
Local Educational Agency (LEA)

Page updated: March 2021

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 (BOP) offers reimbursement for health assessment and treatment services 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: Nutrition Services*»
- *LEA Service: Occupational Therapy*
- «*LEA Service: Orientation and Mobility*»
- *LEA Service: Physical Therapy*
- *LEA Service: Physician Billable Procedures*
- *LEA Service: Psychology/Counseling*
- «*LEA Service: Respiratory Therapy*»
- *LEA Service: Speech Therapy*
- *LEA Service: Targeted Case Management*
- *LEA Service: Transportation (Medical)*
- *LEA Service: Vision Assessments*
- *LEA: Telehealth*

Inquiries

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

Billing Questions

California MMIS Fiscal Intermediary: 1-800-541-5555

CA-MMIS FI (Out-of-State Billers): (916) 636-1200

Program and Policy Questions

«California Department of Health Care Services (DHCS) Local Educational Agency (LEA) Medi-Cal Billing Option Program»

Email: LEA@dhcs.ca.gov

Or write to:

«California Department of Health Care Services
Local Governmental Financing Division
Local Educational Agency Medi-Cal Billing Option Program Unit
MS 2628»
P.O. Box 997436
Sacramento, CA 95899-7436

Eligibility Data Match Questions

«Email: LEA@dhcs.ca.gov»

LEA Reinvestment Questions

«Email: LEA@dhcs.ca.gov»

Cost and Reimbursement Comparison Schedule (CRCS) Acceptance and Audit Questions

Email: lea.crcs.questions@dhcs.ca.gov

CRCS Submission

Email: 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)

«Parental Consent

Code of Federal Regulations (CFR), Title 34, Section 300.154(d), provides guidelines describing when LEAs may access a student's public benefits or insurance, or other insurance programs in which a child participates. Note that the following guidelines pertain only to students receiving services through the Individuals with Disabilities Education Act (IDEA):

- Obtain a one-time written consent from the parent, after providing written notification to the parent, consistent with Section 300.503(c) described below and in 34 CFR, Section 300.154(d)(2)(v), before accessing the child's or the parent's public benefits or insurance for the first time.
- Provide written notification to the child's parents before accessing the child's or the parent's public benefits or insurance for the first time (prior to obtaining the one-time parental consent) and annually thereafter.

LEAs do not have to obtain parental consent to bill Medi-Cal for non-Individualized Education Plan/Individualized Family Services Plan services because the consent is provided during the Medi-Cal application process. However, LEAs should check with their school district legal counsel to ensure they are in compliance with Family Educational Rights and Privacy Act requirements, prior to submitting claims to Medi-Cal.»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.

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

Page updated: March 2021

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.

The Provider Participation Agreement (PPA) has an “evergreen” term in lieu of an expiration date. The PPA remains in effect until terminated by either party, pursuant to the terms of the PPA. The Annual Report is due annually on the mandated date of November 30.

Provider Enrollment

«LEAs, as defined in *Welfare and Institutions Code* (W&I Code), Section 14132.06, may apply to participate in this program by completing and submitting the following documents to the Department of Health Care Services (DHCS):»

- *Provider Participation Agreement (PPA)*: The PPA is a contract between the LEA provider and DHCS that sets out responsibilities relative to participation in the program. «Additionally, the PPA includes terms regarding agreement activation, suspension and termination. The PPA must be signed by authorized representative(s) of the LEA and DHCS.»
- *Annual Report (AR)*: The AR is a report that contains information regarding the LEA's expenditures and activities for the preceding fiscal year, and lists service priorities for the current fiscal year.
- «*Data Use Agreement (DUA)*: LEA providers who designate a third-party billing vendor as their “Custodian of the Files” must also submit a DUA, which is signed by representatives of DHCS, the LEA provider and the vendor. A DUA is required for non-providers (provider representatives, such as a billing vendor) to order and receive Medi-Cal eligibility information on behalf of the LEA provider. If an LEA provider does not utilize services of a third-party billing vendor and performs its own in-house billing, the submission of the DUA is not required.» The DUA is due for renewal at scheduled three-year intervals on November 30.

«These documents are available upon request by emailing LEA@dhcs.ca.gov.»

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*, Division 1, Part 6, Chapter 5, Articles 1, 2, 3 and 4, and Sections 8800 and 49400; all as periodically amended.
- «Billing only for LEA services rendered by qualified medical care practitioners acting 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.
- «Submitting the PPA and annual report by the mandated due date, as required for each LEA provider participating in the LEA Medi-Cal Billing Option Program.»
- If applicable, submitting the DUA by the mandated due date at scheduled three-year intervals. LEAs that designate a third-party billing vendor as their "Custodian of the Files" must submit the DUA. The DUA is required for non-providers, such as billing vendors, to order and receive Medi-Cal eligibility information on behalf of the LEA. If the LEA does not utilize the services of a third-party billing vendor and performs its own in-house billing, the submission of the DUA is not required.
- «Submitting a Cost and Reimbursement Comparison Schedule (CRCS) to DHCS annually by the mandated due date.» See "Cost and Reimbursement Comparison Schedule" in this section for more information.
- Establishing or designating a collaborative interagency human services group (local collaborative) at the county level or sub-county level to make decisions about the reinvestment of funds made available through the LEA Medi-Cal Billing Option Program.
- «Reinvesting LEA funds within school-linked support services, as identified in the PPA.
- Participating in the quarterly Random Moment Time Survey (RMTS), if required. LEAs that deliver services under Model 2, whereby the LEA contracts with health care practitioners or clinics to provide health services to LEA students and the LEA does not employ any health service practitioners, are not required to participate in RMTS. LEAs operating under all other models of service delivery defined in this section are required to participate in RMTS. See "Random Moment Time Survey" in this section for more information about the RMTS process.»

Annual Report Requirements

«The annual report contains data concerning expenditures and activities for the preceding fiscal year (July 1 through June 30) and service priorities for the current fiscal year, as identified in *California Code of Regulations*, Title 22, Section 51270.

Continued enrollment in the LEA Medi-Cal Billing Option Program is contingent upon annual submission of the annual report by the mandated due date of November 30, following the close of the immediately preceding state fiscal year.

