Local Educational Agency (LEA)

This section contains a brief overview of the Local Educational Agency (LEA) Medi-Cal Billing Option Program and contact information that providers may use to obtain additional information about the program.

Overview of LEA

The Local Educational Agency (LEA) Medi-Cal Billing Option Program offers health assessment and treatment for eligible students and eligible family members within the school environment. The following manual sections contain LEA policy and billing instructions.

- *LEA: A Provider's Guide*
- *LEA Billing and Reimbursement Overview*
- *LEA Billing Codes and Reimbursement Rates*
- *LEA Billing Examples*
- *LEA Eligible Students*
- *LEA Individualized Plans*
- *LEA Rendering Practitioner Qualifications*
- *LEA Service: Hearing*
- *LEA Service: Nursing*
- *LEA Service: Occupational Therapy*
- *LEA Service: Physical Therapy*
- *LEA Service: Physician Billable Procedures*
- *LEA Service: Psychology/Counseling*
- *LEA Service: Speech Therapy*
- *LEA Service: Targeted Case Management*
- *LEA Service: Transportation (Medical)*
- *LEA Service: Vision Assessments*

Inquiries

LEA providers and billing vendors may obtain information from the following resources.

Billing Questions

DHCS Fiscal Intermediary (FI)	1-800-541-5555
DHCS FI (Out-of-State Billers)	(916) 636-1200

Program and Policy Questions

Department of Health Care Services (DHCS)
Administrative Claiming Local and
School Services Branch (ACLSSB) LEA@dhcs.ca.gov

Or write to:

Department of Health Care Services
Safety Net Financing Division
MS 4603
P.O. Box 997436
Sacramento, CA 95899-7436

Provider Participation Agreement Requests/
Provider Enrollment Questions

DHCS Provider Enrollment Division (916) 323-1945

Eligibility Data Match Questions

DHCS Information Technology (916) 440-7066
(916) 440-7250

LEA Reinvestment Questions

California Department of Education (CDE)
Coordinated School Health (916) 319-0914

Cost and Reimbursement Comparison
Schedule (CRCS) Acceptance and
Audit Questions lea.crcs.questions@dhcs.ca.gov

CRCS Submission lea.crcs.submission@dhcs.ca.gov

Additional Information

Additional information may be obtained at the LEA Program website, *www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx* and the Medi-Cal website, *www.medi-cal.ca.gov*.

Patient Confidentiality

All medical records under this program are confidential and cannot be released without the written consent of the Medi-Cal student or his/her personal representative. According to state Medi-Cal regulations, information can be shared or released between individuals or institutions providing care, fiscal intermediaries and state or local official agencies. However, the Family Educational Rights and Privacy Act (FERPA) requires that schools obtain written consent from the parent or guardian prior to releasing any medical information in personally identifiable form from the student's education record.

Confidentiality requirements are based on the following Federal and State codes and regulations:

- 42 *U.S. Code*, Section 1320c-9 and 20 *U.S. Code,* Section 1232g (www.gpoaccess.gov/uscode/index.html)
- 42 *Code of Federal Regulations*, Section 431.300 and 34 *Code of Federal Regulations*, Part 99 (www.gpoaccess.gov/cfr/index.html)
- *California Code of Regulations* (CCR), Title 22, Section 51009 (http://www.dir.ca.gov/dlse/ccr.htm)
- *Welfare and Institutions Code*, Section 14100.2 (www.leginfo.ca.gov/calaw.html)
- *California Education Code*, Section 49060 and 49073 through 49079 (www.leginfo.ca.gov/calaw.html).

Local Educational Agency (LEA): A Provider's Guide

This section contains information about how Local Educational Agencies (LEAs) enroll to participate in the Local Educational Agency Medi-Cal Billing Option Program. Also included is information about LEA provider responsibilities, service and reimbursement reports, and models that LEAs may follow to effectively provide Medi-Cal services.

*Effective July 1, 2011, the Provider Participation Agreement (PPA) is an inclusive document containing provider participation requirements, the *Provider Enrollment Information Sheet, PPA, Annual Report, Certification of State Matching Funds* (for the current year) and *Statement of Commitment to Reinvest.*

Provider Enrollment

Local Educational Agencies (LEAs), as defined under *California Education Code*, Section 33509(e), may apply to participate in this program. Applications are available from the following:

- California Department of Education (CDE) Healthy Start Office at the telephone number identified in the *Local Educational Agency (LEA)* section of this manual
- Department of Health Care Services (DHCS) Provider Enrollment Division (PED) at the telephone number identified in the *Local Educational Agency (LEA)* section of this manual
- LEA Program website, *www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx*

An LEA provider (usually a school district or county office of education) must complete the following documents to apply for participation in the LEA Program:

- *Local Educational Agency (LEA) Medi-Cal Provider Enrollment Information Sheet*. This form is used by DHCS to create a Provider Master File (PMF), which is used by the Medi-Cal program to identify currently enrolled, valid Medi-Cal providers and to identify the services for which they are eligible to receive reimbursement under Medi-Cal.
- *Local Educational Agency (LEA) Medi-Cal Billing Option Provider Participation Agreement* (PPA). This contract sets out responsibilities relative to participation in the LEA Medi-Cal Billing Option, including LEA provider and DHCS responsibilities, agreement activation and termination. LEA providers shall submit a PPA at scheduled three-year intervals.
- *Certification of State Matching Funds for LEA Services.* This certification must be completed annually. It certifies that the State funds match for LEA payments will be made from LEA funds rather than the State General Fund.
- *Statement of Commitment to Reinvest.* This statement certifies that a local collaborative has been formed and includes among its responsibilities reinvestment of funds made available through participation in the LEA Medi-Cal Billing Option. With this form, the LEA certifies that reinvested funds will remain within the school-linked support services identified in provision 7 of the *Local Educational Agency (LEA) Medi-Cal Billing Option Provider Participation Agreement* and *California Education Code 8804(g).*

  Provisions 7, 8 and 9 of the *Local Educational Agency (LEA) Medi-Cal Billing Option Provider Participation Agreement* (available at *www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx*) contain additional information about local collaboratives and reinvestment of LEA funds.

Provider Responsibilities

LEA provider responsibilities include:

- Complying with *California Welfare and Institutions Code* (W&I Code), Chapter 7 (commencing with Section 14000); and in some cases, with Chapter 8 (commencing with Section 14200); *California Code of Regulations* (CCR), Title 22, Division 3 (commencing with Section 50000); and *California Education Code,* Articles 1, 2, 3, 4, 4.5 and 15 and Sections 8800 and 49400; all as periodically amended.

- Billing only for LEA services rendered by qualified medical care practitioners within the practitioner's defined scope of practice. A list of the health professionals who are qualified rendering practitioners and the specific qualifications those practitioners must meet are included in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

- Completing a *Medi-Cal Point of Service (POS) Network/Internet Agreement* or *Data Use Agreement* (DUA). The *POS Network/Internet Agreement* is required for providers and non-providers (provider representatives) who intend to use the Medi-Cal POS Network or Medi-Cal website applications at *www.medi-cal.ca.gov*. Contact the Telephone Service Center (TSC) at 1-800-541-5555 for more information. A DUA is required for providers and non-providers who intend to utilize the Medi-Cal data tape match to check Medi-Cal student eligibility, and is due November 30 at scheduled three-year intervals. The *POS Network/Internet Agreement* and DUA are available at *http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx.*

- Billing for reimbursement of Targeted Case Management (TCM) services only if enrolled as an LEA provider and meeting case manager qualifications. The qualifications are set forth in CCR, Title 22, Section 51271.

  LEA providers who want to bill for TCM services must complete the *LEA Targeted Case Management Labor Survey*. This survey is used by the DHCS Safety Net Financing Division to determine the TCM reimbursement rate (low, medium or high). This form is due annually by October 10 and must be submitted to DHCS prior to submitting TCM claims. The form is available at the LEA Program Web site, www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx.

- Cost and Reimbursement Comparison Schedule (CRCS) submitted to DHCS each year by November 30. See "Cost and Reimbursement Comparison Schedule (CRCS)" in this section for more information.

- Completing both the *Provider Participation Agreement* (PPA) and Annual Report, required for each LEA provider participating in the LEA Medi-Cal Billing Option Program, identified in the *California Code of Regulations*, section 51270(a)(2). The PPA must be renewed every three years and the Annual Report must be submitted every year.

- Referring to the Annual Report for additional information or contacting the LEA Medi-Cal Billing Option Program at the email address listed in the *Local Educational Agency* (LEA) section of this manual. Providers may refer to "Annual Report Requirements" and "Where to Submit Annual Reports" in this section for more information.

Annual Report Requirements

The Annual Report portion of the *Provider Participation Agreement* (PPA) contains data concerning expenditures and activities for the preceding fiscal year (July 1 through June 30) and service priorities for the current fiscal year.

A current electronic version of the Annual Report is available online for providers prior to the due date, October 10, at the program website, *www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx*. Continued enrollment is contingent upon submission of the Annual Report. The Annual Report must include all of the following:

- A list of the agencies and entities participating in the collaborative.
- A description of the collaborative and decision-making process, including frequency of collaborative meetings.
- A summary financial statement for the previous fiscal year identifying funds received and funds reinvested, including collaboration, case management and claims processing costs.
- A detailed explanation of use, or plans for use, of any funds not accounted for in the summary financial statement for the previous fiscal year.
- Anticipated service priorities for the current fiscal year.
- A *Certification of State Matching Funds for LEA Services*. This form is included in the PPA/Annual Report.
- A *Statement of Commitment to Reinvest*.

Where to Submit Reports

The *Provider Participation Agreement*/Annual Report should be mailed to the following address:

California Department of Education
Coordinated School Health & Safety Office
Attn: Janet Radding
1430 N Street, Suite 6408
Sacramento, CA 95814

If the LEA is only submitting the Annual Report, it can be emailed to *LEA.AnnualReport@dhcs.ca.gov*.

Cost and Reimbursement Comparison Schedule (CRCS)

Under the LEA Medi-Cal Billing Option Program, LEA providers must annually certify in a Cost and Reimbursement Comparison Schedule (CRCS) that the public funds expended for services provided have been expended as necessary for federal financial participation pursuant to the requirements of *Social Security Act*, Section 1903(w) and *Code of Federal Regulations* (CFR), Title 42, Section 433.50, et seq. for allowable costs. The CRCS is used to compare each LEA's actual costs for LEA services to the interim Medi-Cal reimbursement for the preceding fiscal year.

CRCS reports are based on a comparison of LEA health service costs to interim Medi-Cal reimbursements for each fiscal year, July 1 to June 30. A quarterly report will be posted on the LEA Program website prior to the date that the CRCS is due to DHCS. The quarterly report includes information needed to complete the CRCS. Current CRCS versions are available at the LEA Program website, *www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx.*

Continued enrollment in the LEA Program is contingent upon submission of a CRCS.

LEAs are required to submit the CRCS each year by November 30 to *LEA.CRCS.Submission@dhcs.ca.gov*.

LEAs Responsible for Maintaining Evidence of Practitioner Qualifications

Information about LEA provider responsibility to maintain documented evidence of rendering practitioners' qualifications is included under "Documenting Practitioner Qualifications" in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

Models of Service Delivery for Employed or Contracted Practitioners

LEAs may employ or contract with qualified medical care practitioners to provide LEA services to Medi-Cal eligible students and their families. The following models describe the type of arrangements in which LEAs may choose to provide Medi-Cal services.

Model 1: Direct Employment of Health Care Practitioners

The LEA employs health care practitioners to provide health services to LEA students. The LEA bills and receives Medi-Cal payments for the covered services provided.

Model 2: Contracting of Health Care Practitioners or Clinics

The LEA contracts with health care practitioners or clinics to provide health services to LEA students. The health care practitioner or clinic (not the LEA) is considered the provider of services. The LEA does not bill to or receive Medi-Cal payments for services. For the LEA provider to bill and receive Medi-Cal reimbursement for the covered services, the provider of services must voluntarily reassign their right to payment to the LEA. Under these circumstances, the LEA provider may then bill for the services rendered.

The practitioner must be separately qualified and enrolled as a Medicaid provider and must have a separate provider number. In addition, assignment to the school must be accomplished in a way that satisfies all applicable federal requirements. For example, in accepting assignment of Medicaid claims, the school also accepts the providers' responsibility for billing and collecting from Other Health Coverage and third party payers.

Model 3: Direct Employment and Contracting with Health Care Practitioners to Supplement Services

The LEA uses a combination of employed and contracted health care practitioners to render health services to LEA students. In addition, to supplement health services that are already being rendered by their own employees, LEAs contract with additional health professionals. The services rendered by the additional health professionals must be the same as those offered by LEA practitioners. For example, the LEA may employ one physical therapist and contract with other physical therapists to supply additional physical therapy services. The LEA bills and receives Medi-Cal payments for covered services provided.

Model 4: Mix of Employed and Contracted Providers

This model is similar to Model 3 in which the school (or school district) uses a mix of employed and contract providers. This model is used where the school provides some services directly but wishes to contract out entire service types without directly employing even a single practitioner in a service category. The school may establish itself as an organized health care delivery system under which it provides at least one service directly, such as case management, but provides additional services solely under contract. For the LEA provider to bill and receive Medi-Cal reimbursement for the covered services, the provider of services must voluntarily reassign their right to payment to the LEA. The practitioner must be separately qualified and enrolled as a Medicaid provider and must have a separate provider number. In addition, assignment to the school must be accomplished in a way that satisfies all applicable federal requirements. For example: An LEA has a full-time employed nurse and a part-time employed speech language pathologist. The LEA contracts with a psychologist practitioner. The psychologist practitioner comes to the LEA premises twice a week to deliver services, and reassigns the right to payment to the LEA. The LEA provider bills Medi-Cal using its LEA National Provider Identifier (NPI).

For Models 2 and 4, LEAs enter the NPI of the contracted medical professional or agency actually rendering the LEA service in the designated field of the claim form.

Additional information is available in the Federal Centers for Medicare & Medicaid Services (CMS) *Medicaid and School Health: Technical Assistance Guide*, August 1997, available at *www.dhcs.ca.gov/ ProvGovPart/Documents/ACLSS/LEA/SCBGuide.pdf.*

Managed Care Plans

Managed Care Plans (MCPs) include Prepaid Health Plans (PHPs), County Health Initiatives, Special Projects and Primary Care Case Management (PCCM) contractors.

Services rendered under the LEA Program to students who are also members of a Medi-Cal MCP are:

- Reimbursable to the LEA for students whose Individualized Education Plans (IEPs) or Individualized Family Services Plans (IFSPs) authorize the service and the service is documented as medically necessary. MCPs are not capitated for LEA services and services may be rendered beyond the 24 LEA services per state fiscal year.

- Reimbursable to the LEA but limited to 24 LEA services (assessment, treatment or transportation) per state fiscal year for services that are not authorized in an IEP or IFSP. The state fiscal year begins on July 1 of each year.

LEAs may contract with managed health care providers to render health care services separate and distinct from LEA services if mutually agreeable terms can be reached that do not create additional costs for the State.

Note: The term “MCP” is used interchangeably with “HCP” (Health Care Plan). For example, recipient eligibility messages use HCP, while manual pages use both HCP and MCP. Additional information about MCPs is included in the *MCP* sections of the Part 1 Medi-Cal manual.

Free care and Other Health Coverage (OHC) requirements apply to services rendered to students who are members of a Medi-Cal MCP and billed to the LEA Program.

Documentation and Records Retention Requirements

LEA providers must keep, maintain and have available records that fully disclose the type and extent of LEA services provided to Medi-Cal recipients. The required records must be made at or near the time the service was rendered (*California Code of Regulations* [CCR], Title 22, Section 51476).

Each service encounter with a Medi-Cal eligible student must be documented according to the *Business and Professions Code* of the specific practitioner type, and include, but not be limited to:

- Date of service
- Name of student
- Student's Medi-Cal identification number
- Name of agency rendering the service
- Name of person rendering the service
- Nature, extent, and units of service
- Place of Service

Required supporting documentation describing the nature or extent of service includes, but is not limited to the following:

- Progress and case notes
- Contact logs
- Nursing and health aide logs
- Transportation trip logs
- Assessment reports

For LEA services that are authorized in a student's IEP or IFSP, a copy of the IEP or IFSP that identifies the child's need for health services and the associated IEP/IFSP assessment reports must be maintained in the provider's files. LEA services must be billed according to the provisions of the student's IEP or IFSP, including service type(s), number and frequency of LEA services, and length of treatments, as applicable.

