATHOLOGY, EG, MMPI, RORSCHACH, WAIS), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$63.53
Psychological Evaluation	96105	2003	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPORT, PER HOUR	60 minutes	\$60.13
Psychological Evaluation	96110	2004	DEVELOPMENTAL TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT	1 per session	\$5.76
Psychological Evaluation	96111	2005	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS) WITH INTERPRETATION AND REPORT	1 per session	\$99.66
Psychological Evaluation	96116	2006	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION, LANGUAGE, MEMORY, PLANNING AND PROBLEM SOLVING, AND VISUAL SPATIAL ABILITIES), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME WITH THE PATIENT AND TIME INTERPRETING TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$70.38
Psychological Evaluation	96118	2007	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECHSLER MEMORY SCALES AND WISCONSIN CARD SORTING TEST), PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S TIME, BOTH FACE-TO-FACE TIME ADMINISTERING TESTS TO THE PATIENT AND TIME INTERPRETING THESE TEST RESULTS AND PREPARING THE REPORT	60 minutes	\$77.81

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**SSHSP Billing Codes**

Service Type	CPT Code	Rate Code	Description	Session Time/Units	Payment Rate
Psychological Counseling	90832	2008	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	30 minutes	\$48.30
Psychological Counseling	90833	2009	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICES (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	30 minutes	\$31.82
Psychological Counseling	90834	2010	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	45 minutes	\$61.83
Psychological Counseling	90836	2011	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	45 minutes	\$51.63
Psychological Counseling	90837	2012	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	60 minutes	\$90.44
Psychological Counseling	90838	2013	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT SERVICE (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	60 minutes	\$83.48
Psychological Counseling	90785	2014	INTERACTIVE COMPLEXITY (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE)	1 per session	\$3.66
Psychological Counseling	90847	2020	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	1 per session	\$82.97
Psychological Counseling	90853	2021	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	1 per session	\$24.50

**APPENDIX A**  
**SSHSP Billing Codes**

Service Type	CPT Code	Rate Code	Description	Session Time /Units	Payment Rate
Speech	92521	2023	EVALUATION OF SPEECH FLUENCY (E.G., STUTTERING, CLUTTERING)	1 per evaluation	\$89.16
Speech	92522	2052	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA)	1 per evaluation	\$72.25
Speech	92523	2053	EVALUATION OF SPEECH SOUND PRODUCTION (E.G., ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION (E.G., RECEPTIVE AND EXPRESSIVE LANGUAGE)	1 per evaluation	\$150.31
Speech	92524	2054	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	1 per evaluation	\$75.70
Speech	92507	2024	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1 per session	\$50.57
Speech	92508	2025	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSINGDISORDER; GROUP, 2 OR MORE INDIVIDUALS	1 per session	\$24.85
Speech	92520	2026	LARANGEAL FUNCTION STUDIES (I.E. AERODYNAMIC TESTING AND ACOUSTIC TESTING)	1 per session	\$48.07
Speech	92526	2027	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	1 per session	\$77.73
Speech	92597	2028	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH	1 per session	\$82.17
Speech	92626	2029	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	60 minutes	\$62.56
Speech	92627	2030	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	15 minutes	\$15.11

**APPENDIX A**  
**SSHSP Billing Codes**

<b>SERVICE TYPE</b>	<b>CPT Code</b>	<b>Rate Code</b>	<b>DESCRIPTION</b>	<b>Session Time/Units</b>	<b>Payment Rate</b>
Audio Evaluation	92550	2031	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	1 per session	\$15.95
Audio Evaluation	92552	2032	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	1 per session	\$17.42
Audio Evaluation	92553	2033	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	1 per session	\$22.37
Audio Evaluation	92555	2034	SPEECH AUDIOMETRY THRESHOLD;	1 per session	\$12.47
Audio Evaluation	92556	2035	SPEECH AUDIOMETRY WITH SPEECH RECOGNITION	1 per session	\$19.17
Audio Evaluation	92557	2036	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	1 per evaluation	\$31.49
Audio Evaluation	92565	2037	STENGER TEST, PURE TONE	1 per session	\$9.55
Audio Evaluation	92567	2038	TYMPANOMETRY (IMPEDANCE TESTING)	1 per session	\$12.12
Audio Evaluation	92568	2039	ACOUSTIC REFLEX TESTING, THRESHOLD	1 per session	\$12.85
Audio Evaluation	92570	2040	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTING	1 per session	\$24.29
Audio Evaluation	92571	2041	FILTERED SPEECH TEST	1 per session	\$13.05
Audio Evaluation	92572	2042	STAGGERED SPONDAIC WORD TEST	1 per session	\$18.29