The annual report is comprised of the following documents:»

- *Local Educational Agency (LEA) Medi-Cal Provider Enrollment Information Sheet*: This form is used by DHCS to create and update the 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.
- *The LEA Consortium Billing Form*: This form is only required if the LEA is part of a billing consortium where more than one LEA bills under the same NPI number.
- *Certification of State Matching Funds for LEA Services*: This document certifies that the State funds match for LEA payments will be made from LEA funds rather than the State General Fund.
- *Financial Statement Data Report*: This report summarizes revenues received, if any, from the LEA Medi-Cal Billing Option Program during the prior fiscal year for which the LEA is reporting, and lists how the LEA has reinvested those funds.
- *Statement of Commitment to Reinvest*: This statement certifies that a local collaborative has been formed, lists the students participating in the collaborative, describes the collaborative decision-making process and lists anticipated service funding priorities for the current fiscal year.

«Furthermore, the LEA certifies that reinvested funds will remain within school-linked support services, pursuant to the PPA.»

Where to Submit Reports

«Required documents may be submitted to DHCS by any of the following three ways:»

- The LEA may submit the PPA/annual report digitally using the electronic signature feature found on the digital forms. The completed documents must be emailed to *LEA.AnnualReport@dhcs.ca.gov*.
- The LEA may digitally submit a printed copy of the PPA/annual report by printing and completing the forms, obtaining hand signatures, and then scanning and emailing the documents in PDF format to *LEA.AnnualReport@dhcs.ca.gov*.
- «The LEA may mail a signed hard copy to:»

California Department of Health Care Services
«Local Governmental Financing Division
LEA Medi-Cal Billing Option Program Unit
1501 Capitol Avenue, MS 2628»
Sacramento, CA 95899-7436

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 respective 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. «An annual paid claims summary report will be posted on the LEA Program website prior to the date that the CRCS is due to DHCS. The annual paid claims summary report includes information needed to complete the CRCS.»

Current CRCS versions are available at the LEA Program website.

«LEAs are required to annually submit the CRCS by the mandated due date to LEA.CRCS.Submission@dhcs.ca.gov.

LEAs that received no Medi-Cal reimbursement during the reporting fiscal year may submit a *Certification of Zero Reimbursement* form in lieu of a complete CRCS.»

Continued enrollment in the LEA program is contingent upon the annual submission of the CRCS. «If a CRCS is not received by or prior to the mandated due date, LEA payments may be withheld until the CRCS has been received and accepted for processing.»

«Random Moment Time Survey (RMTS)

Beginning July 1, 2020, a Random Moment Time Survey (RMTS) will be incorporated into the LEA Medi-Cal Billing Option Program reimbursement methodology, retroactive to July 1, 2015. The survey is a federally approved technique of polling a statistically valid sampling of randomly selected moments that are assigned to randomly selected participants. A moment is equal to one minute of a selected participant's work schedule. Under the LEA Program RMTS, employed health service practitioners who are qualified to provide LEA Program services will be included in the pool of randomly selected participants.

The purpose of the time survey is to identify the proportion of direct service time allowable and reimbursable under the LEA Medi-Cal Billing Option Program. Time surveys, which are administered on a quarterly basis between October and June, will be used to determine an average direct medical services percentage that will be applied to LEA costs reported on the CRCS, facilitating the cost settlement process. For more information about the survey process and requirements, providers should refer to the *California School-Based Random Moment Time Survey Manual*, which details the school-based survey process. For more information, providers can refer to the "School Based Claiming Random Moment Time Survey" page on the DHCS website (www.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 Part 2, *Local Educational Agency (LEA) Rendering Practitioner Qualifications* provider manual section.»

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 enrolled students and their families. The following models describe the types of arrangements in which LEAs may choose to provide Medi-Cal services.»

Model 1: Direct Employment of Health Care Practitioners

The school (or school district) itself employs health professionals such as physicians, nurse practitioners and nurses or operates a clinic (that is, has direct supervision and control over the clinic activities). The arrangement between schools and providers governs how and by whom Medicaid is billed for services and to whom payment may be made. Where the school employs the staff that provides health services (or operates a clinic), the school can enter a provider agreement with the Medicaid program and receive Medicaid payments for the covered services provided.

«Employed health service practitioners who are qualified to provide LEA Program services will be included in Participant Pool 1, as a Time Survey Participant in the random moment time survey.»

Model 2: Contracting of Health Care Practitioners or Clinics

«The school (or school district) contracts with all health practitioners or clinics to furnish services.» Under this type of arrangement, the health practitioner or the clinic (not the school) is the provider of services and payments under Medicaid must be made, with limited exceptions, only to the provider of the services.

However, federal Medicaid requirements permit Medicaid providers to voluntarily reassign their right to payment to a government entity, such as a school district. Consequently, if the school and the provider are willing to work out an agreement under which the provider reassigns payment to the school, the school may both bill and receive payment directly from the state Medicaid agency.

«LEAs operating under Model 2 are not required to participate in the quarterly random moment time survey, because they do not directly employ any health service practitioners.»

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

The school (or school district) uses a combination of employed health professionals and contract health professionals to furnish services. In general, when a school provides a service through employed staff and contracts with additional health professionals to supplement the care and services being provided by its own employees, the school can qualify as the provider and receive payment from the state Medicaid agency for the services being provided by both the employed and contract health staff. A key element in making the determination that the school is the provider is that the school itself provides the service through its own employees and includes certain contract health professionals only to supplement that which it is already providing. For example, the school may employ one physical therapist and contract with other physical therapists to supplement the services provided. No additional provider agreements are required for contracted providers under this type of arrangement.

«Contracted health professionals under Model 3 are not required to participate in the quarterly random moment time survey. However, employed health professionals rendering services to LEA students under Model 3 must participate in the quarterly random moment time survey.»

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 contracted 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. Under this model, payment may be made to the school on behalf of those contracted providers who have voluntarily agreed to enter into this arrangement with the school.

It is also important that the service being provided by the school or school district employees is the same service that the contract health professionals provide. In other words, if a school or school district operates a clinic and employs most of the necessary health professionals to provide clinic services but contracts with a physician to provide services and direction of the clinic, in order for the school to be considered the provider of the services, the services furnished by the physician could not be billed to the Medicaid agency as physician services but must be billed as clinic services. That is, the contract physician is simply supplementing the service that the school/school district is providing.

«Under section 1902(x) of the *Social Security Act*, every physician contracted or employed by the school must have a unique physician identifier which appears on Medicaid claims for services under the direction of that physician.» This is true whether or not the physician practices independently or in a clinic setting, and whether or not the physician is a Medicaid provider.