For audit purposes, LEA Targeted Case Management providers must retain the following:

- Service plan
- Documentation of case management activities
- Records containing a review of student and/or family progress

LEAs must keep records of current credentials and licenses for all employed or contracted practitioners. Prescriptions, referrals or recommendations must also be documented in the student's files. Other documentation includes claim forms and billing logs, Other Health Coverage (OHC) information, if any, and claim denials from OHC insurance carriers.

Medi-Cal requires LEA providers to:

- Agree to keep necessary records for a minimum of three years from the date of submission of the CRCS to report the full extent of LEA services furnished to the student (W&I Code, Section 14170).
- Keep, maintain and have available CRCS supporting financial and service documentation at a minimum, until the auditing process of the Medi-Cal CRCS has been completed. If an audit and/or review is in process, LEA providers shall maintain documentation until the audit/review is completed, regardless of the three-year record retention time frame.
- Furnish these records and any information regarding payments claimed for rendering the LEA services, on request, to DHCS; Bureau of Medi-Cal Fraud, California Department of Justice; DHCS Audits and Investigations; Office of State Controller; U.S. Department of Health and Human Services; and any other regulatory agency or their duly authorized representatives.
- Certify that all information included on the printed copy of the original document is true, accurate and complete.

In addition, for record keeping purposes LEA providers should carefully review the full text of W&I Code, Chapter 7 (commencing with Section 14000) and, in some cases, Chapter 8. Other record keeping requirements of the Medi-Cal program are found in the *Provider Regulations* section of the Part 1 Medi-Cal provider manual.

Support Cost

A 1 percent administrative fee is levied against LEA claims reimbursements for claims processing and program-related costs. In addition, a combined 2.5 percent withhold is levied against LEA reimbursements. This 2.5 percent withhold covers audit administration
and associated audit costs, not to exceed $650,000 annually as authorized in the 2009-2010 Budget Concept Proposal (BCP); and a withhold to fund and support activities outlined in *Welfare and Institutions Code* (W&I Code) 14115.8, not to exceed $1,500,000 annually. The total annual amount of the 2.5 percent withhold is not to exceed $2,150,000. The withholds are subtracted from the total reimbursement amount on the Medi-Cal *Remittance Advice Details* (RAD) with RAD code 795 for the 1 percent administrative withhold and code 798 for the 2.5 percent combined withhold.

Service and Reimbursement Report

Each month, LEAs that have submitted Medi-Cal claims receive a service and reimbursement report from the DHCS Fiscal Intermediary (FI). The report lists the number of services rendered, dollar amounts reimbursed and the procedure codes paid. Fiscal data is listed by month, quarter-to-date and year-to-date on a state fiscal year basis (July 1 – June 30).

Local Educational Agency (LEA) Billing and Reimbursement Overview

This section contains information about reimbursable services for the Local Educational Agency (LEA) Medi-Cal Billing Option Program and how to bill for those services. Included is information about non-reimbursable services, when to bill Other Health Coverage (OHC), and identification of the services each type of practitioner may bill. Also included is information about the type of claim form on which to bill, claim completion instructions and where to submit the claim.

Introduction

LEA providers may bill for services rendered to Medi-Cal eligible students. LEA services may be billed on the paper *UB-04* claim or submitted electronically through Computer Media Claims (CMC). (See "Computer Media Claims [CMC] in this section for more information.)

Medical Necessity

Diagnostic or treatment services are considered medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screen.

California Code of Regulations, Title 22, Sections 51184(b) and 51340(e)(3).

Billing Code List

A complete list of procedure codes that are reimbursable to LEAs for assessment, treatment, Targeted Case Management (TCM) and transportation services is included in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Restrictions

Time billed for treatments should include only direct service time. Indirect service time has been included in the reimbursement rate and should not be billed.

Medi-Cal will not reimburse providers for services that are mandated by state law.

Free Care and Other Health Coverage Requirements

Med-Cal will not reimburse LEA providers for services provided to Medi-Cal recipients if the same services are offered for free to non-Medi-Cal recipients. LEA providers must use specific methods to ensure the care is not considered free, allowing Medi-Cal to be billed.

For LEA services provided to Medi-Cal eligible students to be reimbursable, the LEA must:

1. Establish a fee for each service provided (it could be sliding scale to accommodate individuals with low income);
2. Collect Other Health Coverage (OHC) information from all those served (Medi-Cal and non-Medi-Cal); and
3. Bill other responsible third party insurers.

The following chart clarifies when OHC insurers must be billed:

Insurance Status of Student	Services Provided to Students Authorized in an IEP/IFSP or Under Title V*	Eligible Services Provided to All Other Students
Medi-Cal only	Bill Medi-Cal	Bill Medi-Cal
Medi-Cal and OHC	Bill OHC, then Medi-Cal	Bill OHC, then Medi-Cal
No Medi-Cal, has OHC	Don't have to bill OHC	Must bill OHC

* Title V of the *Social Security Act* – Grants for States for Maternal and Child Welfare

The LEA must request OHC information for all students served, obtain a 100 percent response rate, and bill OHC insurers of Medi-Cal and non-Medi-Cal students prior to billing Medi-Cal. For Medi-Cal eligible students, OHC information can be obtained from the data layout displayed during the Internet eligibility verification process. Additional information about this Medi-Cal Web site Internet option and ways to verify eligibility is available in the *Local Educational Agency (LEA): Eligible Students* section of this manual.

If any parent refuses to allow the OHC to be billed, and the LEA service is still provided, it is considered free care and precludes the LEA from billing Medi-Cal for that type of service to any student.

Example

Many schools have a school nurse on staff to provide necessary health services to all students without charging them for the care provided. The school must not bill Medi-Cal for LEA services provided by the school nurse that are not authorized in an IEP, IFSP or under Title V if the nurse provides LEA services to all students (not solely Medi-Cal eligible) without also billing OHC for non-Medi-Cal students.

Exceptions to the Free Care Requirement

Medi-Cal covered services, provided under an IEP, IFSP or Title V, are exempt from the free care requirement. Although the services are exempt from the free care requirement, the LEA provider still must bill OHC insurers of Medi-Cal students for reimbursement before billing Medi-Cal.

Example

A Medi-Cal eligible student with OHC is provided speech therapy that is documented in the student's IEP/IFSP. The LEA provider must pursue recovery from the OHC insurers for reimbursement before billing Medi-Cal.

State Mandated Assessments: Not Reimbursable

LEAs are legally obligated to provide and pay for services that are mandated by state law, such as state mandated screenings. Services provided by LEAs that are mandated by state law are not reimbursable and must not be billed to Medi-Cal.

Examples

Example: A child is referred by a teacher for a vision assessment (outside of the mandated periodicity schedule) because he may not be seeing the blackboard clearly. Because the vision test is not mandated by state law, Medi-Cal may be billed for services rendered to this child if the LEA performs all of the following:

- Requests OHC information for all students served
- Obtains a 100 percent response rate
- Bills all OHC insurers of Medi-Cal and non-Medi-Cal children for this service

Example: An IEP child receives a non-IEP assessment that is mandated by state law. Medi-Cal must not be billed, because this assessment is state mandated and is given free of charge to any student.

Other Health Coverage Denials

If the OHC carrier denies a claim, the denial notice is valid and may be submitted with Medi-Cal claims for one year from the date of the denial for that student and procedure. LEA providers are subject to the same denial criteria as other Medi-Cal providers. That is, a claim will be processed by the Department of Health Care Services (DHCS) Fiscal Intermediary (FI) only if the denial reason listed on the *Explanation of Benefits* (EOB) or denial letter is a valid denial reason according to Medi-Cal standards.

Legitimate denial reasons may include, but are not limited to:

- Service not covered
- Patient not covered
- Deductible not met

Non-legitimate denial reasons generally involve improper billing, such as submitting a late, incorrect or illegible claim.

The following provider manual sections contain OHC codes, information about identifying student OHC and other general OHC billing information that LEAs need to submit Medi-Cal claims:

- *Other Health Coverage (OHC) Codes Chart* in the Part 1 manual
- *Other Health Coverage (OHC) Guidelines for Billing* in the Part 1 manual
- *Other Health Coverage (OHC)* section in this manual

Managed Care Plans

Information about reimbursement of services for students who are members of Medi-Cal Managed Care Plans (MCPs) is available in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Practitioner Services Reimbursable to LEAs

The two charts on following pages in this section are quick reference guides to help LEA providers identify the qualified rendering practitioners who may perform each LEA service. The charts also list additional service requirements; for example, when supervision is required.

- *Practitioner-Performed Assessment Services Reimbursable to LEAs*
- *Practitioner-Performed Treatment and TCM Services Reimbursable to LEAs*

Practitioner-Performed Assessment Services Reimbursable to LEAs

Practitioner	IEP/IFSP ASSESSMENTS								NON-IEP/IFSP ASSESSMENTS					
	Psychological	Psychosocial Status	Health	Health/Nutrition	Audiological	Speech-Language	Physical Therapy	Occupational Therapy	Psychosocial Status	Health/Nutrition	Health Education/ Anticipatory Guidance	Hearing (1)	Vision (1)	Developmental
Registered Credentialed School Nurse			X(6)							X(6)	X(6)		X(6)	
Licensed Physician/Psychiatrist				X(6)						X(6)	X(6)	X(6)	X(6)	
Licensed Optometrist													X(6)	
Licensed Clinical Social Worker		X(5)							X(5)		X(5)			
Credentialed School Social Worker		X(5)							X(5)		X(5)			
Licensed Psychologist	X(5)								X(5)		X(5)			
Licensed Educational Psychologist	X(5)								X(5)		X(5)			
Credentialed School Psychologist	X(5)								X(5)		X(5)			
Licensed Marriage and Family Therapist		X(5)							X(5)		X(5)			
Credentialed School Counselor		X(5)							X(5)		X(5)			
Licensed Physical Therapist							X(3)							X(3)
Registered Occupational Therapist								X(3)						X(3)
Licensed Speech-Language Pathologist						X(4)						X(4)		X(4)
Speech-Language Pathologist						X(2)(4)						X(2)(4)		X(2)(4)
Licensed Audiologist					X(4)							X(4)		
Audiologist					X(2)(4)							X(2)(4)		
Registered School Audiometrist												X(4)		

Notes: (1) State mandated assessments (hearing, vision and scoliosis) are not reimbursable under the LEA Program.
(2) Requires supervision. **A speech-language pathologist with a valid Preliminary or Professional Clear Services Credential in speech-language pathology does not require supervision.**
(3) Requires a written prescription by a physician or podiatrist, within the practitioner's scope of practice. In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for the assessment.
(4) Requires a written referral by a physician or dentist, within the practitioner's scope of practice. In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for the assessment.
(5) Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice. In substitution of a recommendation, a teacher or parent may refer the student for the assessment.
(6) Requires a recommendation by a physician or registered credentialed school nurse. In substitution of a recommendation, a teacher or parent may refer the student for the assessment.

General Note: Credentialing requirements for licensed practitioners employed by LEAs are described in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

Practitioner-Performed Treatment and TCM Services Reimbursable to LEAs

Practitioner	Physical Therapy	Occupational Therapy	Speech Therapy	Audiology (including Hearing Check)	Psychology and Counseling	Nursing Services	School Health Aide Services	Targeted Case Management
Registered Credentialed School Nurse						X		X
Certified Public Health Nurse						X(6)		X
Licensed RN and Certified Nurse Practitioner						X(5)		X
Licensed Vocational Nurse						X(1)		X
Trained Health Care Aide							X(1)	
Licensed Physician/Psychiatrist					X			
Licensed Clinical Social Worker					X(4)			X
Credentialed School Social Worker					X(4)			X
Licensed Psychologist					X(4)			X
Licensed Educational Psychologist					X(4)			X
Credentialed School Psychologist					X(4)			X
Licensed Marriage and Family Therapist					X(4)			X
Credentialed School Counselor								X
Licensed Physical Therapist	X(2)							
Registered Occupational Therapist		X(2)						
Licensed Speech-Language Pathologist			X(3)					
Speech-Language Pathologist			X(1)(3)					
Licensed Audiologist				X(3)				
Audiologist				X(1)(3)				
Program Specialist								X

Notes: (1) Requires supervision. **A speech-language pathologist with a valid Preliminary or Professional Clear Services Credential in speech-language pathology does not require supervision.**
(2) Requires a written prescription by a physician or podiatrist, within the practitioner's scope of practice.
(3) Requires a written referral by a physician or dentist, within the practitioner's scope of practice.
(4) Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice.
(5) Licensed registered nurses and certified nurse practitioners who do not have valid credentials require supervision.
(6) Certified public health nurses who do not have valid credentials require supervision, except when providing specialized physical health care services as specified in *California Education Code*, Section 49423.5.

General Notes: MEDICAL TRANSPORTATION AND MILEAGE ALSO ARE REIMBURSABLE TO LEAs PURSUANT TO STANDARDS IN *CALIFORNIA CODE OF REGULATIONS* (CCR), TITLE 22, SECTION 51491(h).

Credentialing requirements for licensed practitioners employed by LEAs are described in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

Service Limitations

LEAs are authorized to bill for the services as outlined in the preceding charts for students with or without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). LEA providers must use the appropriate billing CPT-4 or HCPCS code based on the student's plan of care or assessment needs.

Service limitations vary depending on the type of service received. Service limitations specific to each service type are included in the various *Local Educational Agency (LEA) Services* sections of this manual. For example, service limitations related to physical therapy treatments are located in the *Local Educational Agency (LEA) Service: Physical Therapy* section.

LEA services not authorized in a student's IEP or IFSP are limited to a maximum of 24 services (assessment, treatment and transportation) per 12-month period for a recipient without prior authorization. For non-IDEA (Individuals with Disabilities Education Act) students, LEAs may obtain prior authorization for LEA services rendered beyond 24 services per 12-month period from:

- California Children's Services program
- Short-Doyle program
- Medi-Cal Field Office (*Treatment Authorization Request)*
- Prepaid health plan (including Primary Care Case Management)

IEP/IFSP Assessments

The number of IEP and IFSP assessments that providers may perform is limited by service type. Information about the limits, and additional IEP and IFSP information is located in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.

Initial and Additional Treatment Services

Information about initial and additional treatment services is located in the following sections:

- *Local Educational Agency (LEA) Service: Hearing*
- *Local Educational Agency (LEA) Service: Occupational Therapy*
- *Local Educational Agency (LEA) Service: Physical Therapy*
- *Local Educational Agency (LEA) Service: Physician Billable Procedures*
- *Local Educational Agency (LEA) Service: Psychology/ Counseling*
- *Local Educational Agency (LEA) Service: Speech Therapy*

Treatment Services Billed in 15-Minute Increments

Information about treatment services billed solely in 15-minute increments (with no initial or additional treatment services) is located in the following sections:

- *Local Educational Agency (LEA) Service: Nursing*
- *Local Educational Agency (LEA) Service: Targeted Case Management*

Medical Transportation and Mileage

Information about medical transportation and mileage is located in the *Local Educational Agency (LEA) Service: Transportation (Medical)* section.

Modifiers

Modifiers are codes added on a claim line with the procedure code to indicate that the procedure was altered by some specific circumstance, but not changed in its definition or code. For LEA billing purposes, the interpretation of some modifiers may differ slightly from the national description. An overview of the variety of modifiers that may be submitted on LEA claims follows. (Only select procedure codes and circumstances require modifiers.)

Note: To help providers bill for services, the "Billing Codes and Services Limitations" charts in each of the *Local Educational Agency (LEA) Service* sections provide a guideline for the modifier(s) that must be submitted with each procedure code.

Individualized Plan Modifiers

The modifiers below allow accurate processing and enable the approval of additional LEA services beyond 24 services per 12-month period. (Information about service limitations is located under the heading "Service Limitations" in this section.)

