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LEA Medi-Cal Billing Option Program
Frequently Asked Questions (FAQs)

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Nursing and Trained Health Care Aide Treatment Services

****PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROVIDER MANUAL FOR COMPLETE LEA PROGRAM AND POLICY INFORMATION****

Q1. Can nurses bill for immunizations, administration of medications, glucose monitoring or tube feeding?

A. Nursing services include preventive and medically necessary procedures provided at the school site that are authorized in the IEP/IFSP. School nurses may provide immunizations, administer medications, monitor glucose or tube feed. However, the service must be provided to a specific Medi-Cal beneficiary and take, at a minimum, at least seven or more continuous treatment minutes in order to be reimbursed by Medi-Cal as a nursing service. When these treatment services are provided to a non-IEP/IFSP student, the Free Care requirements must be met.

Q2. Under nursing services, a student is often observed and monitored to determine whether they need a treatment service. After the treatment is provided, the student continues to be observed to assess whether the treatment was successful. For example, a nurse provides suctioning as authorized in the IEP/IFSP, and continues to monitor the student after the treatment. Can the observation time prior to and after the treatment be billed as part of the direct service time to meet the seven minute minimum time period?

A. Yes. Medically necessary observation of a student as part of a direct medical service may be billed. Refer to the *loc ed bil* section (page 1) in the LEA Provider Manual for the medical necessity definition.

Q3. Are toileting, diapering, and lifting reimbursable under the LEA Program if those services are documented as medically necessary in the student's IEP?

A. Diapering, toileting and lifting are considered personal care services, which are not covered in California's Medicaid State Plan. Therefore, these services are not currently reimbursable under the LEA Program. Personal care services may not be billed as nursing treatment services under any circumstance, even if prescribed by a physician and included in an IEP.

Q4. When a nurse is checking and caring for skin integrity of a student, if the area where they are checking is covered with a diaper and the nurse must remove the diaper to tend to the skin, is the actual number of minutes spent tending to the skin billable if it takes 7 or more minutes? They would not include the time that they spent actually changing the diaper.

A. Removing the diaper and routine hygiene such as simple cleansing of the area to allow visual inspection are considered personal care, and not billable. However, if the area is very fragile or badly affected and requires specialized procedures and application of nursing observation and judgment, then it may be considered a nursing service and appropriate documentation must show what was done and why it required the skill level to perform. In this case the procedure would be considered a nursing service rather than a personal care service. The medical necessity must be documented in the IEP or IFSP and a physician's order is required specifically for this condition in order for it to be billable. Only the time spent tending to the skin is billable, and not the time spent changing the diaper. In such cases the nursing notes and documentation must reflect the services delivered.

Q5. Do nursing services have to be provided in continuous minutes?

A. Nursing treatment services are billed in 15-minute increments. When seven or more continuous treatment minutes are rendered, a 15-minute increment can be billed. The minimum time (seven minutes) must be one continuous period and cannot be made up of shorter time periods provided throughout the day and added together.

Q6. Does rounding for treatment services only apply to nursing and school health aide treatments?

A. The rounding policy applies to two treatment billing services increment scenarios:

- Treatments and TCM that are billed in 15-minute increments (nursing, school health aide, TCM services); and
- Additional 15-minute treatment service increments beyond the initial 15-45 minutes (physical therapy, occupational therapy, group and individual speech therapy, audiology, and group and individual psychology and counseling). The rounding policy does not apply to any assessment services.

Additional information is located in the *loc ed bil* (page 9) and the *loc ed bil cd* sections in the LEA Provider Manual.

Trained Health Care Aide Services

Q7. Can a LEA bill for a Trained Health Care Aide (THCA) delivering diabetes care tasks within the LEA Medi-Cal Billing Option Program, and if so, what are the tasks that are billable?

A. Yes, an LEA can bill for a THCA delivering diabetes care tasks. When seven or more continuous treatment minutes are rendered and documented, a 15-minute increment can be billed. Some examples of routine and emergency tasks that may be billed for are:

- Blood glucose monitoring
- Carbohydrate counting
- Ketone testing
- Glucagon administration

- Monitoring and treating hypoglycemia and reporting to school nurse/ MD
- Monitoring and treating hyperglycemia and reporting to school nurse/ MD

Supervision of the student to ensure correct techniques and/or steps are followed per the students' medical management plan when addressing routine and emergency diabetes management.