«Contracted health professionals under Model 4 are not required to participate in the quarterly random moment time survey. However, employed health professionals rendering services to LEA students under Model 4 must participate in the quarterly random moment time survey.

Ordering, Referring or Prescribing (ORP) Practitioners

All LEA treatment services require a prescription, referral or recommendation from a qualified medical care practitioner. Each services section of this provider manual defines which practitioners are authorized to order, refer or prescribe (ORP) services. ORP practitioners must have a National Provider Identifier (NPI) Type 1, and must be individually enrolled as a Medi-Cal ORP provider. These requirements apply to all Models of Service delivery.

When billing Medi-Cal for services provided as a result of an order, referral or prescription, the ORP practitioner's NPI Type 1 number must be included on the claim.

Information regarding enrolling employed or contracted practitioners as a Medi-Cal ORP provider can be accessed at the Medi-Cal Provider Enrollment Division website at <http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>, which also links to the Provider Application and Validation for Enrollment (PAVE) website. Applicants may use the online PAVE Portal to electronically enroll as a Medi-Cal ORP provider. Alternatively, applicants may access the *Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-Physician Practitioners* (DHCS 6219) at http://files.medi-cal.ca.gov/pubsdoco/prov_enroll.asp.»

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), Individualized Family Services Plans (IFSPs) or Individualized Health and Support Plans (IHSPs) authorize the service and the service is documented as medically necessary.» MCPs are not capitated for LEA services.
- «Reimbursable to the LEA for services rendered to Medi-Cal enrolled students.»

Coordination with MCPs to Avoid Duplication of Services

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 or duplication of services.

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 provider manual.

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*, 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
- 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

The student's Medi-Cal identification number does not need to be included on the treatment log but must be retained on the service claim.

«For LEA services that are authorized in a student's IEP, IFSP or IHSP, a copy of the plan that identifies the child's need for health services and the associated assessment reports must be maintained in the provider's files. LEA services must be billed according to the provisions of the student's IEP, IFSP or IHSP, 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, including:
 - The name of the individual
 - The dates of the case management services
 - The name of the provider agency (if relevant) and the person providing the case management service
 - The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved
 - Whether the individual has declined services in the care plan
 - The need for, and occurrences of, coordination with other case managers
 - A timeline for obtaining needed services
 - A timeline for re-evaluation of the plan»
- 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 withhold is levied against LEA claims reimbursements for claims processing and program-related costs. In addition, a combined 2 percent withhold is levied against LEA reimbursements which covers audit administration and associated audit costs, not to exceed \$1,000,000 annually and to fund and support activities outlined in *Welfare and Institutions Code* (W&I Code), Section 14115.8, not to exceed \$1,500,000 annually. The total annual amount of the 2 percent withhold is not to exceed \$2,500,000. 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 784 or 798 for the 2 percent combined withhold.

Withholds are subject to change based on agreement between the Department of Health Care Services (DHCS) and the LEA stakeholders. «Funds over or under withheld from the combined 2 percent withhold shall be proportionately returned to or collected from the LEAs.»

Service and Reimbursement Report

Each month, LEAs that have submitted Medi-Cal claims receive a service and reimbursement report from the California MMIS Fiscal Intermediary. 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 thru June 30).

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Local Educational Agency (LEA) Billing and Reimbursement Overview

Page updated: March 2021

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 medically necessary 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, physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screen (*Welfare and Institutions Code*, Section 14059.5[b][1] and *California Code of Regulations* [CCR], 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 specialized medical 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.

«Other Health Coverage Requirements»

Medi-Cal may reimburse LEA providers for services provided to Medi-Cal eligible students regardless of whether there is any charge for the service to the student or the community at large.

Other Health Coverage (OHC) is any non-Medi-Cal private health coverage plan or policy that provides or pays for health care services. This includes commercial health insurance companies. Medi-Cal Managed Care Plans (MCPs) are not considered OHC.

A student with a third-party resource is one who is qualified for Medi-Cal benefits and also has OHC. In order to determine if a student has a third-party resource, the LEA may reference the LEA tape match file for OHC information for each Medi-Cal student. Additional information about eligibility verification and ways to verify eligibility is available in the *Local Educational Agency (LEA) Eligible Students* section of this manual.

«Coverage may also include Medi-Cal covered health care services in a student's Individual Service Plan per section 504 of the Rehabilitation Act of 1973. For students with an Individualized Health Services Plan (IHSP), including a "504 Plan," LEAs must bill OHC prior to billing Medi-Cal.»

The following chart clarifies when OHC insurers must be billed.

«**When to Bill OHC Insurers Table**»

Insurance Status of Student	Services Provided to Students Authorized in an IEP/IFSP or Under Title V	«Services Provided to All Other Students Under an IHSP»
Medi-Cal only	Bill Medi-Cal	Bill Medi-Cal
Medi-Cal and OHC	Bill Medi-Cal	Bill OHC, then Medi-Cal
No Medi-Cal, has OHC	«May bill OHC (In this scenario it is optional for LEAs to bill OHC; because the student is not Medi-Cal eligible there is no requirement to bill OHC for services rendered.)»	May bill OHC

Note: The reference to Title V is in the *Social Security Act*: Grants for States for Maternal and Child Welfare

Insurance Status: Medi-Cal Only

The LEA may bill Medi-Cal for services provided to eligible students, regardless of whether those services are provided without charge to all other students.

Example 1: A Medi-Cal eligible student with no OHC is provided speech therapy that is documented in the student's IEP/IFSP. The LEA provider may bill Medi-Cal for reimbursement for those services.

Example 2: A Medi-Cal eligible student with no OHC receives a vision assessment that is administered to all students in the school. «The student does not have an IEP/IFSP. The LEA provider may bill Medi-Cal for reimbursement.»

Insurance Status: Medi-Cal and OHC

Medi-Cal covered services provided to students with OHC under an IEP/IFSP may be billed to Medi-Cal for reimbursement, regardless of whether those services are provided to all other students. The LEA provider does not have to bill OHC first.

For Medi-Cal covered services provided to students with OHC that are not part of an IEP/IFSP, the LEA must bill other responsible third-party insurers prior to billing Medi-Cal regardless of whether those services are provided to all other students.