Modifier	National Modifier Description	LEA Program Usage
TL	Early Intervention/ Individualized Family Services Plan (IFSP)	Service is part of an IFSP
TM	Individualized Education Program	Service is part of an Individualized Education Plan (IEP)

Modifiers TL and TM also must be used to indicate LEA services rendered to a student who is a member of a Medi-Cal managed care plan or who is receiving TCM services and the services are authorized in the student's IEP or IFSP.

Practitioner Modifiers

A practitioner modifier identifies the type of practitioner who rendered a service. Modifiers used for the LEA Program are broadly interpreted in some cases.

Modifier	National Modifier Description	LEA Program Usage
AG	Primary physician	Licensed physicians/psychiatrists
AH	Clinical psychologist	Licensed psychologists, licensed educational psychologists and credentialed school psychologists
AJ	Clinical social worker	Licensed clinical social workers and credentialed social workers
GN	Service delivered under an outpatient speech-language pathology plan of care	Licensed speech-language pathologists and speech-language pathologists
GO	Service delivered under an outpatient occupational therapy plan of care	Registered occupational therapists
GP	Service delivered under an outpatient physical therapy plan of care	Licensed physical therapists
HO	Masters degree level	Program specialists
TD	RN	Registered credentialed school nurses, registered credentialed school nurses (who are also registered school audiometrists), licensed registered nurses, certified public health nurses and certified nurse practitioners
TE	LPN/LVN	Licensed vocational nurses

Intensity of Service Modifiers

Intensity of service modifiers are national modifiers used to identify the type of service rendered, and include the following:

Modifier	National Modifier Description	LEA Program Usage
22	Increased procedural services	Additional 15-minute service increment rendered beyond the required initial service time
52	Reduced services	Annual re-assessment
TS	Follow-up service	Amended re-assessment

Computer Media Claims (CMC)

Computer Media Claim (CMC) submission is the most efficient method of submitting Medi-Cal claims. CMCs are submitted via asynchronous telecommunications (modem) or on the Medi-Cal Web site at *www.medi-cal.ca.gov*. CMC submission bypasses the claims preparation and data entry processes of hard copy claims and goes directly into the claims processing system. CMC submission offers additional efficiency to providers because these claims are submitted faster, entered into the claims processing system faster and paid faster.

CMC submissions require a computerized claims billing system. LEA providers may prepare the CMC submission themselves or contract with a DHCS-approved billing service to prepare and submit their claims. Generally, the claim submission requirements of CMC are the same as for paper claims. Because CMC submission is a “paperless” billing process, there are some special requirements. Additional information is available in the *CMC* section of the Part 1 Medi-Cal provider manual.

Claim Submission: UB-04 Claim

LEA services can be billed on a paper *UB-04* claim. Instructions for preparing and submitting the claim are included in the *UB-04 Completion: Outpatient Services* section of this manual.

Explanation of UB-04 Form Items

Items specific to LEA should be completed as follows:

Type of Bill (Box 4). Enter the facility type code "89" in the first two spaces of this field.

Provider Name, Address, ZIP Code (Box 1). Enter the official name of the LEA (for example, school district or county office of education), address and the nine-digit ZIP code in the space provided at the upper left hand corner of the *UB-04* claim.

HCPCS/Rates (Box 44). Enter the applicable HCPCS/CPT-4 code(s). Add modifier(s) if required. Additional information about reimbursable codes and required modifiers is included in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Total Charges (Box 47). Enter the usual and customary charges. Additional information about rates is in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Payer (Box 50). Enter the words "O/P MEDI-CAL" in Box 50 to indicate the type of claim and payer. List the name of the school district in the *Remarks* field (Box 80).

Operating NPI (Box 77). Enter the NPI of the medical professional actually providing the service. For LEA, the independent contractor is defined as a medical professional that is not a direct employee of the LEA and provides health care services to students.

Note: LEAs billing for services rendered by their own employees who do not have individual NPI numbers should leave the *Operating NPI* field blank. LEA employees are paid a salary by the LEA (for example, the district or county office of education).

ICD-9-CM Codes

ICD-9-CM diagnosis codes are identified in the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) code book that was developed to create international uniformity in diagnosing health conditions. Current copies of the ICD-9-CM code book are available by writing or calling:

Ingenix
P.O. Box 27116
Salt Lake City, UT 84127-0116

Telephone: 1-800-INGENIX (464-3649)

Or

PMIC (Practice Management Information Corporation)
Order Processing Department
4727 Wilshire Boulevard, Suite 300
Los Angeles, CA 90010-3894

Telephone: 1-800-MED-SHOP (633-7467)
(Monday – Friday, 8:00 a.m. – 5:30 p.m., CST)

Fax: 1-800-633-6556 (24 hours daily)
(For credit card orders or purchase orders)

Note: ICD-9-CM codes must be included on the claim or the claim will be denied. Billing instructions are included in the *UB-04 Completion: Outpatient Services* section of this manual.

"From-Through" Billing

All LEA services except mileage (associated with medical transportation) may be billed on a "from-though" basis when the same service(s) are rendered more than once in a month. This is to facilitate billing when there is more than one date of service.

Consecutive and Non-Consecutive Days

"From-through" billing may be used for both consecutive and non-consecutive days of service.

Claim Completion Instructions

Two claim lines are completed when billing the "from-through" format.

- Line 1: Enter the service description in the *Description* field (Box 43) and the initial date on which the procedure was rendered in the *Service Date* field (Box 45).
- Line 2: Indicate the individual dates of service in the *Description* field (Box 43), the procedure code in the *HCPCS/Rate* field (Box 44) and the last date of treatment in the *Service Date* field (Box 45). Enter the total number of units provided in the *Service Units* field (Box 46). Enter the total amount in the *Total Charges* field (Box 47).

See *Figure 4* in the *Local Educational Agency (LEA) Billing Examples* section in this manual for a "from-though" billing example.

Claim Submission and Twelve-Month Billing Limit

LEA claims must be received by the DHCS Fiscal Intermediary (FI) within 12 months following the month in which services were rendered.
Claims are submitted to the following address:

Xerox State Healthcare, LLC
P.O. Box 15600
Sacramento, CA 95852-1600

Retroactive Billing From Date of Service

LEA services are reimbursable within 12 months of the month of service, as long as the claim is billed within statutory limits. LEAs, therefore, are not subject to the six-month billing guidelines. *Figure 5* in the *Local Educational Agency (LEA) Billing Examples* section of this manual illustrates a retroactive billing example.

Retroactive Billing From TCM Date of Certification

Providers enter their Targeted Case Management (TCM) certification date in the *Remarks* field (Box 80) when billing for TCM services rendered between their certification date and up to a maximum of 12 months retroactively. (LEAs receive a notice from the Medi-Cal DHCS Safety Net Financing Division that contains their certification date and county LEA TCM reimbursement rate).

Billing Reminders

When billing, providers should remember:

- Only bill for one student per claim form.
- In the *HCPCS/Rate* field (Box 44) enter the modifier TL (IFSP) or TM (IEP), if applicable, to indicate that the LEA service is authorized in the student's IEP or IFSP. The use of these modifiers indicates the approval of additional LEA services beyond the 24 LEA services per 12-month period limitation.
- In the *HCPCS/Rate* field (Box 44) enter the practitioner modifier, if applicable, to designate the practitioner who rendered the specific LEA service to the student. Practitioner modifier information for each LEA service is in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.
- Enter the first and second modifiers in the *HCPCS/Rate* field (Box 44) on the claim, if applicable.

If the same procedure code and modifier combination (assessment, treatment, transportation or TCM) is billed on more than one line of a claim or on different claim forms for the same date of service, it will appear that the procedure was billed twice in error. To avoid duplicate billing, providers should complete one claim for multiple sessions, entering the number of sessions in the *Service Units* field (Box 46) and the time of each session in the *Remarks* field (Box 80).

Figure 2 in the *Local Educational Agency (LEA) Billing Examples* section of this manual illustrates billing more than one session on the same date of service.

Local Educational Agency (LEA) Billing Codes and Reimbursement Rates

This section contains a list of procedure codes that are reimbursable in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program. Maximum allowable rates and the types of qualified rendering practitioners who may perform the services are detailed in this section.

Reimbursement Rates

The Federal Medical Assistance Percentage (FMAP) reimbursable for LEA services is applied to the Medi-Cal maximum allowable rates listed in the *LEA Services Billing Codes Chart* in this section. Medi-Cal LEA reimbursement rates fluctuate in tandem with adjustments to the FMAP, per federal financial participation (FFP) regulations.

LEA Services Billing Codes Chart

The "LEA Services Billing Codes Chart" is a quick reference guide to each LEA service. The chart identifies the following:

- LEA-reimbursable CPT-4 and HCPCS codes (with descriptors)
- Modifiers
- Service time requirements for "initial" and "additional" services
- Qualified practitioners
- Medi-Cal maximum allowable rates

The chart divides information into four categories:

- IEP/IFSP assessments
- Non-IEP/IFSP assessments
- Treatments and transportation
- Targeted case management

LEA Services Billing Codes Chart (effective July 1, 2012)

IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Physical Therapy Assessment				
97001 TL (IFSP) or 97001 TM (IEP)	Initial or triennial IEP/IFSP physical therapy assessment	Physical therapy evaluation	Licensed physical therapist *(no modifier)*	$**253.36**
97002 TL (IFSP) or 97002 TM (IEP)	Amended IEP/IFSP physical therapy assessment	Physical therapy re-evaluation	Same as preceding	$**175.94**
97001 52 TL (IFSP) or 97001 52 TM (IEP)	Annual IEP/IFSP physical therapy assessment	Reduced services	Same as preceding	$**175.94**

IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Occupational Therapy Assessment				
97003 TL (IFSP) or 97003 TM (IEP)	Initial or triennial IEP/IFSP occupational therapy assessment	Occupational therapy evaluation	Registered occupational therapist *(no modifier)*	$**235.01**
97004 TL (IFSP) or 97004 TM (IEP)	Amended IEP/IFSP occupational therapy assessment	Occupational therapy re-evaluation	Same as preceding	$**163.20**
97003 52 TL (IFSP) or 97003 52 TM (IEP)	Annual IEP/IFSP occupational therapy assessment	Reduced services	Same as preceding	$**163.20**
Speech-Language Assessment				
92506 TL (IFSP) or 92506 TM (IEP)	Initial or triennial IEP/IFSP speech-language assessment	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status	Licensed speech-language pathologist *(GN)* Speech-language pathologist *(GN)*	$**220.00**
92506 TS TL (IFSP) or 92506 TS TM (IEP)	Amended IEP/IFSP speech-language assessment	Follow-up service	Same as preceding	$**120.00**
92506 52 TL (IFSP) or 92506 52 TM (IEP)	Annual IEP/IFSP speech-language assessment	Reduced services	Same as preceding	$**120.00**

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IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Audiological Assessment				
92506 TL (IFSP) or 92506 TM (IEP)	Initial or triennial IEP/IFSP audiological assessment	Evaluation of speech, language, voice, communication, auditory processing and/or aural rehabilitation status	Licensed audiologist *(no modifier)* Audiologist *(no modifier)*	$**177.99**
92506 TS TL (IFSP) or 92506 TS TM (IEP)	Amended IEP/IFSP audiological assessment	Follow-up service	Same as preceding	$**133.49**
92506 52 TL (IFSP) or 92506 52 TM (IEP)	Annual IEP/IFSP audiological assessment	Reduced services	Same as preceding	$**133.49**
Psychological Assessment				
96101 TL (IFSP) or 96101 TM (IEP)	Initial or triennial IEP/IFSP psychological assessment	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg. MMPI, Rorshach, WAIS)	Licensed psychologist *(no modifier)* Licensed educational psychologist *(no modifier)* *Credentialed school psychologist (no modifier)*	$**480.44**
96101 TS TL (IFSP) or 96101 TS TM (IEP)	Amended IEP/IFSP psychological assessment	Follow-up service	Same as preceding	$**160.15**
96101 52 TL (IFSP) or 96101 52 TM (IEP)	Annual IEP/IFSP psychological assessment	Reduced services	Same as preceding	$**160.15**

IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Psychosocial Status Assessment				
96150 TL (IFSP) or 96150 TM (IEP)	Initial or triennial IEP/IFSP psychosocial status assessment, each completed 15-minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed clinical social worker *(AJ)* Credentialed school social worker *(AJ)* Licensed marriage and family therapist *(no modifier)* Credentialed school counselor *(no modifier)*	$**17.56**
96151 TL (IFSP) or 96151 TM (IEP)	Amended IEP/IFSP psychosocial status assessment, each completed 15-minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	$**17.56**
96150 52 TL (IFSP) or 96150 52 TM (IEP)	Annual IEP/IFSP psychosocial status assessment, each completed 15-minute increment	Reduced services, each 15 minutes face-to-face with the patient	Same as preceding	$**17.56**

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IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Health Assessment				
T1001 TL (IFSP) or T1001 TM (IEP)	Initial or triennial IEP/IFSP health assessment	Nursing assessment/ evaluation	Registered credentialed school nurse *(no modifier)*	$**134.85**
T1001 TS TL (IFSP) or T1001 TS TM (IEP)	Amended IEP/IFSP health assessment	Follow-up service	Same as preceding	$**77.06**
T1001 52 TL (IFSP) or T1001 52 TM (IEP)	Annual IEP/IFSP health assessment	Reduced services	Same as preceding	$**77.06**

IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Health/Nutrition Assessment				
96150 TL (IFSP) or 96150 TM (IEP)	Initial or triennial IEP/IFSP health/nutrition assessment, each completed 15-minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed physician/psychiatrist *(AG)*	$**19.26**
96151 TL (IFSP) or 96151 TM (IEP)	Amended IEP/IFSP health/nutrition assessment, each completed 15-minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	$**19.26**
96150 52 TL (IFSP) or 96150 52 TM (IEP)	Annual IEP/IFSP health/nutrition assessment, each completed 15-minute increment	Reduced services, each 15 minutes face-to-face with the patient	Same as preceding	$**19.26**

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Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Psychosocial Status Assessment				
96150	Psychosocial status assessment, each completed 15-minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed psychologist *(AH)* Licensed educational psychologist *(AH)* Credentialed school psychologist *(AH)* Licensed clinical social worker *(AJ)* Credentialed school social worker *(AJ)* Licensed marriage and family therapist *(no modifier)* Credentialed school counselor *(no modifier)*	$**20.02**
96151	Psychosocial status re-assessment, each completed 15-minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	$**20.02**

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Developmental Assessment				
96110	Developmental assessment, each completed 15-minute increment (applicable to initial assessment and re-assessment)	Developmental testing; limited (for example, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report	Licensed physical therapist *(GP)* Registered occupational therapist *(GO)* Licensed speech-language pathologist *(GN)* Speech-language pathologist *(GN)*	GP: $**21.99** GO: $**20.40** GN: $**20.00**
Health Education/Anticipatory Guidance				
99401	Health education/ anticipatory guidance, each completed 15-minute increment (applicable to initial assessment and re-assessment)	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Licensed physician/psychiatrist *(AG)* Registered credentialed school nurse *(TD)* Licensed psychologist *(AH)* Licensed educational psychologist *(AH)* Credentialed school psychologist *(AH)* Licensed clinical social worker *(AJ)* Credentialed school social worker *(AJ)* Licensed marriage and family therapist *(no modifier)* Credentialed school counselor *(no modifier)*	AG or TD: $**19.26** AH, AJ or marriage family therapist/ school counselor: $**20.02**

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Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Health/Nutrition Assessment				
96150	Health/nutrition assessment, each completed 15-minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed physician/psychiatrist *(AG)* Registered credentialed school nurse *(TD)*	$**19.26**
96151	Health/nutrition re-assessment, each completed 15-minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	$**19.26**
Vision Assessment				
99173	Vision assessment	Screening test of visual acuity, quantitative bilateral	Licensed physician/psychiatrist *(AG)* Registered credentialed school nurse *(TD)* Licensed optometrist *(no modifier)*	$**6.42**

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Hearing Assessment				
92551	Hearing assessment	Screening test, pure tone, air only	Licensed physician/psychiatrist *(AG)* Licensed speech-language pathologist *(GN)* Speech-language pathologist *(GN)* Licensed audiologist *(no modifier)* Audiologist *(no modifier)* Registered school audiometrist *(no modifier)* Registered credentialed school nurse (registered school audiometrist) *(TD)*	**$15.03** (younger than 18)
				$13.77 (18 and older)
92552	Hearing assessment	Pure tone audiometry (threshold); air only	Same as preceding	**$22.54** (younger than 18)
				$20.66 (18 and older)

