

## LEA Frequently Asked Questions

1). We would like you to consider adding orientation/mobility services and psychological evaluations and counseling. We feel that such services would be provided in a rehabilitative setting. Thank you for your consideration.

**ANSWER** - there are currently no codes available to bill orientation/mobility services since these services are usually provided in conjunction or as part of another service. Psychological/Mental Health/Behavioral Health services that will be provided in the school setting and then billed to KMAP will need to be provided under an associate agreement with the contractor for Mental Health services in Kansas, (Kansas Health Solutions).

2). What are Para/attendant care services?

**ANSWER** - The code for Para services (S5125) would be used to bill for a Para that is assigned to be with a specific child throughout the school day (not a nurse level of care). The nursing attendant codes (S9123 and S9124) are to be used when the attendant that is assigned to be with a specific child throughout the day is of LPN or RN level of care. The child's medical need for the nurse level of attendant care must be documented in the child's record and reflected on their IEP.

3). COTAs and PTAs would be able to get the reimbursement for OT and PT services just like the OTs and PTs?

**ANSWER** - Therapy services will be paid for when provided by a Registered OT/PT or by a COTA or certified PTA working under the supervision of a registered OT/PT.

4). Audiology services can be completed by nurses or S/L?

**ANSWER** - Nurses or SL Clinicians would be able to bill the audiology screening code (92551). If they are trained to conduct actual hearing tests they would be able to bill the test codes allowed. Practitioners must work within the limitations of their license or education.

5). It is taking our OT's time to consult with teachers and paraprofessionals but it's not a direct service.

**ANSWER** – This would be considered an administrative activity directly related to the provision of a direct service and is not billable as a separate service.

6). I was also wondering if students are being served in the classroom without being pulled out into a small group if there is a different billing code.

**ANSWER** – No there is not.

7). None of the codes that I reviewed in the section our Director gave to us, has a description that includes academic function such as handwriting or cutting skills. The ADL code is the closest, but usually that is reserved for dressing, self-feeding, etc. and not academic skills. Is there a code for this, and if not what code would we charge these skills under?

**ANSWER** – Academic services are viewed as educational in nature and the responsibility of the Department of Education. These services are not billable as a medical service to Medicaid.

8). I noticed that there wasn't a group code listed for occupational therapy services in the information I received. Is there a group code and if so what is the description for it?

**ANSWER** - There are no group codes for OT listed as covered. If you can provide a code(s) for consideration we will review it for coverage. Code 97150 can be billed for group OT services.

9). There appears to be a code for OT in home health setting (what qualifies it as a home health setting - does the student need to currently receive home health services to qualify under this code or does this refer to any student who is considered "homebound?" Does the code for OT in the home refer to homebound status, home school status or both?

**ANSWER** – The list of covered codes of OT services have been revised and this code has been removed from the list.

10). There are times when we might be involved with performing range of motion on someone- is there a code for this?

**ANSWER** – Code 97110 would be used to bill range of motion services.

11). As soon as possible, we would like copies or examples of recommended forms that address the release to bill Medicaid, release for physicians to obtain the necessary prescriptions.

**ANSWER** – Example forms have been designed by Terri Pence and she will provide them if requested.

12). We understand that we bill in 15 minute increments for PT and OT services and if there is a 20 minute session - we will bill 2 units. We understand we get the full rate noted on the document you provided last week, however, our estimates on what that is going to cost us vary significantly, depending on services provided in group settings, individually, etc.

**ANSWER** – The rates for the services allowed in the school setting were based off of the current rate provided in a clinician’s office.

13). We have reviewed the various service types and codes and have some questions as to where we would code nursing services such as catheterization, medication dispensing, etc., carried out by trained staff under nursing supervision.

**ANSWER** – These services would be billed with codes T1001, T1002 or T1003, whichever is appropriate for the service being provided.

14). How tight is billing in relation to the IEP and services listed? For example, if consultation services are listed on the IEP, can these services be billed for? If consultation services are listed and the provider also provides direct services as well, are we allowed to bill for documented consultation services?

**ANSWER** – All services billed must be reflected on the IEP. There are no codes covered for consultation services. Consultations are not paid as a separate and distinct service. This would be considered an administrative activity directly related to the provision of a direct service and is not billable as a separate service. Documentation must support all services billed to the medical card.

15). Can speech/language services provided by a Para educator supervised by a licensed speech pathologist be billed by school districts through the Medicaid fee for service model?

**ANSWER** – Medicaid payment is allowed only for certified therapy assistants.

16). Do you know exactly what the state will require from my department for nursing services on the audit report and how the time will be set up for kids receiving services? Right now we calculate medications given on a standard time for every med, will this be similar for tube feedings, catheters, etc? Also, will we still be able to be reimbursed for all the behavior management issues that seem to end up in the nurse’s offices? We are hopeful that this will simplify our reporting, but we also want to get the maximum amount for our students that we can! Thanks.

**ANSWER** - Nursing services will be billed with the following codes T1001, T1002 and T1003. Services and the time billed must match the description of the code. Nurses must work within the guidelines of their license.

17). Are the only students we will be billing on those who have OT/PT/SLP services?

**ANSWER** – The approved code list includes codes for audiology, medical, nursing, vision and Para services as well as OT/PT/SLP services.

18). For those students we keep documentation on now who do not receive one of these services, such as a student with LD as the primary exceptionality, will we not need to keep documentation after July 1<sup>st</sup>?

**ANSWER** - After July 1<sup>st</sup> you will need to keep documentation for all services that are billed to KMAP for payment.

19). Can we bill for Interpreter/signing services?

**ANSWER** – At this time KMAP does not reimburse for these services.

20). What services to our vision impaired students we will be able to bill for?

**ANSWER** - The only code covered for vision services in 99173 (screening test of visual acuity, quantitative bilateral).

21). Can we bill for the Initial Evaluation and the 3 year comprehensive evaluations?

(These are the Psych evals).

**ANSWER** – See response to Question #1 for provision and payment of MH services.

21). Is there a code for OT to work in a group setting?

**ANSWER** - Code 97150 can be billed for group OT services.

22). How will documentation change with fee for service?

**ANSWER** – The documentation requirements will not change. However since many of the new codes allowed for LEAs are time specific clinicians will need to list the amount of time spent providing the service and a clear description of the service to insure that the correct code is billed for the service. The following criteria for documentation will remain -

- date, time and description of each service delivered and by whom (name; designation of profession or Para-profession)
- assessment and response to intervention/service
- progress toward achieving individualized long and short term goals.

**23).** What is a unit of service and how will we use this?

**ANSWER** - The unit of service is defined in the code description. It is either a specific amount of time or per visit.

**24).** Are we going to continue to pay the 5% to Medicaid after fee for service begins?

**ANSWER** – The 5% payback to Medicaid will end with the FFS changes.