**APPENDIX A**  
**SSHSP Billing Codes**

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time/Units	Payment Rate
Audio Evaluation	92576	2043	SYNTHETIC SENTENCE IDENTIFICATION TEST	1 per session	\$17.42
Audio Evaluation	92577	2044	STENGER TEST, SPEECH	1 per session	\$11.88
Audio Evaluation	92579	2045	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	1 per session	\$33.58
Audio Evaluation	92582	2046	CONDITIONING PLAY AUDIOMETRY	1 per session	\$33.74
Audio Evaluation	92583	2047	SELECT PICTURE AUDIOMETRY	1 per session	\$25.88
Audio Evaluation	92585	2048	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; COMPREHENSIVE	1 per session	\$78.87
Audio Evaluation	92586	2049	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THECENTRAL NERVOUS SYSTEM; LIMITED	1 per session	\$48.32
Audio Evaluation	92587	2050	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	1 per session	\$27.62
Audio Evaluation	92588	2051	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQUENCIES)	1 per evaluation	\$47.63
Audio Evaluation	92620	2056	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	60 minutes	\$59.40
Audio Evaluation	92621	2057	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTE	15 minutes	\$13.62

**APPENDIX A**  
**SSHSP Billing Codes**

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time/Units	Payment Rate
Physical Therapy	97001	2058	PHYSICAL THERAPY EVALUATION	1 per evaluation	\$54.81
Physical Therapy	97002	2059	PHYSICAL THERAPY RE-EVALUATION	1 per evaluation	\$29.74
Occupational or Physical Therapy	97010	2060	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	1 per session	\$3.91
Occupational or Physical Therapy	97012	2061	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	1 per session	\$11.45
Occupational or Physical Therapy	97014	2062	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	1 per session	\$10.70
Occupational or Physical Therapy	97016	2063	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	1 per session	\$12.45
Occupational or Physical Therapy	97018	2064	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	1 per session	\$6.53
Occupational or Physical Therapy	97022	2065	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL BATH	1 per session	\$14.51
Occupational or Physical Therapy	97024	2066	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	1 per session	\$4.49
Occupational or Physical Therapy	97026	2067	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	1 per session	\$3.91
Occupational or Physical Therapy	97028	2068	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	1 per session	\$5.04
Occupational or Physical Therapy	97032	2069	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL) EACH 15 MINUTES	15 minutes	\$12.92
Occupational or Physical Therapy	97033	2070	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	15 minutes	\$20.18

**APPENDIX A**  
**SSHSP Billing Codes**

SERVICE TYPE	CPT Code	Rate Code	DESCRIPTION	Session Time/Units	Payment Rate
Occupational or Physical Therapy	97034	2071	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	15 minutes	\$12.11
Occupational or Physical Therapy	97035	2072	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND THERAPY, EACH 15 MINUTES	15 minutes	\$9.20
Occupational or Physical Therapy	97036	2073	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	15 minutes	\$21.25
Occupational or Physical Therapy	97110	2074	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	15 minutes	\$22.19
Occupational or Physical Therapy	97112	2075	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	15 minutes	\$23.29
Occupational or Physical Therapy	97113	2076	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	15 minutes	\$28.04
Occupational or Physical Therapy	97116	2077	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	15 minutes	\$19.65
Occupational or Physical Therapy	97124	2078	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	15 minutes	\$17.99
Occupational or Physical Therapy	97140	2080	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	15 minutes	\$20.77
Physical Therapy	97150	2081	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per session	\$14.33
Occupational Therapy	97003	2082	OCCUPATIONAL THERAPY EVALUATION	1 per evaluation	\$59.11
Occupational Therapy	97004	2083	OCCUPATIONAL THERAPY RE-EVALUATION	1 per evaluation	\$34.98