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Treatments and Transportation				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Physical Therapy				
97110 TL (IFSP) or 97110 TM (IEP) or 97110 (non-IEP/IFSP)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Licensed physical therapist *(GP)*	$**70.37**
97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (non-IEP/IFSP)	Unusual procedural services	Unusual procedural services	Same as preceding	$**21.99**
Occupational Therapy				
97110 TL (IFSP) or 97110 TM (IEP) or 97110 (non-IEP/IFSP)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Registered occupational therapist *(GO)*	$**77.52**
97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (non-IEP/IFSP)	Unusual procedural services	Unusual procedural services	Same as preceding	$**20.40**

Treatments and Transportation				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Speech Therapy				
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (maximum of 3 units per initial service)	Licensed speech-language pathologist *(GN)* Speech-language pathologist *(GN)*	$**66.66**
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Speech therapy service, additional 15-minute increment, individual	Unusual procedural services	Same as preceding	$**20.00**
92508 TL (IFSP) or 92508 TM (IEP) or 92508 (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (maximum of 3 units per initial service)	Same as preceding	$**24.45**
92508 22 TL (IFSP) or 92508 22 TM (IEP) or 92508 22 (non-IEP/IFSP)	Speech therapy service, additional 15-minute increment, group	Unusual procedural services	Same as preceding	$**6.66**

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Treatments and Transportation				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Audiology				
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Audiology initial service 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual (maximum of 3 units per initial service)	Licensed audiologist *(no modifier)* Audiologist *(no modifier)*	$**81.58**
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Audiology service, additional 15-minute increment, individual	Unusual procedural services	Same as preceding	$**22.25**
V5011 TL (IFSP) or V5011 TM (IEP)	Hearing check	Fitting/orientation/ checking of hearing aid	Same as preceding	$**51.91**

Treatments and Transportation				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Psychology and Counseling				
96152 TL (IFSP) or 96152 TM (IEP) or 96152 (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	Health and behavior intervention, each 15 minutes, face-to-face; individual (maximum of 3 units per initial service)	Licensed physician/psychiatrist *(AG)* Licensed psychologist *(AH)* Licensed educational psychologist *(AH)* Credentialed school psychologist *(AH)* Licensed clinical social worker *(AJ)* Credentialed school social worker *(AJ)* Licensed marriage and family therapist *(no modifier)*	$**73.72**
96152 22 TL (IFSP) or 96152 22 TM (IEP) or 96152 22 (non-IEP/IFSP)	Psychology/ counseling, additional 15-minute increment, individual	Unusual procedural services	Same as preceding	$**20.02**
96153 TL (IFSP) or 96153 TM (IEP) or 96153 (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	Health and behavior intervention, each 15 minutes, face-to-face; group, two or more patients (maximum of 3 units per initial service)	Same as preceding	$**16.24**
96153 22 TL (IFSP) or 96153 22 TM (IEP) or 96153 22 (non-IEP/IFSP)	Psychology/ counseling, additional 15-minute increment, group	Unusual procedural services	Same as preceding	$**3.33**

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Treatments and Transportation				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Nursing and School Health Aide Services				
T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (non-IEP/IFSP)	Nursing services, RN, 15-minute increment	RN services, up to 15 minutes	Registered credentialed school nurse *(no modifier)* Licensed registered nurse *(no modifier)* Certified public health nurse *(no modifier)* Certified nurse practitioner *(no modifier)*	$**19.26**
T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (non-IEP/IFSP)	Nursing services, LVN, 15-minute increment	LPN/LVN services, up to 15 minutes	Licensed vocational nurse *(no modifier)*	$**9.72**
T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (non-IEP/IFSP)	School health aide services, 15-minute increment	Qualified nursing aide services, up to 15 minutes	Trained health care aide *(no modifier)*	$**8.19**
Medical Transportation				
T2003 TL (IFSP) or T2003 TM (IEP) or T2003 (non-IEP/IFSP)	Medical transportation, per one-way trip, wheelchair van or litter van	Non-emergency transportation; encounter/trip		$18.54
A0425 TL (IFSP) or A0425 TM (IEP) or A0425 (non-IEP/IFSP)	Mileage	Ground mileage, per statute mile		$1.30

Targeted Case Management				
Procedure Code/ Modifier	**LEA Program Usage**	**Service Description**	**Qualified Practitioner (Practitioner Modifier)**	**Maximum Allowable Rate**
Targeted Case Management				
T1017 TL (IFSP) or T1017 TM (IEP)	Targeted case management, 15-minute increment	Targeted case management, each 15 minutes	Registered credentialed school nurse *(TD)* Licensed registered nurse *(TD)* Certified public health nurse *(TD)* Certified nurse practitioner *(TD)* Licensed clinical social worker *(AJ)* Credentialed school social worker *(AJ)* Licensed psychologist *(AH)* Licensed educational psychologist *(AH)* Credentialed school psychologist *(AH)* Licensed marriage and family therapist *(no modifier)* Credentialed school counselor *(no modifier)* Licensed vocational nurse *(TE)* Program specialist *(HO)*	Low cost provider: $12.38 Medium cost provider: $14.40 High cost provider: $16.42

Local Educational Agency (LEA) Billing Examples

Examples in this section are to help providers bill Local Educational Agency (LEA) services on the *UB-04* claim form. Refer to the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual for detailed policy information. Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete claim fields not explained in the following example(s). For additional claim preparation information, refer to the *Forms: Legibility and Completion Standards* section of this manual.

Billing Tips: When completing claims, do not enter the decimal points in ICD-9-CM codes or dollar amounts. If requested information does not fit neatly in the *Remarks* field (Box 80) of the claim, type it on an 8½ x 11-inch sheet of paper and attach it to the claim.

One Session Developmental Assessment, Non-IEP/IFSP Student

Figure 1. One session developmental assessment rendered to a student whose care is not subject to an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP).

This is a sample only. Please adapt to your billing situation.

In this case, a licensed physical therapist renders a developmental assessment to a non-IEP/IFSP student on July 5, 2011. The session lasts 45 minutes.

Enter the two-digit facility type code “89” (special facility – other) and one-character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

CPT-4 code 96110 (developmental assessment) with modifier GP (physical therapist) is entered on claim line 1 in the *HCPCS/Rate* field (Box 44). An explanation of code 96110 is placed in the *Description* field (Box 43). The date of service for the assessment is placed in the *Service Date* field (Box 45) in six-digit format (070511).

A 3 is entered in the *Service Units* field (Box 46) for code 96110 to bill for the 45-minute session. (Code 96110 is billed in 15-minute increments (45 ÷ 15 = 3.)

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23). Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s National Provider Identifier (NPI) is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code V57.1 represents other physical therapy and is entered on the claim as V571.

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district is required in the *Remarks* field (Box 80).

1 LEA SCHOOL DISTRICT
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT. CNTL. #
b. MED. REC. #

4 TYPE OF BILL: 891

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a
b DOE JANE

9 PATIENT ADDRESS a
b c d e

10 BIRTHDATE: 08241999
11 SEX: F
12 DATE ADMISSION 13 HR 14 TYPE 15 SRC
16 DHR
17 STAT
18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28
29 ACDT STATE
30

31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1		DEVELOPMENTAL ASSESSMENT	96110GP	070511	3	64 80		
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	64 80		

50 PAYER NAME: O/P MEDI-CAL
51 HEALTH PLAN ID
52 REL. INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE: 64 80
56 NPI: 0123456789
57 OTHER PRV ID

58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID: 90000000A95001
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: V571
A B C D E F G H
I J K L M N O P Q
68

69 ADMIT DX
70 PATIENT REASON DX a b c
71 PPS CODE
72 ECI a b c
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL
LAST FIRST
77 OPERATING NPI 1234567890 QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
LEA SCHOOL DISTRICT

81CC a b c d

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NUBC National Uniform Billing Committee LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 1. One Session Developmental Assessment, Non-IEP/IFSP Student.

Two Sessions of Speech Therapy on Same Date of Service, IEP Student

Figure 2. Two speech therapy treatment sessions on the same date of service, IEP student.

This is a sample only. Please adapt to your billing situation.

In this case, a licensed speech-language pathologist provides two individual speech therapy sessions to a student with an IEP on July 15, 2011. The morning session lasts 60 minutes and the afternoon session lasts 55 minutes.

Enter the two-digit facility type code “89” (special facility – other) and one-character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

CPT-4 code 92507 (speech therapy initial service, individual) is entered with modifiers GN (licensed speech-language pathologist) and TM (IEP) on claim line 1 in the *HCPCS/Rate* field (Box 44). The additional speech therapy session is billed on claim line 2 with CPT-4 code 92507 and modifiers 22 (additional 15-minute service), GN and TM. Explanations for both 92507 services are placed in the *Description* field (Box 43) and a date of service for each session is placed in the *Service Date* field (Box 45) in six-digit format (071511).

A 3 is entered in the *Service Units* field (Box 46) on claim line 1 for the initial service. Though the session lasted for 60 minutes (four 15-minute units), reimbursement for the initial service is limited to 3 units. A 5 is entered in the *Service Units* field on claim line 2 for the additional services provided beyond the initial service. The 5 represents the additional 15-minute increment from the morning session, 3 standard 15-minute units in the afternoon and a “rounding up” of the remaining 10 minutes. (For billing purposes, a continuous treatment session of seven or more minutes qualifies to be billed as a unit.)

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23). Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s NPI is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 307.9 represents lisping and is entered on the claim as 3079.

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district and time of day for each speech therapy session is required in the *Remarks* field (Box 80).

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6

1 LEA SCHOOL DISTRICT
140 SECOND STREET
ANYTOWN CA 958235555

4 TYPE OF BILL: 891

8 PATIENT NAME: DOE JANE
10 BIRTHDATE: 08241999
11 SEX: F

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
	INITIAL SPEECH THERAPY INDIV	92507GNTM	071511	3	65 49	
	ADD SPEECH THERAPY INDIV	9250722GNTM	071511	5	98 25	
001	PAGE ____ OF ____ CREATION DATE			TOTALS	163 74	

50 PAYER NAME: O/P MEDI-CAL
55 EST. AMOUNT DUE: 163 74
56 NPI: 0123456789

60 INSURED'S UNIQUE ID: 90000000A95001

68 DX: 3079

76 ATTENDING NPI
77 OPERATING NPI: 1234567890
78 OTHER NPI
79 OTHER NPI

80 REMARKS
LEA SCHOOL DISTRICT
SESSION 1: 9 AM SESSION 2: 1 PM

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 2. Two Sessions of Speech Therapy on Same Date of Service, IEP Student.

One Session
Initial Health Assessment, IEP Student

Figure 3: One session, initial health assessment, IEP student.

This is a sample only. Please adapt to your billing situation.

In this case a registered credentialed school nurse provides an initial health assessment to a student with an IEP on July 20, 2011.

Enter the two-digit facility type code “89” (special facility – other) and one character claim frequency code “1” as “891” in the *Type of Bill* field (Box 4).

On claim line 1, HCPCS code T1001 (initial or triennial IEP health assessment) is entered with modifier TM (IEP) in the *HCPCS/Rate* field (Box 44). An explanation of code T1001 is placed in the *Description* field (Box 43). The date of service is placed in the *Service Date* field (Box 45) in six-digit format (072011).

Enter a “1” in the *Service Units* field (Box 46) for code T1001 and the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured’s Unique ID* field (Box 60). The LEA provider’s NPI is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 307.50 represents an unspecified eating disorder and is entered on the claim as 30750.

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district is required in the *Remarks* field (Box 80).

loc ed bil ex
8

1 LEA SCHOOL DISTRICT
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT. CNTL #
b. MED. REC. #

4 TYPE OF BILL: 891

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME: a; b DOE JANE

9 PATIENT ADDRESS: a; b; c; d; e

10 BIRTHDATE: 08241999

11 SEX: F

12 ADMISSION DATE; 13 HR; 14 TYPE; 15 SRC; 16 DHR; 17 STAT; 18; 19; 20; 21; 22; 23; 24; 25; 26; 27; 28; 29 ACDT STATE; 30

31 OCCURRENCE CODE DATE; 32 OCCURRENCE CODE DATE; 33 OCCURRENCE CODE DATE; 34 OCCURRENCE CODE DATE; 35 OCCURRENCE SPAN CODE FROM THROUGH; 36 OCCURRENCE SPAN CODE FROM THROUGH; 37

38

39 VALUE CODES CODE AMOUNT; 40 VALUE CODES CODE AMOUNT; 41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	INITIAL HEALTH ASSESSMENT	T1001TM	072011	1	132 47		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	132 47		

50 PAYER NAME: O/P MEDI-CAL

51 HEALTH PLAN ID

52 REL. INFO; 53 ASG. BEN.

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE: 132 47

56 NPI: 0123456789

57 OTHER PRV ID

58 INSURED'S NAME

59 P REL

60 INSURED'S UNIQUE ID: 90000000A95001

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 DX: 30750; A; B; C; D; E; F; G; H; I; J; K; L; M; N; O; P; Q; 68

69 ADMIT DX; 70 PATIENT REASON DX: a; b; c; 71 PPS CODE; 72 ECI: a; b; c; 73

74 PRINCIPAL PROCEDURE CODE DATE; a. OTHER PROCEDURE CODE DATE; b. OTHER PROCEDURE CODE DATE; 75

c. OTHER PROCEDURE CODE DATE; d. OTHER PROCEDURE CODE DATE; e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI 1234567890 QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS: LEA SCHOOL DISTRICT

81 CC a; b; c; d

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 3. One Session, Initial Health Assessment, IEP Student.

"From-Through" Billing: Two or More Sessions On Different Dates of Service, IEP Student

Figure 4. "From-through" billing: Two or more sessions on different dates of service, IEP student.

This is a sample only. Please adapt to your billing situation.

In this case, a licensed speech-language pathologist provides individual speech therapy sessions to a student with an IEP for seven days, starting on July 12, 2011. Each session is 20 minutes.

Enter the two-digit facility type code "89" (special facility – other) and one-character claim frequency code "1" as "891" in the *Type of Bill* field (Box 4).

On claim line 1 enter an explanation of code 92507 (speech therapy initial service, individual) in the *Description* field (Box 43). Enter the beginning date of service (July 12, 2011) in six-digit format in the *Service Date* field (Box 45) as 071211. No other information is entered on this line.

On claim line 2, enter CPT-4 code 92507 with modifiers GN (licensed speech-language pathologist) and TM (IEP) in the *HCPCS/Rate* field (Box 44). Enter the specific dates the services were rendered (7/12, 13, 14, 15, 18, 19 and 20) in the *Description* field (Box 43). The "through," or last, date of service (July 20, 2011) is entered in the *Service Date* field (Box 45) as 072011.

Note: "From-through" billing may be used for both consecutive and non-consecutive dates of service.

Enter a 7 in the *Service Units* field (Box 46) on claim line 2 to indicate the number of days the student received the initial speech therapy services. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 47, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured's Unique ID* field (Box 60). The LEA provider's NPI is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code 307.9 represents lisping and is entered on the claim as 3079.

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

The name of the school district is required in the *Remarks* field (Box 80).

1 LEA SCHOOL DISTRICT
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT CNTL #
b. MED REC. #

4 TYPE OF BILL: 891

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME a
b DOE JANE

9 PATIENT ADDRESS a
b c d e

10 BIRTHDATE: 08241999
11 SEX: F
12 DATE 13 HR 14 TYPE 15 SRC ADMISSION
16 DHR
17 STAT
18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES
29 ACDT STATE
30

31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
	SPEECH THERAPY INITIAL INDIV		071211				
	7/12, 13, 14, 15, 18, 19, 20	92507GNTM	072011	7	458 43		
001	PAGE ____ OF ____	CREATION DATE		TOTALS	458 43		

50 PAYER NAME: O/P MEDI-CAL
51 HEALTH PLAN ID
52 REL INFO
53 ASG BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE: 458 43
56 NPI: 0123456789
57 OTHER PRV ID

58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID: 90000000A95001
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: 3079
67 A B C D E F G H I J K L M N O P Q
68

69 ADMIT DX
70 PATIENT REASON DX a b c
71 PPS CODE
72 ECI a b c
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI 1234567890 QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS
LEA SCHOOL DISTRICT

81CC a b c d

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THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 4. "From-Through" Billing: Two or More Sessions on Different Dates of Service, IEP Student.