Example 1: A Medi-Cal eligible student with OHC is provided audiology services documented in the student's IEP/IFSP. The LEA provider may bill Medi-Cal without pursuing OHC.

Example 2: A Medi-Cal eligible non-IEP/IFSP student with OHC receives a general health assessment that is administered to all students at the school. The LEA provider must pursue and bill that student's OHC prior to billing Medi-Cal.

Example 3: A Medi-Cal eligible non-IEP/IFSP student with OHC receives an individual nursing service that is medically necessary. The LEA provider must pursue and bill that student's OHC prior to billing Medi-Cal.

Insurance Status: OHC Only, No Medi-Cal

All medical services provided by the LEA to non-Medi-Cal students who have private third-party health insurance may be billed to the respective OHC insurer, regardless of whether the services are provided to all other students.

Example: A non-Medi-Cal student with OHC is provided physical therapy by a LEA practitioner. The LEA Provider may bill the third-party insurer for reimbursement.

«In the above example, because the student is not covered by Medi-Cal, it is optional for the LEA to bill OHC in an attempt to recover costs related to service(s).»

Third-Party Liability Recoupment

In most circumstances for services provided to Medi-Cal eligible students with OHC, Medi-Cal is the payer of last resort. OHC must be billed prior to Medi-Cal. However, for services provided to students authorized in an IEP/IFSP, Medi-Cal is the primary payer. In such instances where legally liable commercial insurance is available, the Department of Health Care Services (DHCS) may bill commercial insurance carriers to recoup funds paid by DHCS to the LEA provider. DHCS will not cost avoid against claims (initially deny claims due to OHC) or offset claims to LEA providers in an effort to recoup funds.

As a result of the recoupment process, commercial insurance carriers may issue an *Explanation of Benefits (EOB)* to the parent of the insured student.

Other Health Coverage: Denials of Claims and Non-Response

If the OHC carrier denies a claim and the denial notice is valid, the notice 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. A claim will be processed by the California MMIS Fiscal Intermediary only if the denial reason listed on the EOB or denial letter is a valid denial reason according to Medi-Cal standards, or there is no response from the OHC carrier.

If a response from the OHC carrier is not received within 90 days of the provider's billing date, the provider may bill Medi-Cal. A copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state "90 day response delay" on the billing claim form.

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.

«See *Other Health Coverage (OHC) Guidelines for Billing* in the Part 1 manual for additional information about OHC codes, information about identifying student OHC and other general OHC billing information.»

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.

Service Limitations

«LEAs are authorized to bill for services for Medi-Cal eligible students with or without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). However, all LEA treatment services require some type of care plan, whether it be an IEP, IFSP or IHSP.» LEA providers must use the appropriate billing CPT 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) Service* 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.

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: Nutrition*
- *Local Educational Agency (LEA) Service: Orientation and Mobility*
- *Local Educational Agency (LEA) Service: Respiratory Care»*
- *Local Educational Agency (LEA) Service: Targeted Case Management*

Medical Transportation and Mileage

«Information about specialized 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 indicate on a claim whether the service rendered was covered under an IEP or IFSP.»

Table of Individualized Plan Modifiers

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)

Telehealth Modifier

Qualified services by interactive telehealth must be billed with modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier 95.

Table of Telehealth Modifiers

Modifier	National Modifier Description	LEA Program Usage
95	Telehealth	Service provided via synchronous telehealth rendered from distant site

Qualified services provided at originating site (in-person with the student) during telehealth transmission are billed according to standard Medi-Cal practices (without a 95 modifier).

Refer to the *Local Educational Agency (LEA): Telehealth* section of this manual for telehealth guidelines, definitions and billing information.

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.

Table of Practitioner Modifiers

Modifier	National Modifier Description	LEA Program Usage
«AE	Registered dietician	Registered dietician»
AG	Primary physician	«Licensed physician»
AH	Clinical psychologist	«Licensed psychologist, licensed educational psychologist, credentialed school psychologist and clinical psychologist»
AJ	Clinical social worker	«Licensed clinical social worker and credentialed school social worker»
«CO	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant	Licensed occupational therapy assistant
CQ	Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant	Licensed physical therapist assistant»
GN	Service delivered under an outpatient speech-language pathology plan of care	«Licensed speech-language pathologist and credentialed speech-language pathologist»
GO	Service delivered under an outpatient occupational therapy plan of care	«Licensed occupational therapist»
GP	Service delivered under an outpatient physical therapy plan of care	«Licensed physical therapist»

«Table of Practitioner Modifiers (continued)»

Modifier	National Modifier Description	LEA Program Usage
«HL	Intern	Associate marriage and family therapist
HM	Less than bachelor degree level	Speech-language pathology assistant and registered associate clinical social worker»
HO	Master's degree level	«Program specialist»
TD	RN	«Licensed nurses, including registered credentialed school nurses, licensed registered nurses, certified public health nurses and certified nurse practitioners»
TE	LPN/LVN	«Licensed vocational nurse»
«U7	Physician assistant	Licensed physician assistant»

Intensity of Service Modifiers

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

Table of Intensity of Service Modifiers

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 reassessment
TS	Follow-up service	Amended reassessment

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 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).

«Attending Provider Name/NPI (Box 76). Enter the NPI of the medical professional who ordered, referred or prescribed the service.

Note: All treatment services must include the NPI of the health service practitioner that has prescribed, referred or recommended the student for LEA treatment services. Box 76 may be left blank if the claim relates to an assessment.»

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-10-CM Codes

ICD-10-CM diagnosis codes are identified in the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) code book that was developed to create international uniformity in diagnosing health conditions.

Note: ICD-10-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.

Current copies of the ICD-10-CM code book are available by writing or calling:

Optum

2525 Lake Park Blvd.

Salt Lake City, UT 84120

Telephone: 1-800-464-3649

«Website: <https://www.optum360coding.com/>»

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 thru Friday,
8:00 a.m. to 5:30 p.m., CST

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

“From-Through” Billing

«All LEA services except mileage (associated with specialized 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 3* 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 California MMIS Fiscal Intermediary within 12 months following the month in which services were rendered. Claims are submitted to the following address:

California MMIS Fiscal Intermediary
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 4* in the *Local Educational Agency (LEA) Billing Examples* section of this manual illustrates a retroactive billing example.»

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.
- 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 all applicable modifiers in the *HCPCS/Rate* field (Box 44) on the claim, if applicable.»