**APPENDIX A**  
**SSHSP Billing Codes**

Service Type	CPT Code	Rate Code	Description	Session Time/Units	Payment Rate
Occupational or Physical Therapy	97530	2084	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	15 minutes	\$23.96
Occupational or Physical Therapy	97532	2085	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	15 minutes	\$19.00
Occupational or Physical Therapy	97533	2086	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	15 minutes	\$20.75
Occupational or Physical Therapy	97535	2087	SELF-CARE/HOME MANAGEMENT TRAINING (EG, 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 THE PROVIDER, EACH 15 MINUTES	15 minutes	\$23.94
Occupational or Physical Therapy	97537	2088	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	15 minutes	\$21.32
Occupational or Physical Therapy	97542	2089	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	15 minutes	\$21.61
Occupational Therapy	97150	2100	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	1 per session	\$14.33
Occupational or Physical Therapy	97760	2107	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	15 minutes	\$25.61
Occupational or Physical Therapy	97761	2108	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	15 minutes	\$22.70
Occupational or Physical Therapy	97762	2109	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	15 minutes	\$28.07

**APPENDIX A**  
**SSHSP Billing Codes**

Service Type	CPT Code	Rate Code	Description	Session Time/Units	Payment Rate
Medical Evaluation	99201	2090	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 10 minutes	\$30.45
Medical Evaluation	99202	2091	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 20 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 20 minutes	\$52.51
Medical Evaluation	99203	2092	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 30 minutes	\$75.88
Medical Evaluation	99204	2093	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 45 minutes	\$117.17
Medical Evaluation	99205	2094	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 60 minutes	\$147.11

**APPENDIX A**  
**SSHSP Billing Codes**

Service Type	CPT Code	Rate Code	Description	Session Time/Units	Payment Rate
Medical Evaluation	99211	2095	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN,. USUALLY THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	Approximately 5 minutes	\$15.08
Medical Evaluation	99212	2096	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHT FORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 10 minutes	\$30.45
Medical Evaluation	99213	2097	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE LOW TO MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 15 minutes	\$51.05
Medical Evaluation	99214	2098	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 25 minutes	\$76.46
Medical Evaluation	99215	2099	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MGMT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Approximately 40 minutes	\$102.91

**APPENDIX A**  
**SSHSP Billing Codes**

<b>SERVICE TYPE</b>	<b>CPT Code</b>	<b>Rate Code</b>	<b>DESCRIPTION</b>	<b>Session Time /Units</b>	<b>Payment Rate</b>
Skilled Nursing	T1002	2102	RN SERVICES, UP TO 15 MINUTES	15 minutes	\$9.25
Skilled Nursing	T1003	2103	LPN/LVN SERVICES, UP TO 15 MINUTES	15 minutes	\$8.00

**APPENDIX A**  
**SSHSP Billing Codes**

<b>SERVICE TYPE</b>	<b>CPT Code</b>	<b>Rate Code</b>	<b>DESCRIPTION</b>	<b>Session Time/Units</b>	<b>Payment Rate</b>
Transportation	T2003	2104	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	1 per one-way trip	See Appendix B