Retroactive Billing: IEP Student

Figure 5. Retroactive billing, IEP student.

This is a sample only. Please adapt to your billing situation.

In this case, three LEA services were rendered in September 2011 to a student with an IEP, 12 months before proof of the student's eligibility could be established. When eligibility was confirmed in September 2012, the LEA provider billed retroactively.

Enter the two-digit facility type code "89" (special facility – other) and one character claim frequency code "1" as "891" in the *Type of Bill* field (Box 4).

CPT-4 code 96101, HCPCS code T1004 and CPT-4 code 96152 are billed on subsequent claim lines in the *HCPCS/Rate* field (Box 44) for the three services rendered (initial psychological assessment, school health aide services and initial psychology/counseling services). An explanation of each of the services is placed in the *Description* field (Box 43). In addition, the appropriate modifiers are placed next to each procedure code, including the TM modifier to denote the services were performed under an IEP, and modifier AJ next to procedure code 96152 to indicate the initial psychology/counseling service was rendered by a credentialed school social worker.

The date each service was rendered is placed in the *Service Date* field (Box 45) in six-digit format (091611, 092611 and 092911). Enter a 1 in the *Service Units* field (Box 46) for the initial assessment and counseling service (codes 96101 and 96152) and a 3 in the *Service Units* field for the school health aide services. The 3 represents the 45 minutes that the trained health care aide spent with the student. School health aide services are billed in 15-minute increments (45 ÷ 15 = 3). Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in the *Totals* field (Box 74, line 23).

Refer to the *UB-04 Completion: Outpatient Services* section of this manual for instructions to complete the *Payer Name* field (Box 50) and the *Insured's Unique ID* field (Box 60). The LEA provider's NPI is placed in the *NPI* field (Box 56).

An appropriate ICD-9-CM diagnosis code is entered in Box 67. In this case, ICD-9-CM code V18.4 represents mental retardation and is entered on the claim as V184.

No NPI is required in the *Operating* field (Box 77) because the service was rendered by an employee of the LEA and the employee does not have an individual NPI. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to "Claim Submission: UB-04 Claim Form" in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

All LEA claims require the name of the school district in the *Remarks* field (Box 80). In addition, because the provider is submitting a retroactive claim, the claim includes clarification in the *Remarks* field of the date that proof of recipient eligibility was established (month, day and year).

1 LEA SCHOOL DISTRICT
140 SECOND STREET
ANYTOWN CA 958235555

2

3a PAT. CNTL #
b. MED. REC. #

4. TYPE OF BILL: 891

5 FED. TAX NO.

6 STATEMENT COVERS PERIOD FROM THROUGH

7

8 PATIENT NAME: a; b DOE JANE

9 PATIENT ADDRESS: a; b; c; d; e

10 BIRTHDATE: 08241999

11 SEX: F

12 ADMISSION DATE; 13 HR; 14 TYPE; 15 SRC

16 DHR

17 STAT

18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28

29 ACDT STATE

30

31 OCCURRENCE CODE DATE; 32 OCCURRENCE CODE DATE; 33 OCCURRENCE CODE DATE; 34 OCCURRENCE CODE DATE; 35 OCCURRENCE SPAN CODE FROM THROUGH; 36 OCCURRENCE SPAN CODE FROM THROUGH

37: 1

38

39 VALUE CODES CODE AMOUNT; 40 VALUE CODES CODE AMOUNT; 41 VALUE CODES CODE AMOUNT

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1		INITIAL PSYCHOLOGICAL ASSMT	96101TM	091611	1	471 96		
2		SCHOOL HEALTH AIDE SERVICES	T1004TM	092611	3	24 15		
3		INITIAL PSYCHOLOGY/COUNSELING	96152AJTM	092911	1	72 41		
23	001	PAGE ____ OF ____	CREATION DATE		TOTALS	568 52		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 0123456789
A O/P MEDI-CAL					568 52	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
		90000000A95001		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX: V184; A B C D E F G H I J K L M N O P Q

68

69 ADMIT DX; 70 PATIENT REASON DX: a b c; 71 PPS CODE; 72 ECI: a b c

73

74 PRINCIPAL PROCEDURE CODE DATE; a. OTHER PROCEDURE CODE DATE; b. OTHER PROCEDURE CODE DATE; c. OTHER PROCEDURE CODE DATE; d. OTHER PROCEDURE CODE DATE; e. OTHER PROCEDURE CODE DATE

75

76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS
LEA SCHOOL DISTRICT
PROOF OF RECIP ELIGIBILITY
DELAYED RECEIVED 091712

81 CC a b c d

UB-04 CMS-1450 OMB APPROVAL PENDING
© 2005 NUBC
NUBC National Uniform Billing Committee LIC9213257
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Figure 5. Retroactive Billing, IEP Student.

Local Educational Agency (LEA) Eligible Students

This section contains information to help Local Educational Agencies (LEAs) determine Medi-Cal recipient eligibility for students and family members who may receive services under the Local Educational Agency Medi-Cal Billing Option Program.

Eligible Students

To participate in the LEA Program, students must be certified as eligible for Medi-Cal for the dates that services are rendered. LEAs will not receive reimbursement under the Medi-Cal LEA Billing Option when the student is only eligible for the following services:

- Programs solely funded by the State
- Minor Consent Program

Some students may also be required to meet a Share of Cost before being certified as eligible for Medi-Cal services. Refer to the *Share of Cost (SOC)* section in the Part 1 Medi-Cal provider manual and the *Share of Cost (SOC): UB-04 for Outpatient Services* section in this manual.

Ineligible Aid Codes

Students with the following aid codes are ineligible for Medi-Cal reimbursable LEA services:

01	44	53	7G	71	81
02	48	55	7H	73	84
07	5F	58	7K	74	85
08	5T	6U	7M	75	88
1H	5W	65	7N	79	
1U	5X	69	7P	8F	
3T	5Y	7C	7R	8N	
3V	50	7F	70	8T	

Descriptions for these aid codes are in the *Aid Codes Master Chart* in the Part 1 Medi-Cal provider manual.

Determining Eligibility

To determine a student's eligibility, providers may use one of the following options:

- For a one-year retroactive period, beginning with the date of enrollment, and then on a quarterly basis, LEAs may obtain eligibility verification information by sending data in a specific format via the Internet. This is a unique process created by the Department of Health Care Services (DHCS) specifically for LEAs. Information about this process is available to LEAs from DHCS Information Technology Services Division (ITSD). (Contact information for ITSD is available in the *Local Educational Agency (LEA)* section of this manual.) ITSD representatives provide LEAs with data layout formats and specific information to perform the process.
- *Memorandum of Understanding* (MOU): LEAs may enter into an agreement with their county welfare department to process the eligibility files for their service population. The county may process the student files and return eligibility information to the LEA as a provider. At a minimum, the LEA will need to provide the county with two or more of the following: The name, date of birth and Social Security Number for each individual for which eligibility information is sought. Additional information and requirements may differ depending on the arrangements made with individual county welfare offices.
- Point of Service (POS) device: Providers swipe a plastic Benefits Identification Card (BIC) through a machine that returns eligibility information on a receipt-like printout. Recipient information also may be keyed in by hand. Providers who are actively billing may be eligible to receive a POS device free of charge. Other providers may purchase a device. Additional information is available in the *Point of Service (POS)* section in the Part 1 Medi-Cal manual.

- Automated Eligibility Verification System (AEVS): This system is used by providers who want to verify eligibility for a small number of students by telephone. The only equipment required is a touch-tone telephone. LEAs will need to enter their NPI, the student's Medi-Cal ID number, the student's date of birth and the month of service for which the LEA is verifying eligibility.

  Providers may make up to 10 eligibility inquiries per telephone call. The toll-free telephone number is 1-800-456-AEVS. Instructions for using AEVS are in the *AEVS: General Instructions* and *AEVS: Transactions* sections in the Part 1 Medi-Cal manual.

- Medi-Cal Web site on the Internet at *www.medi-cal.ca.gov*: A personal computer with a modem and a browser (for example Internet Explorer) is required. Providers may verify a recipient's eligibility, clear Share of Cost liability and reserve Medi-Services by sending data via the Internet in a specific data format. To create eligibility batches for recipients seen on a monthly basis, providers may use the Internet Batch Eligibility Application (IBEA).

- Providers also may develop their own software or use software developed by a vendor to verify eligibility. A list of vendors who may develop eligibility verification systems is available in the *CMC Developers, Vendors and Billing Services Directory* on the Internet at *www.medi-cal.ca.gov* . To view the list, click the "Technical Specs" link and then the "CMC Developers, Vendors and Billing Services Directory" link.

Local Educational Agency (LEA): Individualized Plans

This section contains information about students' Individualized Education Plans (IEPs) and Individualized Family Services Plans (IFSPs). IEPs and IFSPs are integral components to improving educational results for many students who are eligible for Local Educational Agency (LEA) Medi-Cal Billing Option Program services.

IEP/IFSP Assessments

Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) assessments are performed to determine a student's eligibility for services under the Individuals with Disabilities Education Act (IDEA) or to obtain information about the student to identify and modify the health-related services in the IEP/IFSP. The following activities are required in an initial/triennial IEP/IFSP assessment.

- Review student records, such as cumulative files, health history, and/or medical records.
- Interview the student and/or parent/guardian.
- Observe the student in the classroom and other appropriate settings.
- Schedule and administer psychosocial tests, developmental tests, and/or physical health assessments. Score and interpret test results, as applicable.
- Write a report to summarize assessment results and recommendations for additional LEA services.

Activities performed for an annual or amended IEP/IFSP assessment include all of the activities in an initial/triennial assessment, except for scheduling and administering psychosocial tests and the other tests noted in the 4th bullet above. Additional testing may or may not be conducted in a student's annual or amended IEP/IFSP assessment.

The written assessment report and related case notes should be maintained to document activities performed for each IEP/IFSP assessment.

Service Limitations

The assessments a provider may perform are limited per service type, as follows:

Type	Service Limitation Per Student, Per Service and Per Provider
Initial IFSP	One assessment per lifetime per provider may be billed
Initial/Triennial IEP	One assessment may be billed every third state fiscal year
Annual IEP/IFSP	One assessment may be billed once every state fiscal year
Amended* IEP/IFSP	One assessment may be billed every 30 days

** Six month periodic review for IFSP students would be considered an amended assessment.*

Local Educational Agency (LEA) Rendering Practitioner Qualifications

This section outlines the qualifications for practitioners employed by LEAs who may render services under the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

Qualified LEA Rendering Practitioners

The following is a list of specific health professionals who are qualified rendering practitioners under the LEA Medi-Cal Billing Option Program.

1. Licensed registered nurse, including registered credentialed school nurse and certified public health nurse *
2. Certified nurse practitioner *
3. Licensed vocational nurse *
4. Trained health care aide
5. Licensed physician/psychiatrist
6. Licensed optometrist
7. Licensed clinical social worker *
8. Credentialed school social worker *
9. Licensed psychologist *
10. Licensed educational psychologist *
11. Credentialed school psychologist *
12. Licensed marriage and family therapist *
13. Credentialed school counselor *
14. Licensed physical therapist
15. Registered occupational therapist
16. Licensed speech-language pathologist
17. Speech-language pathologist with a valid credential
18. Licensed audiologist
19. Audiologist with a valid credential
20. Registered school audiometrist
21. Program specialist *

***** LEA/Targeted Case Management (TCM) services may be rendered by LEA practitioners designated by an asterisk above. Practitioners who meet the qualifications of a program specialist as described in this section, may also provide TCM services. Additional information about billing TCM is located in the *Local Educational Agency (LEA) Service: Targeted Case Management* section in this manual.

Scope of Service

The rendering practitioner scope of services for which LEAs may be reimbursed is restricted as specified in charts titled *Practitioner-Performed Assessment Services Reimbursable to LEAs* and *Practitioner-Performed Treatment and TCM Services Reimbursable to LEAs*. The charts are included in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Documenting Practitioner Qualifications	The LEA provider must maintain documented evidence of each rendering practitioner's license, certification, registration or credential to practice in California. (Applies to all except trained health care aide practitioners.)
Suspended Medi-Cal Providers Excluded	Suspended Medi-Cal providers may not render LEA services. For information about suspended providers, refer to the Suspended and Ineligible Providers List, which is available on the Internet at *www.medi-cal.ca.gov*.

Rendering Practitioner Qualifications

Rendering practitioner qualifications are defined in the *California Code of Regulations* (CCR), the *California Education Code*, the *Business and Professions Code*, the *Welfare and Institutions Code*, and the *Health and Safety Code*.

Specific qualifications and service descriptions for contracted licensed practitioners employed by non-public schools and agencies are listed in CCR, Title 5, Sections 3065 and 3029 and *Education Code*, Section 49402. These references distinguish the qualifications between employees of LEAs and contracted practitioners.

Information about practitioner credentials issued by the California Commission on Teacher Credentialing is available in *The Administrator's Assignment Manual*, available at *www.ctc.ca.gov*.

Registered Credentialed School Nurses

Registered credentialed school nurses must be licensed to practice by the California Board of Registered Nursing. Qualified practitioners must have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990. Effective January 1, 1981, these nurses also must show proof they have child abuse and neglect detection training. This requirement may be fulfilled through continuing education.

Business and Professions Code, Section 2701 and *Education Code*, Sections 49422(a), 49426 and 44877.

Licensed Registered Nurses

Registered nurses (RNs) must be licensed to practice by the California Board of Registered Nursing. RNs who do not have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 may render LEA services if supervised by a registered credentialed school nurse.

CCR, Title 22, Section 51067.

Certified Public Health Nurses

Certified public health nurses must be licensed and certified as public health nurses by the California Board of Registered Nursing. Certified public health nurses who do not have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 may render LEA services if supervised by a registered credentialed school nurse. Certified public heath nurses providing specialized physical health care services as specified in *California Education Code*, Section 49423.5 may render LEA services without supervision.

CCR, Title 16, Section 1491.

Certified Nurse Practitioners

Certified nurse practitioners must be licensed and certified to practice as nurse practitioners, whose practices are predominantly that of primary care, by the California Board of Registered Nursing. Certified nurse practitioners who do not have a school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 may render LEA services if supervised by a registered credentialed school nurse.

CCR, Title 22, Section 51170.3.

Licensed Vocational Nurses

Licensed vocational nurses (LVNs) must be licensed to practice by the California Board of Vocational Nursing and Psychiatric Technicians. LVNs providing specialized physical health care must practice under the direction of a licensed physician, registered credentialed school nurse or certified public health nurse as specified in *Education Code*, Section 49423.5.

Business and Professions Code, Section 2841.

Trained Health Care Aides

Trained health care aides must be trained in the administration of specialized physical health care as specified in *California Education Code*, Section 49423.5 and may render LEA services only if supervised by a licensed physician or surgeon, a registered credentialed school nurse or a certified public health nurse. Specialized physical health care services include but are not limited to gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments.

CCR, Title 5, Section 3051.2; *Education Code*, Sections 56363 and 49423.5(d); *Code of Federal Regulations* (CFR), Title 34, Section 300.107.

Licensed Physicians and Psychiatrists

Physicians must be licensed to practice by the Medical Board of California or the Osteopathic Medical Board of California. Physicians employed on a half-time or greater than half-time basis must have a health services credential or a valid credential issued prior to November 23, 1970.

Education Code, Section 44873.

Licensed Optometrists

Optometrists must be licensed by the California Board of Optometry and must have a services credential with a specialization in health or a valid credential issued prior to November 23, 1970.

Business and Professions Code, Section 3041.2(a) and *Education Code*, Section 44878.

Licensed Clinical Social Workers

Licensed clinical social workers must be licensed to practice by the California Board of Behavioral Sciences. Clinical social workers must have a pupil personnel services credential with a specialization in school social work, a health services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Business and Professions Code, Sections 4990.15 and 4996 and *Education Code*, Sections 44874 and 49422(a).

Contracted licensed clinical social workers employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential with a specialization in school social work.