«If the same procedure code and modifier combination (assessment, treatment, specialized medical 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.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.

Local Educational Agency (LEA) Billing Codes and Reimbursement Rates

Page updated: March 2021

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 are determined by applying the current FMAP to the maximum allowable rate, or the rate billed by the LEA, whichever is less, per federal financial participation (FFP) regulations. The current FMAP is 56.2 percent.

LEA Services Billing Codes Chart

The “LEA Services Billing Codes Chart” on the following pages in this section is a quick reference guide to each LEA service. The chart identifies the following:

- LEA-reimbursable CPT® 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:

- Individualized Education Plan (IEP)/Individualized Family Services Plan (IFSP) assessments
- «Assessments (non-IEP/IFSP)»
- Treatments and transportation
- Targeted case management

Telehealth Services In Billing Codes Chart

The note “Add modifier 95 if via telehealth” is added to the “LEA Services Billing Codes Chart” to help providers identify services that can be rendered by telehealth (via interactive telecommunications equipment). When used, the note is located in the first column, which is labeled “Procedure Code/Modifier.”

LEA Services Billing Codes Chart

IEP/IFSP Assessments

Table for IEP/IFSP Health Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
T1001 TL (IFSP) or T1001 TM (IEP)	Initial or triennial IEP/IFSP health assessment	Nursing assessment/evaluation	«Registered credentialed school nurse (no modifier) Licensed registered nurse (no modifier) Certified public health nurse (no modifier) Certified nurse practitioner (no modifier)»	\$150.48

«Table for IEP/IFSP Health Assessment (continued)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«T1001 TS and TL or TM»	Amended IEP/IFSP health assessment	Follow-up service	«Registered credentialed school nurse (no modifier) Licensed registered nurse (no modifier) Certified public health nurse (no modifier) Certified nurse practitioner (no modifier)»	\$85.99
«T1001 52 and TL or TM»	Annual IEP/IFSP health assessment	Reduced services	«Registered credentialed school nurse (no modifier) Licensed registered nurse (no modifier) Certified public health nurse (no modifier) Certified nurse practitioner (no modifier)»	\$85.99

Table for IEP/IFSP Physical Therapy Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97163 TL (IFSP) or 97163 TM (IEP)	Initial or triennial IEP/IFSP physical therapy assessment	Physical therapy evaluation	Licensed physical therapist (<i>no modifier</i>)	\$260.16
«97164 and TL or TM»	Amended IEP/IFSP physical therapy assessment	Physical therapy re-evaluation	Licensed physical therapist (<i>no modifier</i>)	\$180.66
«97163 52 and TL or TM»	Annual IEP/IFSP physical therapy assessment	Reduced services	Licensed physical therapist (<i>no modifier</i>)	\$180.66

Table for IEP/IFSP Occupational Therapy Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97167 TL (IFSP) or 97167 TM (IEP)	Initial or triennial IEP/IFSP occupational therapy assessment	Occupational therapy evaluation	«Licensed occupational therapist (<i>no modifier</i>)»	\$252.86
«97168 and TL or TM»	Amended IEP/IFSP occupational therapy assessment	Occupational therapy re-evaluation	«Licensed occupational therapist (<i>no modifier</i>)»	\$175.60
«97167 52 and TL or TM»	Annual IEP/IFSP occupational therapy assessment	Reduced services	«Licensed occupational therapist (<i>no modifier</i>)»	\$175.60

Table for IEP/IFSP Speech-Language Assessments: Evaluation of Speech-Fluency

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92521 TL (IFSP) or 92521 TM (IEP) Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Initial or triennial IEP/IFSP speech-language assessment	«Evaluation of speech fluency (for example, stuttering, cluttering)»	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$70.01
«92521 TS and TL or TM Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Amended IEP/IFSP speech-language assessment	Follow-up service	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$38.19
«92521 52 and TL or TM Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Annual IEP/IFSP speech-language assessment	Reduced services	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$38.19

**Table for IEP/IFSP Speech-Language Assessments: Evaluation of
Speech Sound Production**

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92522 TL (IFSP) or 92522 TM (IEP) Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Initial or triennial IEP/IFSP speech- language assessment	«Evaluation of speech sound production (for example, articulation, phonological process, apraxia, dysarthria)»	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$60.01
«92522 TS and TL or TM Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Amended IEP/IFSP speech- language assessment	Follow-up service	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$32.73
«92522 52 and TL or TM Add modifier 95 if via telehealth (<i>only licensed SLP can provide</i>)»	Annual IEP/IFSP speech- language assessment	Reduced services	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$32.73

Table for IEP/IFSP Speech-Language Assessments: Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92523 TL (IFSP) or 92523 TM (IEP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Initial or triennial IEP/IFSP speech-language assessment	«Evaluation of speech sound production (for example, articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension/ expression (for example, receptive and expressive language)»	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$120.01
«92523 TS and TL or TM Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Amended IEP/IFSP speech-language assessment	Follow-up service	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	«\$65.46»
«92523 52 and TL or TM Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Annual IEP/IFSP speech-language assessment	Reduced services	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	«\$65.46»

Table for IEP/IFSP Speech-Language Assessments: Behavioral and Qualitative Analysis of Voice and Resonance

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92524 TL (IFSP) or 92524 TM (IEP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Initial or triennial IEP/IFSP speech-language assessment	Behavioral and qualitative analysis of voice and resonance	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$60.01
«92524 TS TL (IFSP) or 92524 TS TM (IEP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Amended IEP/IFSP speech-language assessment	Follow-up service	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$32.73
«92524 52 TL (IFSP) or 92524 52 TM (IEP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Annual IEP/IFSP speech-language assessment	Reduced services	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	\$32.73

Table for IEP/IFSP Audiological Assessments

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
92557 TL (IFSP) or 92557 TM (IEP)	Initial or triennial IEP/IFSP audiological assessment	«Comprehensive audiometry threshold evaluation and speech recognition»	«Licensed audiologist (no modifier) Credentialed audiologist (no modifier)»	\$219.01
«92557 TS and TL or TM»	Amended IEP/IFSP audiological assessment	Follow-up service	«Licensed audiologist (no modifier) Credentialed audiologist (no modifier)»	\$164.26
«92557 52 and TL or TM»	Annual IEP/IFSP audiological assessment	Reduced services	«Licensed audiologist (no modifier) Credentialed audiologist (no modifier)»	\$164.26