**APPENDIX A**  
**SSHSP Billing Codes**  
**Special Transportation One-Way Rates**  
**CPT Code T2003**

County	Preschool Rate	School Rate		County	Preschool Rate	School Rate
Albany	\$14.21	\$7.92		Oneida	\$14.21	\$7.92
Allegany	\$36.50	\$14.70		Onondaga	\$14.21	\$7.92
Broome	\$14.21	\$7.92		Ontario	\$20.42	\$14.70
Cattaraugus	\$20.42	\$14.70		Orange	\$20.42	\$14.70
Cayuga	\$20.42	\$14.70		Orleans	\$20.42	\$14.70
Chautauqua	\$20.42	\$14.70		Oswego	\$20.42	\$14.70
Chemung	\$20.42	\$14.70		Otsego	\$20.42	\$14.70
Chenago	\$20.42	\$14.70		Putnam	\$20.42	\$14.70
Clinton	\$20.42	\$14.70		Rensselaer	\$14.21	\$7.92
Columbia	\$14.21	\$7.92		Rockland	\$20.42	\$14.70
Cortland	\$20.42	\$14.70		St Lawrence	\$36.50	\$14.70
Delaware	\$36.50	\$14.70		Saratoga	\$20.42	\$14.70
Dutchess	\$14.21	\$7.92		Schenectady	\$14.21	\$7.92
Erie	\$17.76	\$17.03		Schoharie	\$20.42	\$14.70
Essex	\$36.50	\$14.70		Schuyler	\$20.42	\$14.70
Franklin	\$36.50	\$14.70		Seneca	\$20.42	\$14.70
Fulton	\$20.42	\$14.70		Steuben	\$20.42	\$14.70
Genesee	\$20.42	\$14.70		Suffolk	\$16.98	\$17.03
Greene	\$20.42	\$14.70		Sullivan	\$20.42	\$14.70
Hamilton	\$36.50	\$14.70		Tioga	\$20.42	\$14.70
Herkimer	\$20.42	\$14.70		Tompkins	\$20.42	\$14.70
Jefferson	\$20.42	\$14.70		Ulster	\$20.42	\$14.70
Lewis	\$36.50	\$14.70		Warren	\$20.42	\$14.70
Livingston	\$20.42	\$14.70		Washington	\$20.42	\$14.70
Madison	\$20.42	\$14.70		Wayne	\$20.42	\$14.70
Monroe	\$14.21	\$7.92		Westchester	\$25.16	\$17.03
Montgomery	\$20.42	\$14.70		Wyoming	\$20.42	\$14.70
Nassau	\$19.68	\$17.03		Yates	\$36.50	\$14.70
Niagara	\$14.21	\$7.92		NYC	\$17.27	\$21.69

\*School district rates are assigned according to the county where the district is located.

## APPENDIX B

### ABBREVIATIONS, ACRONYMS, AND DEFINITIONS

AMA	AMERICAN MEDICAL ASSOCIATION
AOTA	AMERICAN OCCUPATIONAL THERAPY ASSOCIATION
APA	AMERICAN PSYCHOLOGICAL ASSOCIATION
APTA	AMERICAN PHYSICAL THERAPY ASSOCIATION
ASHA	AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
BOCES	BOARD OF COOPERATIVE EDUCATIONAL SERVICES
CAPTE	COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION
CFR	CODE OF FEDERAL REGULATIONS
CIN	CLIENT IDENTIFICATION NUMBER
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
CNYRIC	CENTRAL NEW YORK REGIONAL INFORMATION CENTER
CPSE	COMMITTEE ON PRESCHOOL SPECIAL EDUCATION
CPE	CERTIFIED PUBLIC EXPENDITURE
CPT	CURRENT PROCEDURAL TERMINOLOGY
CSC	COMPUTER SCIENCES CORPORATION
CSE	COMMITTEE ON SPECIAL EDUCATION
DOH	DEPARTMENT OF HEALTH
EMEDNY	ELECTRONIC MEDICAID SYSTEM OF NEW YORK
EPSDT	EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT
FAPE	FREE APPROPRIATE PUBLIC EDUCATION
FERPA	FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
FTP	FILE TRANSFER PROTOCOL
HIPAA	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
IDEA	INDIVIDUALS WITH DISABILITIES EDUCATION ACT
IEP	INDIVIDUALIZED EDUCATION PROGRAM
IHCP	INDIVIDUALIZED HEALTH CARE PLAN
LPN	LICENSED PRACTICAL NURSE
ME	MEDICAID ELIGIBILITY
NPI	NATIONAL PROVIDER IDENTIFIER
OHIP	OFFICE OF HEALTH INSURANCE PROGRAMS
OP	OFFICE OF THE PROFESSIONS
OPWDD	OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES
OT	OCCUPATIONAL THERAPY/THERAPIST
OTDA	OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
OTA	OCCUPATIONAL THERAPY ASSISTANT
PT	PHYSICAL THERAPY/THERAPIST
PTA	PHYSICAL THERAPY ASSISTANT
RIC	REGIONAL INFORMATION CENTER
RN	REGISTERED PROFESSIONAL NURSE
SED	STATE EDUCATION DEPARTMENT
SLP	SPEECH-LANGUAGE PATHOLOGIST
SPA	STATE PLAN AMENDMENT
SSHSP	PRESCHOOL/SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM
SSI	SUPPLEMENTAL SECURITY INCOME
TCM	TARGETED CASE MANAGEMENT
TPHI	THIRD PARTY HEALTH INSURANCE
TSHH	TEACHER OF THE SPEECH AND HEARING HANDICAPPED
TSSL	TEACHER OF STUDENTS WITH SPEECH AND LANGUAGE DISABILITIES