CCR, Title 5, Section 3065.

Credentialed School Social Workers

Credentialed school social workers must have a pupil personnel services credential with a specialization in school social work or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990. Credentialed school social workers may provide psychosocial treatment services only to the extent authorized under *Business and Professions Code*, Sections 4996, 4996.9, 4996.14 and 4996.15 and *Education Code*, Section 44874, to Medi-Cal eligible students.

Education Code, Section 49422(a).

Licensed Psychologists

Licensed psychologists must be licensed to practice by the California Board of Psychology. These practitioners must have a pupil personnel services credential with a specialization in school psychology, a health services credential, or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Business and Professions Code, Sections 2902(b) and 2903 and *Education Code*, Sections 44874 and 49422(a).

Contracted licensed psychologists employed by non-public schools and agencies must be licensed to practice by the California Board of Psychology or possess a pupil personnel services credential with a specialization in school psychology.

CCR, Title 5, Sections 3065 and 3029.

Licensed Educational Psychologists

Licensed educational psychologists must be licensed to practice by the California Board of Behavioral Sciences. These practitioners must have a pupil personnel services credential with a specialization in school psychology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Business and Professions Code, Sections 4980.03(a) and 4989.10 and *Education Code*, Section 49422(a).

Contracted licensed educational psychologists employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential with a specialization in school psychology.

CCR, Title 5, Sections 3065 and 3029.

Credentialed School Psychologists

Credentialed school psychologists must have a pupil personnel services credential with a specialization in school psychology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990. Credentialed school psychologists may provide psychological treatment services only to the extent authorized under *Business and Professions Code*, Section 2910 and *Education Code*, Sections 49422 and 49424, to Medi-Cal eligible students.

Education Code, Section 49422(a).

Licensed Marriage and Family Therapists

Licensed marriage and family therapists must be licensed to practice by the California Board of Behavioral Sciences. These practitioners must have a pupil personnel services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Business and Professions Code, Sections 4980(b) and 4980.03(a) and *Education Code*, Section 49422(a).

Contracted licensed marriage and family therapists employed by non-public schools and agencies must be licensed to practice by the California Board of Behavioral Sciences or possess a pupil personnel services credential.

CCR, Title 5, Section 3065.

Credentialed School Counselors

Credentialed school counselors must have a valid pupil personnel services credential with a specialization in school counseling or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Education Code, Sections 49422(a) and 49600(a).

Licensed Physical Therapists

Licensed physical therapists must be licensed to practice by the California Physical Therapy Board. Physical therapists must be graduates of a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

Business and Professions Code, Sections 2601, 2632 and 2651.

Registered Occupational Therapists

Registered occupational therapists must be licensed to practice by the California Board of Occupational Therapy. Occupational therapists must be graduates of an educational program for occupational therapists that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE).

Business and Professions Code, Sections 2570.2(d), 2570.2(g) and 2570.6(b)(1).

Licensed Speech-Language Pathologists

Licensed speech-language pathologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board.

Business and Professions Code, Sections 2530.2(a) and 2532 and *Education Code*, Section 44831.

Speech-Language Pathologists

Speech-language pathologists must have a valid preliminary services credential in speech-language pathology; professional clear services credential in speech-language pathology; clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990. Speech-language pathologists with a valid credential may provide assessment and treatment services related to speech, voice, language or swallowing disorders. Services provided by a speech-language pathologist with a clinical or rehabilitative services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990 must be provided under the direction of a licensed speech-language pathologist or a speech-language pathologist with a valid professional clear services credential in speech-language pathology only to the extent authorized under *Business and Professions Code*, Sections 2530.2, 2530.5 and 2532 and *Education Code*, Sections 44225 and 44268, to Medi-Cal eligible students.

Education Code, Sections 49422(a) and 44265.3.

Licensed Audiologists

Licensed audiologists must be licensed to practice by the California Speech-Language Pathology and Audiology Board. These practitioners must have a clinical or rehabilitative services credential with an authorization in audiology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990.

Business and Professions Code, Sections 2530.2(a) and 2532 and *Education Code*, Section 49422(a).

Audiologists

Audiologists must have a clinical or rehabilitative services credential with an authorization in audiology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990. Audiologists with a valid credential may provide audiological and communication disorders assessments and treatment services. These services must be provided under the direction of licensed audiologists only to the extent authorized under *Business and Professions Code*, Section 2530.2 and 2530.5 and 2532 and *Education Code*, Sections 44225 and 44268, to Medi-Cal eligible students.

Education Code, Section 49422(a).

Registered School Audiometrists

School audiometrists must have a valid certificate of registration issued by the Department of Health Care Services (DHCS).

Education Code, Section 44879 and *Health and Safety Code,* Section 1685.

Program Specialists

Program specialists must have a baccalaureate or higher degree from an accredited institution of higher education. These practitioners must also complete a post baccalaureate professional preparation program in accordance with requirements to qualify for a valid special education credential, clinical or rehabilitative services credential, health services credential or a school psychologist authorization.

Education Code, Sections 44266, 44267, 44268 and 56368 and CCR, Title 5, Section 80048.2.

Local Educational Agency (LEA) Service: Hearing

This section contains information about audiology services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Audiology Services

Audiology is the application of principles, methods and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction related to auditory, vestibular and related functions and the modification of communicative disorders involving speech, language, auditory behavior or other aberrant behavior resulting from auditory dysfunction.

Covered Services

Audiology services include:

- IEP/IFSP audiological assessments (evaluations)
- Non-IEP/IFSP hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold)
- Audiology treatment and hearing checks

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).

Qualified Practitioners	Reimbursable Services
Licensed audiologists Audiologists	IEP/IFSP audiological assessments (evaluations) Non-IEP/IFSP hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold) Audiology treatment and hearing checks
Licensed physicians/psychiatrists Licensed speech-language pathologists Speech-language pathologists Registered school audiometrists Registered credentialed school nurses (who are also registered school audiometrists)	Non-IEP/IFSP hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold)

Referrals

Audiological assessments (evaluations) and hearing assessments (screenings) require a written referral by a physician or dentist, within the practitioner's scope of practice (*California Code of Regulations*, Title 22, Section 51309[a]). The written referral must be maintained in the student's files. In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.

Audiology treatment services require a written referral by a physician, dentist or licensed audiologist within the practitioner's scope of practice (CCR, Title 22, Section 51309[a] and 42 *Code of Federal Regulations*, Section 440.110[c]). If a written referral is provided by a licensed audiologist, the LEA must also develop and implement Physician Based Standards (see "Physician Based Standards" in this section for more information). The written referral must be maintained in the student's files. For students covered by an IEP or IFSP, the physician, dentist or licensed audiologist referral may be established and documented in the student's IEP or IFSP.

Physician Based Standards

If the individual written referral is provided by a licensed audiologist, the LEA must develop and implement Physician Based Standards. Physician Based Standards must establish minimum standards of medical need for referrals to audiology treatment services. The standards must be reviewed and approved by a physician. Additionally, the LEA must ensure that the standards are subsequently reviewed/revised and approved by a physician no less than once every two years. The following documentation must be maintained and available for State and/or Federal review.

- In each student's file:
  - A copy of the cover letter signed by the physician that states the physician reviewed and approved the protocol standards. The cover letter must include contact information for the physician.
  - Proof that the services rendered are consistent with the protocol standards.
- In the LEA's file:
  - A printed copy of the protocol standards.
  - Contact information for individuals responsible for developing the protocol standards.
  - Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity.

Supervision Requirements

The following chart indicates whether a rendering practitioner requires supervision to provide audiology services.

Qualified Practitioner	**Supervision Requirement**
Licensed audiologist	No supervision required to provide audiology services
Audiologist with a valid clinical or rehabilitative services credential with an authorization in audiology or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990	Requires supervision by a licensed audiologist to provide audiology services
Licensed physician/psychiatrist Licensed speech-language pathologist Registered school audiometrist	No supervision required to provide hearing assessments (screenings)
Speech-language pathologist with a valid preliminary or professional clear services credential	**No supervision required to provide hearing assessments (screenings)**
Speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990	Requires supervision by a licensed speech-language pathologist **or speech-language pathologist with a valid professional clear services credential** to provide hearing assessments (screenings)

Supervising Speech-Language Pathologist and/or Audiologist

The supervising licensed speech-language pathologist, speech-language pathologist with a valid professional clear services credential or licensed audiologist must be individually involved with patient care and accept responsibility for the actions of the credentialed speech-language pathologist or credentialed audiologist under his or her supervision. The amount and type of supervision required should be consistent with the skills and experience of the credentialed speech-language pathologist or credentialed audiologist, and with the standard of care necessary to provide appropriate patient treatment.

The annual duties of the supervising speech-language pathologist or audiologist include, but are not limited to:

- Periodically observing assessments, evaluation and therapy
- Periodically observing preparation and planning activities
- Periodically reviewing client and patient records and monitoring and evaluating assessment and treatment decisions of the credentialed speech-language pathologist or credentialed audiologist

The supervising practitioner must see each patient at least once, have some input into the type of care provided, and review the patient after treatment has begun.

A supervising speech-language pathologist or audiologist must be available by telephone (conventional or cellular) during the workday to consult with the credentialed speech-language pathologist or credentialed audiologist, as needed.

Service Limitations: Annual

Audiology services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Audiology services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Audiology treatment services are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 x 15 = 45 minutes) and 21 additional service increments.

Non-IEP/IFSP hearing assessments (screenings) are limited to one per student per day.

IEP/IFSP hearing checks are limited to one per student per day.

Initial and Additional Treatment Services

One audiology treatment initial service per provider per day may be billed. The initial service for audiology treatment is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (CCR, Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 or HCPCS code. If the student receives more than one treatment session per day (for example, two audiology treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Audiology Services

The following chart contains the CPT-4 or HCPCS procedure codes with modifiers, if necessary, to bill for audiology services. The *"Qualified Practitioner"* text in italics indicates that an additional modifier (beyond those already indicated in the "Procedure Code/Modifier" column) must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments (Evaluations)		
92506 TL (IFSP)	Initial IFSP audiological assessment	One per lifetime per provider
92506 TM (IEP)	Initial or triennial IEP audiological assessment	One every **third state fiscal year** per provider
92506 52 TL (IFSP) or 92506 52 TM (IEP)	Annual IEP/IFSP audiological assessment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP audiological assessment is not billed
92506 TS TL (IFSP) or 92506 TS TM (IEP)	Amended IEP/IFSP audiological assessment	One every **30 days** per provider
Non-IEP/IFSP Assessments (Screenings)		
Qualified Practitioners (Modifier):	*Licensed physician/psychiatrist (AG)* *Licensed speech-language pathologist (GN)* *Speech-language pathologist (GN)* *Licensed audiologist (no modifier)* *Audiologist (no modifier)* *Registered school audiometrist (no modifier)* *Registered credentialed school nurse (who is also a registered school audiometrist) (TD)*	
92551	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
92552	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Treatments		
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Audiology initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Audiology service, additional 15-minute increment	21 units per day See “Service Limitations: Annual” for additional information
V5011 TL (IFSP) or V5011 TM (IEP)	Hearing check	One per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Nursing

This section contains information about nursing and school health aide services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Nursing and School Health Aide Services*

Nursing services include functions such as basic health care associated with actual or potential health or illness problems or the treatment thereof. Nursing services include all of the following:

- Direct and indirect patient care services that ensure the safety and protection of patients; and the performance of disease prevention and restorative measures
- The administration of medications and therapeutic agents necessary to implement a treatment, disease prevention or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist as defined by Section 1316.5 of the *Health and Safety Code*
- The performance of skin tests, immunization techniques and the withdrawal of human blood from veins and arteries
- Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition that may result in the determination of abnormal characteristics, and implementation of appropriate reporting, referral, standardized procedures, or changes in treatment regimen in accordance with standardized procedures

* Trained health care aides must be trained in the administration of specialized physical health care as specified in *California Education Code*, Section 49423.5, and may render LEA services only if supervised by a licensed physician or surgeon, a registered credentialed school nurse or a certified public health nurse.

Covered Services

Nursing services include:

- IEP/IFSP health assessments
- Non-IEP/IFSP health/nutrition assessments, health education/anticipatory guidance and vision assessments
- Nursing and school health aide treatment services

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by nurses and trained health care aides.

Qualified Practitioners	**Reimbursable Services**
Registered credentialed school nurses	IEP/IFSP health assessments Non-IEP/IFSP health nutrition assessments, health education/ anticipatory guidance and vision assessments Nursing treatments
Licensed registered nurses Certified public health nurses Certified nurse practitioners Licensed vocational nurses	Nursing treatments
Trained health care aides	School health aide treatments **including but not limited to gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments**.

Recommendations

The following services require a recommendation by a physician or registered credentialed school nurse. The recommendation must be documented in the student's files. In substitution of a recommendation, a teacher or parent may refer the student for an assessment. The teacher or parent referral must be documented in the student's files.

- Health assessments
- Health/nutrition assessments
- Health education/anticipatory guidance
- Vision assessment

Supervision Requirements

The following chart indicates whether a rendering practitioner requires supervision to provide nursing or school health care aide services.

Qualified Practitioner	Supervision Requirement
Registered credentialed school nurse	No supervision required to provide nursing services
The following practitioners if they do not have a valid school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990: Licensed registered nurse Certified public health nurse Certified nurse practitioner	Requires supervision by a registered credentialed school nurse to provide nursing services **Note:** Certified public health nurses do not require supervision by a registered credentialed school nurse to provide specialized physical health care services
Licensed vocational nurse	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide nursing treatment services
Trained health care aide	Requires supervision by a licensed physician or surgeon, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services

Service Limitations: Annual

Nursing and school health aide services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Nursing and school aide services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Each type of nursing treatment service (including nursing services provided by RNs and LVNs) and school health aide treatment services (provided by trained health care aides) is limited to 32 units per student per day.

Each type of non-IEP/IFSP assessment (including health/nutrition and health education/anticipatory guidance) is limited to four units per student per day.

Non-IEP/IFSP vision assessments are limited to one per student per day.

Treatment Services Billed Using 15-Minute Increments

Nursing treatment services and school health aide treatment services are billed in 15-minute increments and do not have separate initial and additional service increments. When seven or more continuous treatment minutes are rendered, a 15-minute increment can be billed (*California Code of Regulations*, Title 22, Sections 51507[b][5] and 51507.1[b][4]).

Procedure Codes/Service Limitations Chart: Nursing and School Health Aide Services

The following chart contains the CPT-4 or HCPCS procedure codes with modifiers, if necessary, to bill for nursing and school health aide services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
T1001 TL (IFSP)	Initial IFSP health assessment	One per lifetime per provider
T1001 TM (IEP)	Initial or triennial IEP health assessment	One every **third state fiscal year** per provider
T1001 52 TL (IFSP) or T1001 52 TM (IEP)	Annual IEP/IFSP health assessment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP health assessment is not billed
T1001 TS TL (IFSP) or T1001 TS TM (IEP)	Amended IEP/IFSP health assessment	One every **30 days** per provider
Non-IEP/IFSP Assessments		
96150 TD	Health/nutrition assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
96151 TD	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
99401 TD	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
99173 TD	Vision assessment	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Treatments		
T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (non-IEP/IFSP)	Nursing services, RN, 15-minute increment	32 units per day See “Service Limitations: Annual” for additional information
T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (non-IEP/IFSP)	Nursing services, LVN, 15-minute increment	32 units per day See “Service Limitations: Annual” for additional information
T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (non-IEP/IFSP)	School health aide services, 15-minute increment	32 units per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Occupational Therapy

This section contains information about occupational therapy services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Occupational Therapy

Occupational therapy is the therapeutic use of goal-directed activities (occupations) that maximize independence, prevent or minimize disability and maintain health. Occupational therapy services include occupational therapy assessment, treatment, education and consultative services. Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving or restoring functional daily living skills, compensating for and preventing dysfunction or minimizing disability.

Covered Services

Occupational therapy services include:

- IEP/IFSP occupational therapy assessments
- Non-IEP/IFSP developmental assessments
- Occupational therapy treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by a registered occupational therapist.