Table for IEP/IFSP Psychological Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96130 TL (IFSP) or 96130 TM (IEP)	Initial or triennial IEP/IFSP psychological assessment	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, for example, MMPI, Rorschach, WAIS)	Licensed psychologist <i>(no modifier)</i> Licensed educational psychologist <i>(no modifier)</i> Credentialed school psychologist <i>(no modifier)</i>	\$552.59
«96130 TS and TL or TM»	Amended IEP/IFSP psychological assessment	Follow-up service	Licensed psychologist <i>(no modifier)</i> Licensed educational psychologist <i>(no modifier)</i> Credentialed school psychologist <i>(no modifier)</i>	\$184.20
«96130 52 and TL or TM»	Annual IEP/IFSP psychological assessment	Reduced services	Licensed psychologist <i>(no modifier)</i> Licensed educational psychologist <i>(no modifier)</i> Credentialed school psychologist <i>(no modifier)</i>	\$184.20

Table for IEP/IFSP Psychosocial Status Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156 TL (IFSP) or 96156 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 (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	\$20.47

Table for IEP/IFSP Assessments: Psychosocial Status Assessment (continued)

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96156 TS, TL or TM»	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	Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed marriage and family therapist (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	\$20.47
«96156 52 and TL or TM»	Annual IEP/IFSP psychosocial status assessment, each completed 15-minute increment	Reduced services, each 15 minutes face-to-face with the patient	Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed marriage and family therapist (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	\$20.47

«Table for IEP/IFSP Assessments: Orientation and Mobility Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
T1023 TL (IFSP) or T1023 TM (IEP)	Initial or triennial IEP/IFSP O&M assessment, each completed 15-minute increment	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Orientation and mobility specialist	\$21.95
T1023 TS and TL or TM	Amended IEP/IFSP O&M assessment, each completed 15-minute increment	Follow-up service	Orientation and mobility specialist	\$21.95
T1023 52 and TL or TM	Annual IEP/IFSP O&M assessment, each completed 15-minute increment	Reduced services	Orientation and mobility specialist	\$21.95»

«Table for IEP/IFSP Assessments: Respiratory Therapy Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
94618 TL (IFSP) or 94618 TM (IEP)	Initial or triennial IEP/IFSP respiratory therapy assessment, each completed 15-minute increment	Pulmonary stress testing (for example, six-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	Licensed respiratory care practitioner	\$21.50
94618 TS and TL or TM	Amended IEP/IFSP respiratory therapy assessment, each completed 15-minute increment	Follow-up service	Licensed respiratory care practitioner	\$21.50
94618 52 and TL or TM	Annual IEP/IFSP respiratory therapy assessment, each completed 15-minute increment	Reduced services	Licensed respiratory care practitioner	\$21.50»

Table for IEP/IFSP Health/Nutrition Assessment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156 TL (IFSP) or 96156 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 (AG) Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed physician assistant (U7) Registered dietician (AE)»	\$21.50

Table for IEP/IFSP Health/Nutrition Assessment (continued)

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96156 TS and TL or TM»	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	«Licensed physician (AG) Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed physician assistant (U7) Registered dietitian (AE)»	\$21.50
«96156 52 and TL or TM»	Annual IEP/IFSP health/nutrition assessment, each completed 15-minute increment	Reduced services, each 15 minutes face-to-face with the patient	«Licensed physician (AG) Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed physician assistant (U7) Registered dietitian (AE)»	\$21.50

«Assessments (Non-IEP/IFSP)»

«Table for Psychosocial Status Assessment, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156	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 (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	\$23.02

«Table for Psychosocial Status Assessment, Non-IEP/IFSP (continued)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156 TS	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	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 (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	\$23.02

«Table for Developmental Assessment, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
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) Licensed occupational therapist (GO) Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN)»	GP: \$22.58 GO: \$21.95 GN: \$22.73

«Table for Orientation and Mobility Assessment, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
T1023	Orientation and mobility assessment, each 15-minute increment (applicable to initial assessment and re-assessment)	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Orientation and mobility specialist	\$21.95»

«Table for Respiratory Therapy Assessment, Non-IEP/IFSP

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
94618	Respiratory therapy assessment, each 15-minute increment (applicable to initial assessment and re-assessment)	Pulmonary stress testing (for example., six-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	Licensed respiratory care practitioner	\$21.50»

«Table for Health Education/Anticipatory Guidance, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«99401 and AG, TD or U7»	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 (AG) Licensed physician assistant (U7) Registered credentialed school nurse (TD)»	«AG, TD or U7: \$21.50»
99401 and AH, AJ or when billed by marriage family therapist or school counselor	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 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 (<i>no modifier</i>) Credentialed school counselor (<i>no modifier</i>)	AH, AJ or marriage family therapist/ school counselor: \$23.02

«Table for Health/Nutrition Assessment, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156	«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 (AG) Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed physician assistant (U7) Registered dietitian (AE)»	\$21.50

Table for Non-IEP/IFSP Health/Nutrition Assessment (continued)

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
96156 TS	«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	«Licensed physician (AG) Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed physician assistant (U7) Registered dietician (AE)»	\$21.50

«Table for Vision Screening, Non-IEP/IFSP

The physician assistants listed in the following table may only perform routine visual screenings (for example, noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness and depth perception) in accordance with *Business and Professions Code*, Sections 3501 and 3502.»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
99173	«Vision assessment/ screening»	Screening test of visual acuity, quantitative bilateral	«Licensed physician (AG) Licensed physician assistant (U7) Registered credentialed school nurse (TD) Licensed optometrist (<i>no modifier</i>)»	\$7.17

«Table for Hearing Screening, Non-IEP/IFSP»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
92551	«Hearing screening»	Screening test, pure tone, air only	«Licensed physician (AG) Licensed physician assistant (U7) Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Licensed audiologist (<i>no modifier</i>) Credentialed audiologist (<i>no modifier</i>) Registered school audiometrist (<i>no modifier</i>) Registered credentialed school nurse (registered school audiometrist) (TD)»	\$16.12 (younger than 18) \$14.77 (18 and older)

«Table for Hearing Screening, Non-IEP/IFSP (continued)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
92552	«Hearing screening»	Pure tone audiometry (threshold); air only	«Licensed physician (AG) Licensed physician assistant (U7) Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Licensed audiologist (<i>no modifier</i>) Credentialed audiologist (<i>no modifier</i>) Registered school audiometrist (<i>no modifier</i>) Registered credentialed school nurse (registered school audiometrist) (TD)»	\$24.17 (younger than 18) \$22.16 (18 and older)