## **APPENDIX B**

### **ABBREVIATIONS, ACRONYMS, AND DEFINITIONS**

**ARTICLE 28**-Article 28 facilities refer to "hospitals" which are established, operated, and regulated under Public Health Law Article 28. The term "hospital" is defined broadly and includes acute care or general hospitals, nursing homes, diagnostic and treatment centers, and free-standing ambulatory surgery centers.

**CENTERS FOR MEDICARE AND MEDICAID SERVICES** - is a federal agency within the [United States Department of Health and Human Services](#) (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid.

**CENTRAL NEW YORK REGIONAL INFORMATION CENTER (BOCES Onondaga-Cortland-Madison)** - is the clearinghouse for the School Supportive Health Services Program (New York State Medicaid in Education). SED contracts with the Central New York Regional Information Center to submit Medicaid claims on behalf of all New York State school districts and counties.

**CODE OF FEDERAL REGULATIONS** - are Federal regulations that define Medicaid rules and regulations.

**COMPUTER SCIENCES CORPORATION** - is the current eMedNY contractor for the New York State Medicaid Program.

**CURRENT PROCEDURAL TERMINOLOGY** - is a listing of descriptive terms and five-digit, numeric codes for reporting medical services and procedures performed by healthcare professionals.

**eMedNY** - is the name of the New York State Medicaid program claims processing system.

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, and TREATMENT** - is a program for Medicaid-eligible recipients under the age of twenty-one (21); EPSDT offers free preventive health care services such as screenings, well-child visits, and immunizations; if medical problems are discovered, the recipient is referred for further treatment.

**FILE TRANSFER PROTOCOL** - is a standard network protocol used to exchange and manipulate files over a TCP/IP- based network, such as the Internet.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT** - the HIPAA privacy regulations require health care providers and organizations, as well as their business associates, develop and follow procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared. This applies to all forms of PHI, including paper, oral, and electronic etc. Furthermore, only the minimum health information necessary to conduct business is to be used or shared.

## **APPENDIX B**

### **ABBREVIATIONS, ACRONYMS, AND DEFINITIONS**

**INDIVIDUALIZED EDUCATION PROGRAM** - is the IDEA required educational program to be provided to a child with a disability and refers to the written document that describes that educational program.

**INDIVIDUALIZED HEALTH CARE PLAN** - The IHCP is a written document that outlines the provision of student healthcare services intended to achieve specific student needs.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT** - is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services.

**REGIONAL INFORMATION CENTER** - a regional public education service organization. There are 12 regional information centers across New York State. Each RIC is contracted by SED to provide support services to school district and counties on the School Supportive Health Services Program.

**SUPPLEMENTARY SECURITY INCOME** - is the federal supplemental security program that provides cash assistance to low-income aged, blind, and disabled persons.