Qualified Practitioners	Reimbursable Services
Registered occupational therapists	IEP/IFSP occupational therapy assessments Non-IEP/IFSP developmental assessments Occupational therapy treatments

Prescriptions

Occupational therapy assessments and developmental assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (*California Code of Regulations* [CCR], Title 22, Section 51309[a]). The written prescription must be updated annually and maintained in the student's files. In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The registered, credentialed school nurse, teacher or parent referral must be documented in the student's files.

Occupational therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (CCR, Title 22, Section 51309[a]). The written prescription must be maintained in the student's files. For students covered by an IEP or IFSP, the physician or podiatrist prescription may be established and documented in the student's IEP or IFSP.

Supervision Requirements

Registered occupational therapists do not require supervision to provide occupational therapy services.

Service Limitations: Annual

Occupational therapy services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Occupational therapy services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Occupational therapy treatment services are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 units x 15 minutes = 45 minutes) and 21 additional service increments.

Non-IEP/IFSP developmental assessments are limited to four units per student per day.

Initial and Additional Treatment Services

One occupational therapy initial service per provider per day may be billed. The initial service for occupational therapy treatment is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (CCR, Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 code. If the student receives more than one treatment session per day (for example, two occupational therapy treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Occupational Therapy Services

The following chart contains the CPT-4 procedure codes with modifiers, if necessary, to bill for occupational therapy services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
97003 TL (IFSP)	Initial IFSP occupational therapy assessment	One per lifetime per provider
97003 TM (IEP)	Initial or triennial IEP occupational therapy assessment	One every **third state fiscal year** per provider
97003 52 TL (IFSP) or 97003 52 TM (IEP)	Annual IEP/IFSP occupational therapy assessment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP occupational therapy assessment is not billed
97004 TL (IFSP) or 97004 TM (IEP)	Amended IEP/IFSP occupational therapy assessment	One every **30 days** per provider
Non-IEP/IFSP Assessments		
96110 GO	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
Treatments		
97110 GO TL (IFSP) or 97110 GO TM (IEP) or 97110 GO (non-IEP/IFSP)	Occupational therapy initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
97110 22 GO TL (IFSP) or 97110 22 GO TM (IEP) or 97110 22 GO (non-IEP/IFSP)	Occupational therapy service, additional 15-minute increment	21 units per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Physical Therapy

This section contains information about physical therapy services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Physical Therapy

Physical therapy is the physical or corrective rehabilitation or physical or corrective treatment of any bodily or mental condition of a person by the use of physical, chemical and other properties of heat, light, water, electricity or sound and by massage and active, resistive or passive exercise. Physical therapy includes evaluation, treatment planning, instruction and consultative services.

Covered Services

Physical therapy services include:

- IEP/IFSP physical therapy assessments
- Non-IEP/IFSP developmental assessments
- Physical therapy treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by a licensed physical therapist.

Qualified Practitioners	Reimbursable Services
Licensed physical therapists	IEP/IFSP physical therapy assessments Non-IEP/IFSP developmental assessments Physical therapy treatments

Prescriptions

Physical therapy assessments and developmental assessments require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (*California Code of Regulations* [CCR], Title 22, Section 51309[a]). The written prescription must be updated annually and maintained in the student's files. In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The registered, credentialed school nurse, teacher or parent referral must be documented in the student's files.

Physical therapy treatment services require a written prescription by a physician or podiatrist, within the practitioner's scope of practice (CCR, Title 22, Section 51309[a]). The written prescription must be maintained in the student's files. For students covered by an IEP or IFSP, the physician or podiatrist prescription may be established and documented in the student's IEP or IFSP.

Supervision Requirements

Licensed physical therapists do not require supervision to provide physical therapy services.

Service Limitations: Annual

Physical therapy services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Physical therapy services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Physical therapy treatment services are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 units x 15 minutes = 45 minutes) and 21 additional service increments.

Non-IEP/IFSP developmental assessments are limited to four units per student per day.

Initial and Additional Treatment Services

One physical therapy initial service per provider per day may be billed. The initial service for physical therapy treatment is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (CCR, Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 code. If the student receives more than one treatment session per day (for example, two physical therapy treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Physical Therapy Services

The following chart contains the CPT-4 procedure codes with modifiers, if necessary, to bill for physical therapy services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
97001 TL (IFSP)	Initial IFSP physical therapy assessment	One per lifetime per provider
97001 TM (IEP)	Initial or triennial IEP physical therapy assessment	One every **third state fiscal year** per provider
97001 52 TL (IFSP) or 97001 52 TM (IEP)	Annual IEP/IFSP physical therapy assessment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP physical therapy assessment is not billed
97002 TL (IFSP) or 97002 TM (IEP)	Amended IEP/IFSP physical therapy assessment	One every **30 days** per provider
Non-IEP/IFSP Assessments		
96110 GP	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
Treatments		
97110 GP TL (IFSP) or 97110 GP TM (IEP) or 97110 GP (non-IEP/IFSP)	Physical therapy initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
97110 22 GP TL (IFSP) or 97110 22 GP TM (IEP) or 97110 22 GP (non-IEP/IFSP)	Physical therapy service, additional 15-minute increment	21 units per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Physician Billable Procedures

This section contains information about physician/psychiatrist services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Physician/Psychiatrist Services

Physicians diagnose and treat diseases, injuries, deformities and other physical or mental conditions.

Covered Services

Physician/psychiatrist services include:

- IEP/IFSP health/nutrition assessments
- Non-IEP/IFSP health/nutrition assessments, health education/anticipatory guidance, vision assessments and hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold)
- Psychology and counseling treatments, including individual and group treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by a licensed physician/psychiatrist.

Qualified Practitioners	Reimbursable Services
Licensed physicians/ psychiatrists	IEP/IFSP health/nutrition assessments Non-IEP/IFSP health/nutrition assessments, health education/anticipatory guidance, vision assessments and hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold) Psychology and counseling treatments, including individual and group treatments

Recommendations

The following services require a recommendation by a physician or registered credentialed school nurse. The recommendation must be documented in the student's files. In substitution of a recommendation, a teacher or parent may refer the student for an assessment. The teacher or parent referral must be documented in the student's files.

- Health/nutrition assessments
- Health education/anticipatory guidance
- Hearing assessments (screenings)
- Vision assessments

Psychology and counseling treatment services require a recommendation by one of the following practitioners, within the practitioner's scope of practice (*Code of Federal Regulations*, Title 42, Section 440.130[d]). The recommendation must be documented in the student's files. For students covered by an IEP or IFSP, the recommendation may be established and documented in the student's IEP or IFSP.

- Physician
- Registered credentialed school nurse
- Licensed clinical social worker
- Licensed psychologist
- Licensed educational psychologist
- Licensed marriage and family therapist

Supervision Requirements

Licensed physicians/psychiatrists do not require supervision to provide physician services.

Service Limitations: Annual

Physician/psychiatrist services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Physician services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Psychology/counseling treatment services are limited to 24 units per student per day. This daily limit includes a maximum of three initial service increments (3 units x 15 minutes = 45 minutes) and 21 additional service increments.

Each type of non-IEP/IFSP assessment (including health/nutrition and health education/anticipatory guidance) is limited to four units per student per day.

Non-IEP/IFSP vision assessments are limited to one per student per day.

Non-IEP/IFSP hearing assessments (screenings) are limited to one per student per day.

Initial and Additional Treatment Services

An LEA provider may bill each type of psychology/counseling initial service (individual or group) once per student per day. The initial service for psychology/counseling is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service, all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (*California Code of Regulations*, Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 code. If the student receives more than one treatment session per day (for example, two psychology/counseling treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Physician Services

The following chart contains the CPT-4 procedure codes with modifiers, if necessary, to bill for physician services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
96150 AG TL (IFSP)	Initial IFSP health/nutrition assessment, each completed 15-minute increment	One per lifetime per provider
96150 AG TM (IEP)	Initial or triennial IEP health/nutrition assessment, each completed 15-minute increment	One every **third state fiscal year** per provider
96150 52 AG TL (IFSP) or 96150 52 AG TM (IEP)	Annual IEP/IFSP health/nutrition assessment, each completed 15-minute increment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP health/nutrition assessment is not billed
96151 AG TL (IFSP) or 96151 AG TM (IEP)	Amended IEP/IFSP health/nutrition assessment, each completed 15-minute increment	One every **30 days** per provider

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Non-IEP/IFSP Assessments		
96150 AG	Health/nutrition assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
96151 AG	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
99401 AG	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
99173 AG	Vision assessment	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
92551	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
92552	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Treatments		
96152 AG TL (IFSP) or 96152 AG TM (IEP) or 96152 AG (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
96152 22 AG TL (IFSP) or 96152 22 AG TM (IEP) or 96152 22 AG (non-IEP/IFSP)	Psychology/ counseling additional, 15 minute increment, individual	21 units per day See “Service Limitations: Annual” for additional information
96153 AG TL (IFSP) or 96153 AG TM (IEP) or 96153 AG (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
96153 22 AG TL (IFSP) or 96153 22 AG TM (IEP) or 96153 22 AG (non-IEP/IFSP)	Psychology/ counseling additional, 15 minute increment, group	21 units per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Psychology/Counseling

This section contains information about psychology and counseling services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Psychology and Counseling Services

Psychology and counseling involves the application of psychological principles, methods and procedures of understanding, predicting and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotion and interpersonal relationships. It includes diagnosis, prevention, treatment and amelioration of psychological problems and emotional and mental disorders.

Covered Services

Psychology and counseling services include:

- IEP/IFSP psychological assessments and psychosocial status assessments
- Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance
- Psychology and counseling treatments, including individual and group treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).

Qualified Practitioners	Reimbursable Services
Licensed psychologists Licensed educational psychologists Credentialed school psychologists	IEP/IFSP psychological assessments Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance Psychology and counseling treatments, including individual and group treatments
Licensed clinical social workers Credentialed school social workers Licensed marriage and family therapists	IEP/IFSP psychosocial status assessments Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance Psychology and counseling treatments, including individual and group treatments
Credentialed school counselors	IEP/IFSP psychosocial status assessments Non-IEP/IFSP psychosocial status assessments and health education/anticipatory guidance
Licensed physicians/ psychiatrists	Non-IEP/IFSP health education/anticipatory guidance Psychology and counseling treatments, including individual and group treatments
Registered credentialed school nurses	Non-IEP/IFSP health education/anticipatory guidance

Recommendations

Psychological assessments, psychosocial status assessments and health education/anticipatory guidance require a recommendation by one of the following practitioners, within the practitioner's scope of practice (*Code of Federal Regulations*, Title 42, Section 440.130[d]). The recommendation must be documented in the student's files. In substitution of a recommendation, a teacher or parent may refer the student for an assessment. The teacher or parent referral must be documented in the student's files.

- Physician
- Registered credentialed school nurse
- Licensed clinical social worker
- Licensed psychologist
- Licensed educational psychologist
- Licensed marriage and family therapist

Psychology and counseling treatment services require a recommendation by one of the following practitioners, within the practitioner's scope of practice (*Code of Federal Regulations*, Title 42, Section 440.130[d]). The recommendation must be documented in the student's files. For students covered by an IEP or IFSP, the recommendation may be established and documented in the student's IEP or IFSP.

- Physician
- Registered credentialed school nurse
- Licensed clinical social worker
- Licensed psychologist
- Licensed educational psychologist
- Licensed marriage and family therapist

Supervision Requirements

The following practitioners do not require supervision to provide psychology and counseling services:

- Licensed psychologists
- Licensed educational psychologists
- Credentialed school psychologists
- Licensed clinical social workers
- Credentialed school social workers
- Licensed marriage and family therapists
- Credentialed school counselors
- Licensed physicians/psychiatrists
- Registered credentialed school nurses

Service Limitations: Annual

Psychology and counseling services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Psychology and counseling services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Psychology/counseling treatment services are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 units x 15 minutes = 45 minutes) and 21 additional service increments.

Each type of non-IEP/IFSP assessment (including psychosocial status assessments and health education/anticipatory guidance) is limited to four units per student per day.

Initial and Additional Treatment Services

An LEA provider may bill each type of psychology/counseling initial service (individual or group) once per student per day. The initial service for psychology/counseling is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (*California Code of Regulations* [CCR], Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 code. If the student receives more than one treatment session per day (for example, two psychology/counseling therapy treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Psychology and Counseling Services

The following chart contains the CPT-4 procedure codes with modifiers, if necessary, to bill for psychology and counseling services. The *"Qualified Practitioner"* text in italics indicates that an additional modifier (beyond those already indicated in the "Procedure Code/Modifier" column) must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
Psychological Assessment *Qualified Practitioners (Modifier):* *Licensed psychologist (no modifier)* *Licensed educational psychologist (no modifier)* *Credentialed school psychologist (no modifier)*		
96101 TL (IFSP)	Initial IFSP psychological assessment	One per lifetime per provider
96101 TM (IEP)	Initial or triennial IEP psychological assessment	One every **third state fiscal year** per provider
96101 52 TL (IFSP) or 96101 52 TM (IEP)	Annual IEP/IFSP psychological assessment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP psychological assessment is not billed
96101 TS TL (IFSP) or 96101 TS TM (IEP)	Amended IEP/IFSP psychological assessment	One every **30 days** per provider

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments (*continued)*		
Psychosocial Status Assessment *Qualified Practitioners (Modifier):* *Licensed clinical social worker (AJ)* *Credentialed school social worker (AJ)* *Licensed marriage & family therapist (no modifier)* *Credentialed school counselor (no modifier)*		
96150 TL (IFSP)	Initial IFSP psychosocial status assessment, each completed 15-minute increment	One per lifetime per provider
96150 TM (IEP)	Initial or triennial IEP psychosocial status assessment, each completed 15-minute increment	One every **third state fiscal year** per provider
96150 52 TL (IFSP) or 96150 52 TM (IEP)	Annual IEP/IFSP psychosocial status assessment, each completed 15-minute increment	One every **state fiscal year** per provider when an initial or triennial IEP/IFSP psychosocial status assessment is not billed
96151 TL (IFSP) or 96151 TM (IEP)	Amended IEP/IFSP psychosocial status assessment, each completed 15-minute increment	One every **30 days** per provider

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Non-IEP/IFSP Assessments		
Psychosocial Status Assessment *Qualified Practitioners (Modifier):* *Licensed psychologist (AH)* *Licensed educational psychologist (AH)* *Credentialed school psychologist (AH)* *Licensed clinical social worker (AJ)* *Credentialed school social worker (AJ)* *Licensed marriage & family therapist (no modifier)* *Credentialed school counselor (no modifier)*		
96150	Psychosocial status assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
96151	Psychosocial status re-assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
Health Education/Anticipatory Guidance *Qualified Practitioners (Modifier):* *Licensed psychologist (AH)* *Licensed educational psychologist (AH)* *Credentialed school psychologist (AH)* *Licensed clinical social worker (AJ)* *Credentialed school social worker (AJ)* *Licensed marriage & family therapist (no modifier)* *Credentialed school counselor (no modifier)* *Licensed physician/psychiatrist (AG)* *Registered credentialed school nurse (TD)*		
99401	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Treatments		
Qualified Practitioners (Modifier):	*Licensed psychologist (AH)* *Licensed educational psychologist (AH)* *Credentialed school psychologist (AH)* *Licensed clinical social worker (AJ)* *Credentialed school social worker (AJ)* *Licensed marriage & family therapist (no modifier)* *Licensed physician/psychiatrist (AG)*	
96152 TL (IFSP) or 96152 TM (IEP) or 96152 (non-IEP/IFSP)	Psychology/counseling initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
96152 22 TL (IFSP) or 96152 22 TM (IEP) or 96152 22 (non-IEP/IFSP)	Psychology/counseling additional 15-minute increment, individual	21 units per day See “Service Limitations: Annual” for additional information
96153 TL (IFSP) or 96153 TM (IEP) or 96153 (non-IEP/IFSP)	Psychology/counseling initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	3 units per day See “Service Limitations: Annual” for additional information
96153 22 TL (IFSP) or 96153 22 TM (IEP) or 96153 22 (non-IEP/IFSP)	Psychology/counseling additional 15-minute increment, group	21 units per day See “Service Limitations: Annual” for additional information

Local Educational Agency (LEA) Service: Speech Therapy

This section contains information about speech therapy services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Speech Therapy

Speech therapy is the application of principles, methods and instrumental and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction and counseling related to the development and disorders of speech, voice, language or swallowing. Speech-language services also include preventing, planning, directing, conducting and supervising programs for habilitating, rehabilitating, ameliorating, managing or modifying disorders of speech, voice, language or swallowing and conducting hearing screenings.