«Treatments (Pursuant to IEP, IFSP or IHSP) and Transportation**Table for Treatment: Physical Therapy – Individual Treatments»»»**

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«97110 TL (IFSP) or 97110 TM (IEP) or 97110 (IHSP)»	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) Licensed physical therapist assistant (CQ)»	«GP: \$72.27 CQ: \$30.22»
«97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (IHSP)	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for additional service units)	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for additional service units)	Licensed physical therapist (GP) Licensed physical therapist assistant (CQ)	GP: \$22.58 CQ: \$9.45»

«Table for Treatment: Physical Therapy – Group Treatment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97150 TL (IFSP) or 97150 TM (IEP) or 97150 (IHSP)	Physical therapy initial service, 15 thru 45 continuous minutes, group (bill 1 unit per 15-minute increment)	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) Licensed physical therapist assistant (CQ)	GP: \$24.09 CQ: \$10.07
97150 22 TL (IFSP) or 97150 22 TM (IEP) or 97150 22 (IHSP)	Physical therapy service, additional 15-minute increment, group	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for each additional service units)	Licensed physical therapist (GP) Licensed physical therapist assistant (CQ)	GP: \$7.53 CQ: \$3.15»

«Table for Treatments: Occupational Therapy – Individual Treatment»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«97110 TL (IFSP) or 97110 TM (IEP) or 97110 (IHSP)»	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 occupational therapist (GO) Certified occupational therapy assistant (CO)»	«GO: \$83.41 CO: \$35.89»
«97110 22, TL (IFSP) or 97110 22, TM (IEP) or 97110 22 (IHSP)	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for additional service units)	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for additional service units)	Licensed occupational therapist (GO) Certified occupational therapy assistant (CO)	GO: \$21.95 CO: \$9.45»

«Table for Treatments: Occupational Therapy – Group Treatment

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97150 TL (IFSP) or 97150 TM (IEP) or 97150 (IHSP)	Occupational therapy initial service, 15 thru 45 continuous minutes, group (bill 1 unit per 15-minute increment)	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 occupational therapist (GO) Certified occupational therapy assistant (CO)	GO: \$27.80 CO: \$11.96
97150 22, TL (IFSP) or 97150 22, TM (IEP) or 97150 22 (IHSP)	Occupational therapy service, additional 15-minute increment, group	Therapeutic procedure, one or more areas, additional 15 minute increment; therapeutic exercises to develop strength and endurance, range of motion and flexibility (daily limit of 21 units for additional service units)	Licensed occupational therapist (GO) Certified occupational therapy assistant (CO)	GO: \$7.32 CO: \$3.15»

«Table for Treatments: Speech Therapy – Individual Treatment»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92507 TL (IFSP) or 92507 TM (IEP) or 92507 (IHSP) Add modifier 95 if via telehealth (only licensed SLP can provide)»	Speech therapy initial service, 15 thru 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) Credentialed speech-language pathologist (GN) Speech-language pathology assistant (HM)»	«GN: \$75.76 HM: \$31.48»
«92507 22, TL (IFSP) or 92507 22, TM (IEP) or 92507 22 (IHSP) Add modifier 95 if via telehealth (only licensed SLP can provide)»	Speech therapy service, additional 15-minute increment, individual	«Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (daily limit of 21 units for additional service units)»	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Speech-language pathology assistant (HM)»	«GN: \$22.73 HM: \$9.45»

«Table for Treatments: Speech Therapy – Group Treatment»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92508 TL (IFSP) or 92508 TM (IEP) or 92508 (IHSP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Speech therapy initial service, 15 thru 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)	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Speech-language pathology assistant (HM)»	«GN: \$27.78 HM: \$11.54»
«92508 22 TL (IFSP) or 92508 22 TM (IEP) or 92508 22 (IHSP) Add modifier 95 if via telehealth <i>(only licensed SLP can provide)»</i>	Speech therapy service, additional 15-minute increment, group	«Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (daily limit of 21 units for additional service units)»	«Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Speech-language pathology assistant (HM)»	«GN: \$7.58 HM: \$3.15»

«Table for Treatments: Audiology»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«92507 TL (IFSP) or 92507 TM (IEP) or 92507 (IHSP)»	Audiology initial service 15 thru 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 (<i>no modifier</i>) Credentialed audiologist (<i>no modifier</i>)»	\$100.38
«92507 22, TL (IFSP) or 92507 22, TM (IEP) or 92507 22 (IHSP)»	Audiology service, additional 15-minute increment, individual	«Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual (daily limit of 21 units for additional service units)»	«Licensed audiologist (<i>no modifier</i>) Credentialed audiologist (<i>no modifier</i>)»	\$27.38

«Table for Treatments: Audiology (continued)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
V5011 TL (IFSP) or V5011 TM (IEP)	«IEP/IFSP hearing check»	Fitting/ orientation/ checking of hearing aid	«Licensed audiologist (no modifier) Credentialed audiologist (no modifier)»	\$63.88

«Table for Treatments: Respiratory Therapy

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
G0237 TL (IFSP) or G0237 TM (IEP) or G0237 (IHSP)	Respiratory therapy treatment, each 15-minutes	Therapeutic procedures to increase strength or endurance of respiratory muscles, face-to-face, one on one, each 15 minutes (includes monitoring)	Licensed respiratory care practitioner	\$21.50

Table for Treatments: Orientation and Mobility Services

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97533 TL (IFSP) or 97533 TM (IEP) or 97533 (IHSP)	Orientation and mobility treatment, each 15-minutes	Therapeutic activities, direct one-on-one contact, each unit 15 minutes	Orientation and mobility specialist	\$21.95»

«Table for Treatments: Psychology and Counseling – Individual Treatment»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96158 TL (IFSP) or 96158 TM (IEP) or 96158 (IHSP)»	Psychology/ counseling initial service, 15 thru 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 (AG) Licensed physician assistant (U7) 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 (<i>no modifier</i>) Associate marriage and family therapist (HL) Registered associate clinical social worker (HM)»	«AG, AH, AJ, no modifier: \$84.42 HL, HM: \$34.63 U7: \$78.82»