Q8. Under nursing services, do we need to have a frequency attached to the service in the IEP? Many times the nurses will provide services on an as-needed basis, which is reflected in the IEP. Is this acceptable?

A. Nursing services may be authorized on an as-needed basis in the IEP/IFSP, as appropriate to the diagnosis. For certain medical conditions, physicians may authorize that services should be provided as required or needed. As long as the LEA maintains documentation that as-needed services are medically necessary, these services may be billed to Medi-Cal.

Q9. Although feeding is considered personal care and is not billable, is mastication observation for a student prone to choking considered a health service and therefore billable?

A. If there is a medical necessity (e.g., dysphagia) and it is identified in the IEP it is a billable service.

Q10. What types of services would a Trained Health Care Aide (THCA) generally bill for in the LEA Program?

A. THCAs typically bill for administering specialized physical health care services meeting individual's exceptional needs during the regular school day.

- Require medically related training
- Determined by credentialed school nurse or licensed physician, in consultation with the physician treating the pupil
- Routine for pupil
- Little potential harm
- Predictable outcomes
- Does not require nursing assessment/interpretation or decision making.

This may include, but is not limited to catheterization, gastric tube feeding, suctioning or other services meeting above description. Note that THCA services do not include personal care services such as toileting, hygiene, feeding and dressing.

Continuous Monitoring and Billing

Q11. If we have a Trained Health Care Aide (THCA) who is constantly accompanying an IEP/IFSP student and data collecting or monitoring their medical condition, can we bill for the time when the THCA is not providing direct medical care? For

example, if a THCA accompanies a student who must be constantly monitored for suctioning, can this monitoring time be billed?

A. Yes, a LEA can bill for an IEP/IFSP student to receive constant one-to-one monitoring as part of direct medical service if it is medically necessary per a physician's orders, authorized in the student's IEP/IFSP, and properly documented by the THCA and School Nurse. In order for the continuous monitoring described in this example to be a billable service in the LEA Program, the THCA must document observations and/or treatment activities at least every fifteen minutes in progress notes or treatment logs. Note that Medi-Cal billing is not substantiated if the practitioner only documents time spent or identifies that the student was physically present without documenting what was actually done for the student, or the service is not medically necessary.

Q12. School Nurses are seeing an increase in the number of students with mental health disorders that require observation by Trained Health Care Aides (THCA) in order to prevent harm to self and/or others. What requirements are necessary to receive reimbursement for these services when the student has an IEP and the team agrees these nursing services are needed?

A. Behavioral monitoring of a child by a THCA is not billable under the LEA Medi-Cal Billing Option Program. Behavioral services of a mental health disorder are not billable under the LEA Medi-Cal Billing Option Program.

Q13. Is "observation only" of an autistic student billable under the LEA Medi-Cal Program? The aide time is written into the student's IEP.

A. No. Observation of an autistic student is considered a behavioral service and is not billable under the LEA Medi-Cal Billing Option Program.

Q14. Can a THCA bill for continuous monitoring of more than one student at a time, or while engaged in another task?

A. No, continuous monitoring is 1:1 monitoring and it is not acceptable to be engaged in another task in the context of continuous monitoring when ongoing continuous monitoring is necessary and planned by an ordering physician and IEP. If the Trained Health Care Aide (THCA) is monitoring more than one student or is engaged in another task, then only the time spent doing an actual monitoring act/procedure should be billed, which may include observation after a procedure or medical situation, to observe the student's reaction and further action taken by the THCA.

Q15. Can a LEA bill for a Trained Health Care Aide (THCA) providing continuous care for a qualified medical condition, within the LEA Medi-Cal Billing Option Program, and if so, what are the documentation requirements?

A. In order to bill THCA services for continuous monitoring of a medically necessary specialized physical healthcare service, there must be a written recommendation by a physician stating the reason continuous monitoring is necessary, and the plan for continuous monitoring including measurable goals must be documented in the student's IEP. LEAs may bill one 15-minute unit of THCA services when seven or more continuous treatment minutes are rendered. The minimum time of seven minutes cannot be made up of shorter time periods provided throughout the day and added together.