Covered Services

Speech therapy services include:

- IEP/IFSP speech-language assessments
- Non-IEP/IFSP developmental assessments and hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold)
- Speech therapy treatments, including individual and group treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by a licensed speech-language pathologist or speech-language pathologist.

Qualified Practitioners	Reimbursable Services
Licensed speech-language pathologists Speech-language pathologists	IEP/IFSP speech-language assessments Non-IEP/IFSP developmental assessments and hearing assessments (includes screening test – pure tone and pure tone audiometry – threshold) Speech therapy treatments, including individual and group treatments

Referrals

Speech-language assessments, developmental assessments and hearing assessments (screenings) require a written referral by a physician or dentist within the practitioner's scope of practice (*California Code of Regulations* [CCR], Title 22, Section 51309[a]). The written referral must be maintained in the student's files. In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The registered credentialed school nurse, teacher or parent referral must be documented in the student's files.

Speech therapy treatment services require a written referral by a physician, dentist or licensed speech-language pathologist within the practitioner's scope of practice (CCR, Title 22, Section 51309[a] and 42 *Code of Federal Regulations*, Section 440.110[c]). If a written referral is provided by a licensed speech-language pathologist, the LEA must also develop and implement Physician Based Standards (see "Physician Based Standards" in this section for more information). The written referral must be maintained in the student's files. For students covered by an IEP or IFSP, the physician, dentist or licensed speech-language pathologist referral may be established and documented in the student's IEP or IFSP.

Physician Based Standards

If the individual written referral is provided by a licensed speech-language pathologist, the LEA must develop and implement Physician Based Standards. Physician Based Standards must establish minimum standards of medical need for referrals to speech therapy treatment services. The standards must be reviewed and approved by a physician. Additionally, the LEA must ensure that the standards are subsequently reviewed/revised and approved by a physician no less than once every two years. The following documentation must be maintained and available for State and/or Federal review.

- In each student's file:
  - A copy of the cover letter signed by the physician that states the physician reviewed and approved the protocol standards. The cover letter must include contact information for the physician.
  - Proof that the services rendered are consistent with the protocol standards.
- In the LEA's file:
  - A printed copy of the protocol standards.
  - Contact information for individuals responsible for developing the protocol standards.
  - Contact information for the practitioners who have reviewed and rely upon the protocol standards to document medical necessity.

Supervision Requirements

The following chart indicates whether a rendering practitioner requires supervision to provide speech therapy services.

Qualified Practitioner	**Supervision Requirement**
Licensed speech-language pathologist **Speech-language pathologist with a valid preliminary or professional clear services credential**	No supervision required to provide speech therapy services
Speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990	Requires supervision by a licensed speech-language pathologist **or speech-language pathologist with a valid professional clear services credential** to provide speech therapy services

Supervising Speech-Language Pathologist

The supervising licensed speech-language pathologist or speech-language pathologist with a valid professional clear services credential must be individually involved with patient care and accept responsibility for the actions of the credentialed speech-language pathologist under his or her supervision. The amount and type of supervision required should be consistent with the skills and experience of the credentialed speech-language pathologist and with the standard of care necessary to provide appropriate patient treatment.

The annual duties of the supervising speech-language pathologist include, but are not limited to:

- Periodically observing assessments, evaluation and therapy
- Periodically observing preparation and planning activities
- Periodically reviewing client and patient records and monitoring and evaluating assessment and treatment decisions of the credentialed speech-language pathologist

The supervising practitioner must see each patient at least once, have some input into the type of care provided, and review the patient after treatment has begun.

A supervising speech-language pathologist must be available by telephone (conventional or cellular) during the workday to consult with the credentialed speech-language pathologist, as needed.

Service Limitations: Annual

Speech therapy services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student.

Speech therapy services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

Speech therapy treatment services are limited to 24 units per student per day. This daily limitation includes a maximum of three initial service increments (3 x 15 = 45 minutes) and 21 additional service increments.

Non-IEP/IFSP developmental assessments are limited to four units per student per day.

Non-IEP/IFSP hearing assessments (screenings) are limited to one per student per day.

Initial and Additional Treatment Services

An LEA provider may bill each type of speech therapy initial service (individual or group) once per student per day. The initial service for speech therapy is based on 15 – 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate.

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (CCR, Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT-4 code. If the student receives more than one treatment session per day (for example, two speech therapy sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Speech Therapy

The following chart contains the CPT-4 procedure codes with modifiers, if necessary, to bill for speech therapy services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
IEP/IFSP Assessments		
92506 GN TL (IFSP)	Initial IFSP speech-language assessment	One per lifetime per provider
92506 GN TM (IEP)	Initial or triennial IEP speech-language assessment	One every **third state fiscal year** per provider
92506 52 GN TL (IFSP) or 92506 52 GN TM (IEP)	Annual IEP/IFSP speech-language assessment	One **every state fiscal year** per provider when an initial or triennial IEP/IFSP speech-language assessment is not billed
92506 TS GN TL (IFSP) or 92506 TS GN TM (IEP)	Amended IEP/IFSP speech-language assessment	One every **30 days** per provider
Non-IEP/IFSP Assessments		
96110 GN	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
92551 GN	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**
92552 GN	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Treatments		
92507 GN TL (IFSP) or 92507 GN TM (IEP) or 92507 GN (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day See "Service Limitations: Annual" for additional information
92507 22 GN TL (IFSP) or 92507 22 GN TM (IEP) or 92507 22 GN (non-IEP/IFSP)	Speech therapy service, additional 15-minute increment, individual	21 units per day See "Service Limitations: Annual" for additional information
92508 GN TL (IFSP) or 92508 GN TM (IEP) or 92508 GN (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	3 units per day See "Service Limitations: Annual" for additional information
92508 22 GN TL (IFSP) or 92508 22 GN TM (IEP) or 92508 22 GN (non-IEP/IFSP)	Speech therapy service, additional 15-minute increment, group	21 units per day See "Service Limitations: Annual" for additional information

Local Educational Agency (LEA) Service: Targeted Case Management

This section contains information about targeted case management (TCM) services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program. Components of TCM include determining student needs, developing a plan of care and coordinating services, including assessing services outside the school system.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Targeted Case Management Services

Targeted case management services assist eligible children and eligible family members to access needed medical, social, educational and other services when TCM is covered by the student's IEP or IFSP.

Components

The components of TCM include:

Determining needs. Evaluating health and mental health assessments and meeting with the student and parent(s) or guardian(s) to establish the following needs:

- Physical and mental health
- Physical necessities, such as food and clothing
- Social and emotional
- Housing and physical environment
- Family and social support
- Conservatorship
- Socialization and recreational
- Training for community living
- Educational and vocational

Note: "Determining needs" is not performing the assessment but determining the needs or services required by analyzing the results of the assessment.

Developing plan. Writing a comprehensive, individualized service plan in consultation with the student and parent(s) or guardian(s), which includes:

- Objectives
- Actions designed to meet student's needs
- Referral list (programs, agencies, people)
- Details about the nature, frequency and duration of activities to achieve objectives

Linking and consulting coordination. Coordinating services by:

- Consulting with qualified service providers, including linkage and referral to appropriate services
- Following up to determine if the services were received and if the student's needs were met (The follow-up should occur promptly and at least 30 days after referral dates.)

Accessing services outside the school system. Arranging, executing or obtaining:

- Appointments and/or transportation for medical, social, educational and other services
- Language translation services to facilitate communication between client (or on behalf of client) and case manager or other rendering provider
- Placement contracts
- Approval for medical treatment

Assisting with crises. Intervening in circumstances by:

- Accommodating unusual situations that require immediate attention to avoid, eliminate or reduce a crisis situation
- Arranging and coordinating emergency services or treatments

Note: Assistance for problems that can be handled in a safe, procedural manner by school personnel, such as a sudden illness or serious injury, is not included.

Reviewing progress. Reviewing the case management plan periodically to determine if the plan is to be continued, modified or discontinued. The review must:

- Occur at least every six months
- Include consultation with the student and/or parent and guardian
- Have a written addendum when modified

TCM does not include diagnostic or treatment services, educational activities that may be reasonably expected in the school system, administrative activities or program activities that do not meet the definition of TCM.

Coordinating TCM

The Department of Health Care Services (DHCS) recommends that each Medi-Cal eligible student is assigned one case manager who has the ability to provide students with comprehensive TCM services. However, it is recognized that some students will receive TCM services from more than one agency or provider. To avoid duplication of services and billing, LEAs must do the following:

- Clearly document the LEA and TCM services rendered by each TCM agency or provider, and
- Where necessary, develop written agreements to define the case management service(s) each agency and/or provider will be responsible for rendering.

Supervision Requirements

The following practitioners do not require supervision to provide TCM services:

- Registered credentialed school nurses
- Licensed registered nurses
- Certified public health nurses
- Certified nurse practitioners
- Licensed vocational nurses
- Licensed clinical social workers
- Credentialed school social workers
- Licensed psychologists
- Licensed educational psychologists
- Credentialed school psychologists
- Licensed marriage and family therapists
- Credentialed school counselors
- Program specialists

Service Limitations: Annual

TCM services that are authorized in a student's IEP or IFSP and documented as medically necessary may be rendered beyond the 24 services per state fiscal year. The state fiscal year begins on July 1 of each year.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Service Limitations: Daily

TCM services are limited to 32 units per student per day.

TCM Services Billed Using 15-Minute Increments

TCM services are billed in 15-minute increments and do not have separate initial and additional service increments. When seven or more continuous treatment minutes are rendered, a 15-minute increment can be billed (*California Code of Regulations*, Title 22, Sections 51507[b][5] and 51507.1[b][4]).

TCM Labor Survey

LEA providers claiming reimbursement for TCM services must complete the *LEA Targeted Case Management Labor Survey* on the DHCS website. This survey is due annually by October 10 and must be submitted to DHCS prior to submitting TCM claims.

Procedure Codes/Service Limitations Chart: Targeted Case Management

The following chart contains the HCPCS procedure codes, with modifiers, to bill for targeted case management services. The *"Qualified Practitioner"* text in italics indicates that an additional modifier (beyond those already indicated in the "Procedure Code/Modifier" column) must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Targeted Case Management		
Qualified Practitioners (Modifier):	*Registered credentialed school nurses (TD)* *Licensed registered nurses (TD)* *Certified public health nurses (TD)* *Certified nurse practitioners (TD)* *Licensed vocational nurses (TE)* *Licensed clinical social workers (AJ)* *Credentialed school social workers (AJ)* *Licensed psychologists (AH)* *Licensed educational psychologists (AH)* *Credentialed school psychologists (AH)* *Licensed marriage and family therapists (no modifier)* *Credentialed school counselors (no modifier)* *Program specialists (HO)*	
T1017 TL (IFSP) or T1017 TM (IEP)	Targeted case management, low cost provider, 15-minute increment	32 units per day See "Service Limitations: Annual" for additional information
T1017 TL (IFSP) or T1017 TM (IEP)	Targeted case management, medium cost provider, 15-minute increment	32 units per day See "Service Limitations: Annual" for additional information
T1017 TL (IFSP) or T1017 TM (IEP)	Targeted case management, high cost provider, 15-minute increment	32 units per day See "Service Limitations: Annual" for additional information

Local Educational Agency (LEA) Service: Transportation (Medical)

This section contains information about medical transportation services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Medical Transportation Services

LEA medical transportation must be provided in a litter van or wheelchair van for students with or without an IEP or IFSP.

Criteria

Litter van transportation is appropriate and reimbursable when the student's medical and/or physical condition:

- Requires specialized equipment and more space than available in passenger cars, taxicabs or other forms of public transportation.
- Does not require the specialized services, equipment and personnel of an ambulance because the student is stabilized and does not need constant observation.

Wheelchair van transportation is appropriate and reimbursable when the student's medical and/or physical condition:

- Renders the student unable to sit in a private vehicle, taxicab or other form of public transportation for the time needed for transport.
- Does not require the specialized services, equipment and personnel of an ambulance because the student is in stable condition and does not need constant observation.

Covered Services

Medical transportation services include:

- Medical transportation (trip)
- Mileage (must be in conjunction with trip)

The reimbursement rate is per trip and a trip is considered one way. Providers bill one unit of service per one-way trip (2 units = round trip).

Note: Both transportation (trip) and mileage in a litter van or wheelchair van are reimbursable for students whether or not they are authorized in a student's IEP or IFSP. Additional information is available in "Service Limitations: Annual" in this section.

Service Limitations: Annual

Medical transportation services that are not authorized in a student's IEP or IFSP are limited to 24 services (assessment, treatment or transportation service) per state fiscal year per student. The state fiscal year begins on July 1 of each year. LEA medical transportation and LEA mileage reimbursement are restricted to trips between the school and the location where health services are provided.

Note: Transportation between home and school is not covered.

Medical transportation services that are authorized in a student's IEP or IFSP and documented as medically necessary may be billed beyond the 24 services per state fiscal year.

The following conditions must be met on the day of service for the transportation service to be reimbursed:

- The student must receive a Medicaid-covered service (other than transportation) at the service site, and
- Both the covered service and the transportation must be authorized in the student's IEP or IFSP.

Note: Transportation between home and school is covered when the above conditions are met.

Claim completion: Information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP is located in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.

Mileage Limitations

Mileage reimbursement for students with or without an IEP or IFSP is covered for trips in a litter van or wheelchair van only. The reimbursement rate is per mile. Mileage will be reimbursed only when billed in conjunction with medical transportation (HCPCS code T2003).

Mileage that is not authorized in a student's IEP or IFSP may be billed only for trips between the school and location where health services are rendered.

Mileage that is authorized in a student's IEP or IFSP may be billed when the student is transported to and from the residence to an LEA, and to and from the location where health services are rendered.

Procedure Codes/Service Limitations Chart: Medical Transportation Services

The following chart contains the HCPCS procedure codes with modifiers, if necessary, to bill for medical transportation services. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	**LEA Program Usage**	**LEA Limitations (Per Student)**
Medical Transportation		
T2003 TL (IFSP) or T2003 TM (IEP) or T2003 (non-IEP/IFSP)	Medical transportation, per one-way trip, wheelchair van or litter van	See "Service Limitations: Annual" for additional information
A0425 TL (IFSP) or A0425 TM (IEP) or A0425 (non-IEP/IFSP)	Mileage, per mile	No limitation

Local Educational Agency (LEA) Service: Vision Assessments

This section contains information about vision assessments rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- Individualized Education Plan (IEP) and Individualized Family Services Plan (IFSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

Optometry Services

Optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system.

Covered Services

Optometry services include:

- Non-IEP/IFSP vision assessments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).

Qualified Practitioners	Reimbursable Services
Licensed optometrists Licensed physicians/ psychiatrists Registered credentialed school nurses	Non-IEP/IFSP vision assessments

Recommendations

Vision assessments require a recommendation by a physician or registered credentialed school nurse. The recommendation must be documented in the student's files. In substitution of a recommendation, a teacher or parent may refer the student for an assessment. The teacher or parent referral must be documented in the student's files.

Supervision Requirements

The following practitioners do not require supervision to provide vision assessments:

- Licensed optometrists
- Licensed physicians/psychiatrists
- Registered credentialed school nurses

Service Limitations: Annual

Non-IEP/IFSP vision assessments are limited to 24 services (assessment, treatment or transportation services) per state fiscal year per student. The state fiscal year begins on July 1 of each year.

Service Limitations: Daily

Non-IEP/IFSP vision assessments are limited to one per student per day.

Procedure Codes/Service Limitations Chart: Vision Assessments

The following chart contains the CPT-4 procedure code to bill for vision assessments. The *"Qualified Practitioner"* text in italics indicates that a modifier must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations also are included.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
Non-IEP/IFSP Assessments		
Qualified Practitioners (Modifier):	*Licensed physician/psychiatrist (AG)* *Registered credentialed school nurse (TD)* *Licensed optometrist (no modifier)*	
99173	Vision assessment	One per day 24 services (assessment, treatment or transportation services) per **state fiscal year**