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## UPDATES

Date	Section	Page(s)	Description
November 2014	1. General Information	3-5	i. Replaced references to Handbook 7 with Handbook 8. ii. Added reference to SSHSP Questions/Answers iii. Removed reference to § 4201 schools.
November 2014	2. Medicaid Services	6	Removed reference to § 4201 schools.
November 2014	2. Medicaid Services	7	i. Included requirement that ordering/referring providers must be enrolled in Medicaid program and the NPI of the ordering/referring provider must be reported on SSHSP Medicaid claims. ii. Removed reference to § 4201 schools.
November 2014	3. Confidentiality	8	Removed reference to § 4201 schools.
November 2014	3. Confidentiality	9	Replaced hyperlinks to 34 CFR § 99.31 and US Department of Education
November 2014	3. Confidentiality	10 -12	Removed reference to § 4201 schools.
November 2014	4. Other Available Reimbursement	13	Replaced hyperlink to Parental Consent information on SED website.
November 2014	4. Other Available Reimbursement	14	Removed paragraph regarding OMIG third party recoveries.
November 2014	5. SSHSP Documentation Requirements	18-19	Removed reference to § 4201 schools.
November 2014	5. SSHSP Documentation Requirements – Parental Consent for the Release of Information	20	Replaced hyperlink to Parental Consent information on SED website.
November 2014	5. SSHSP Documentation Requirements–Written order/referral	21	Inserted “ Medicaid enrolled”

## UPDATES

Date	Section	Page(s)	Description
November 2014	5. SSHSP Documentation Requirements—Written order/referral	22	Added additional information and examples showing when a new written order/referral is required for Medicaid billing purposes.
November 2014	5. SSHSP Documentation Requirements – Evaluations	27	Policy and language regarding evaluations when a student already has an IEP was revised. Paragraph 2 under Re-evaluation has been revised to clarify that a Medicaid reimbursable re-evaluation must be documented (included) in the IEP before the re-evaluation is conducted.
November 2014	5. SSHSP Documentation Requirements – Medication Administration Record (MAR)	30-31	Replaced MAR with updated version from New York Statewide School Health Services Office.
November 2014	5. SSHSP Documentation Requirements – Special Transportation Log	32	Added 3 <sup>rd</sup> requirement for Medicaid-reimbursable special transportation
November 2014	6. SSHSP Medicaid Covered Services – Provider Qualifications and Documentation Requirements	36-37	Replaced SSHSP Handout #1 Provider Qualifications and Documentation Requirements
November 2014	6. SSHSP Medicaid Covered Services	39, 40, 41, 43, 44, 45, 47	Revised Medical necessity documentation to include that the ordering practitioner must be Medicaid enrolled.
November 2014	6. SSHSP Medicaid Covered Services – Skilled Nursing Services	42	Deleted the following: “and having graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) approved program.” as a result of revised Federal Medicaid regulation at 42 C.F.R. 440.110 Physical therapists qualified for Medicaid include those licensed by NYS regardless of whether or not the education program attended was approved by the Commission on Accreditation on Physical Therapy Education (CAPTE).  Revised Medical necessity documentation to include that the ordering practitioner must be Medicaid enrolled.

## UPDATES

Date	Section	Page(s)	Description
November 2014	6. SSHSP Medicaid Covered Services – Psychological Counseling	45	Added 9/1/2013 effective date for requiring written referral/order for psychological counseling services in addition to the inclusion of the service in the IEP.
November 2014	6. SSHSP Medicaid Covered Services – Skilled Nursing Services	46	Paragraph 2 was amended to clarify requirements for documentation of skilled nursing services.
November 2014	6. SSHSP Medicaid Covered Services – Special Transportation	49	Revised Medicaid reimbursement criteria and documentation requirements for Special Transportation (including exceptions).
November 2014	7. Medicaid Claiming Process	51	i. Removed 4201 schools ii. Removed Medicaid billing information for services rendered prior to 9/1/2009 iii. Revised Medicaid claim requirements to include number of units, and NPI of ordering/referring provider,
November 2014	7. Medicaid Claiming Process	58	Revised CIN TRANSACTIONS to include instructions to replace an ineligible CIN
November 2014	Appendix A -	62-73	Replaced SSHSP CPT Handout #5
November 2014	Appendix B -	74	Replaced SSHSP Handout #6 Special Transportation Rates