Documentation must occur for each time a unit is billed, detailing the nature and extent of the service. However, if multiple units are billed as a result of a medical event that occurs during the continuous monitoring period, the LEA has the option to document the nature and extent of the medical event in lieu of documentation for each unit billed.

Documentation includes, but is not limited to:

- What was done or observed (this would also include positive or no change observations)?
- What was given and how much (i.e. tube feedings, medications)?
- How did the student respond?
- Any additional action taken by the THCA?

Note: The signature and title of the supervising practitioner along with the date signed, must be included on nursing treatment logs which may be included with supporting documentation required to bill for continuous monitoring of a medically necessary specialized physical health care service.

For example, a THCA is monitoring a student with a tracheotomy from 1:45-3:00pm. From 1:45 – 2:10pm (two billing units) the THCA is assisting the student with breathing difficulties. The nature and extent of the service may be documented for this range of time. However, from 2:10-3:00pm (three billing units), the THCA returns to monitoring the student and documentation of the nature and extent of the service is required for each unit billed. In this example, the THCA must document four of the five units billed, one documentation entry for the "medical event" and three units for the "monitoring". Monitoring conducted by the THCA for a specialized physical healthcare service must be documented for each unit billed. Monitoring conducted by a THCA related to behavioral services is not billable under the LEA Medi-Cal Billing Option Program.

Q16. Can THCA billing logs depict the total time the practitioner is with the student for each continuous session (example 10 minutes) or does the billing log have to specify the exact time (example 10-10:10am)?

A. The TCHA billing log must specify the exact times to document continuous billing sessions. Also, progress notes are required in addition to the treatment log. Refer to slides 53-56 of the 2013 LEA Training for examples of acceptable and unacceptable documentation.

Q17. Education Code Section 49423.5 states that specialized physical health care services may be provided by *"Qualified designated school personnel trained in the administration of specialized physical health care if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in* consultation with the physician treating the pupil, to be all of the following:

(A) Routine for the pupil.

(B) Pose little potential harm for the pupil.

(C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.

(D) Do not require a nursing assessment, interpretation, or decision-making by the designated school personnel.

If a THCA is continuously monitoring a student as part of a direct medical service that is medically necessary, per a physician's orders, and authorized in the student's IEP, aren't they "assessing" and "interpreting" a student's medical condition? Can the LEA still bill for the THCA's observation and monitoring time, assuming they meet all documentation requirements, even though seems to conflict with language in 49423.5(D) cited above?

A. As part of their specialized healthcare services, the TCHA will be observing and assessing the student's condition as medically necessary according to a physician's prescription and a nursing plan. The THCA will be trained on the student's condition, expected signs and symptoms, what to do routinely, and what to do if the student is exhibiting unexpected signs or symptoms. This "routine" monitoring of the student for specific conditions, and related actions by a THCA, do not create a conflict for billing Medi-Cal. These services are within the THCA's training and scope (providing specialized physical health care services for a specific student).

For example, a THCA may be trained to constantly monitor a student who has a tracheostomy, for expected signs and symptoms, and to take action to suction the student upon observation of expected signs and symptoms. If a student has signs and symptoms that are not routine, or not expected, the THCA would not make an independent assessment, but would contact a nurse, physician, or emergency personnel. These licensed professionals are trained to make assessments, treatment decisions, referrals, and modifications of treatment plans. The assessment of non-routine (for the student) symptoms, events or complications are not covered THCA services. These uncovered THCA services are covered as nursing services, which are separately billable under the LEA Program. *(Note that it is possible that a THCA would continue providing routine care while the nurse is evaluating the student for a change in status or an event. It would be appropriate under those circumstances for both members of the team to bill for the same period of time if services are appropriately documented by both.)*

Q18. Is it acceptable for a THCA to spend time engaged in "documenting" each unit's nature and extent information in real time while in the context of continuous monitoring?

A. Yes, a THCA continuously monitoring a student may document their observations and health care interventions throughout the day, and they do not have to log time out in order to document their services. A LEA can bill for an IEP/IFSP student to receive constant monitoring as part of a direct medical service if it is medically necessary and authorized in the IEP/IFSP.