**«Table for Treatments: Psychology and Counseling – Individual Treatment
(continued)»**

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96159 TL (IFSP) or 96159 TM (IEP) or 96159 (IHSP)»	Psychology/ counseling, additional 15 minute increment, individual	Health behavior intervention, individual, face-to-face, each additional 15 minutes	«Licensed physician (AG) Licensed physician assistant (U7) 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 <i>(no modifier)</i> Associate marriage and family therapist (HL) Registered associate clinical social worker (HM)»	«AG, AH, AJ, no modifier: \$23.02 HL, HM: \$9.45 U7: \$21.50»

«Table for Treatments: Psychology and Counseling Services – Group Treatment»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96164 TL (IFSP) or 96164 TM (IEP) or 96164 (IHSP)»	Psychology/ counseling initial service, 15 thru 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)	«Licensed physician (AG) Licensed physician assistant (U7) 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 (<i>no modifier</i>) Associate marriage and family therapist (HL) Registered associate clinical social worker (HM)»	«AG, AH, AJ, no modifier: \$18.68 HL, HM: \$7.66 U7: \$17.44»

**«Table for Treatments: Psychology and Counseling Services – Group Treatment
(continued)»**

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«96165 TL (IFSP) or 96165 TM (IEP) or 96165 (IHSP)»	Psychology/ counseling, additional 15 minute increment, group	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes	«Licensed physician (AG) Licensed physician assistant (U7) 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 (<i>no modifier</i>) Associate marriage and family therapist (HL) Registered associate clinical social worker (HM)»	«AG, AH, AJ, no modifier: \$3.84 HL, HM: \$1.58 U7: \$3.58»

«Table for Treatments: Nutritional Counseling Services

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
S9470 TL (IFSP) or S9470 TM (IEP) or S9470 (IHSP)	Nutritional counseling – dietician visit, each 15-minutes	Nutritional counseling, dietician visit	Licensed physician (AG) Licensed physician assistant (U7) Registered dietician (AE) Licensed registered nurse (TD)	\$21.50»

«Table for Treatments: Nursing and School Aide Services (Including Specialized Physical Health Care Services)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (IHSP)»	Nursing services, RN, 15-minute increment	RN services, up to 15 minutes	Registered credentialed school nurse <i>(no modifier)</i> Licensed registered nurse <i>(no modifier)</i> Certified public health nurse <i>(no modifier)</i> Certified nurse practitioner <i>(no modifier)</i>	\$21.50
«T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (IHSP)»	Nursing services, LVN, 15-minute increment	LPN/LVN services, up to 15 minutes	Licensed vocational nurse <i>(no modifier)</i>	\$11.00
«T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (IHSP)»	School health aide services, 15-minute increment	Qualified nursing aide services, up to 15 minutes	Trained health care aide <i>(no modifier)</i>	\$9.44

«Table for Treatments: Activities of Daily Living (ADL) Assistance Services

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
97535 TL (IFSP) or 97535 TM (IEP) or 97535 (IHSP)	Assistance with activities of daily living, direct one-to-one contact, each 15 minutes	Self-care/home management training (for example, activities of daily living and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Registered credentialed school nurse (TD) Licensed registered nurse (TD) Certified public health nurse (TD) Certified nurse practitioner (TD) Licensed vocational nurse (TE) Trained health care aide (<i>no modifier</i>)	TD: \$21.50 TE: \$11.00 No modifier: \$9.45»

«Table for Transportation: IEP/IFSP Medical Transportation»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
T2003 TL (IFSP) or T2003 TM (IEP)	Medical transportation, per one-way trip, wheelchair van or litter van	Non-emergency transportation; encounter/trip	None	\$18.54
A0425 TL (IFSP) or A0425 TM (IEP)	Mileage	Ground mileage, per statute mile	None	\$1.30

Targeted Case Management**Table for Targeted Case Management**

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«T1017 TL (IFSP) or T1017 TM (IEP) or T1017 (IHSP)»	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) Registered associate clinical social worker (HM) Licensed psychologist (AH) Licensed educational psychologist (AH) Credentialed school psychologist (AH) (practitioner list continues on next page)»	«\$21.50»

«Table for Targeted Case Management (continued)»

Procedure Code/Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
«T1017 TL (IFSP) or T1017 TM (IEP) or T1017 (IHSP)»	Targeted case management, 15-minute increment	Targeted case management, 15-minute increment	«Licensed marriage and family therapist (<i>no modifier</i>) Associate marriage and family therapist (HL) Credentialed school counselor (<i>no modifier</i>) Licensed vocational nurse (TE) Program specialist (HO) Licensed speech-language pathologist (GN) Credentialed speech-language pathologist (GN) Licensed occupational therapist (GO) Licensed physical therapist (GP)»	«\$21.50»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.

Local Educational Agency (LEA) Billing Examples

Page updated: March 2021

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-10-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 for 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 October 1, 2020.» 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® code 96110 (developmental assessment) with modifier GP (licensed 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 the six-digit format (100120).»

The numeral “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 ($45 \div 15 = 3$ units).)»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code “0001” 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66).» An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who 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” 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).

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«Two Sessions of Speech Therapy on Same Date of Service for 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 October 1, 2020. The morning session lasts 60 minutes and the afternoon session lasts 60 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 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 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 (100120).»

The numeral “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. The numeral “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 and four standard 15-minute units in the afternoon.»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 0001 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66).» An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional who referred the student for the treatment service in the *Attending* field (Box 76).

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who 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” 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).

«“From-Through” Billing: Two or More Sessions on Different Dates of Service for IEP Student

Figure 3. “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 speech-language pathology assistant provides individual speech therapy sessions to a student with an IEP for seven days, starting on October 1, 2020.» 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 (October 1, 2020) in six-digit format in the *Service Date* field (Box 45) as 100120.» No other information is entered on this line.

«On claim line 2, enter CPT code 92507 with modifiers HM (speech-language pathology assistant) and TM (IEP) in the *HCPCS/Rate* field (Box 44). Enter the specific dates the services were rendered (10/1, 2, 5, 6, 7, 8 and 9) in the *Description* field (Box 43). The “through,” or last, date of service (October 9, 2020) is entered in the *Service Date* field (Box 45) as 100920.»

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

Enter the numeral “7” in the *Service Units* field (Box 46) on claim line 2 to indicate the number of days the student received the individual speech therapy services. Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code “0001” 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-10-CM diagnosis code is entered in Box 67. Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66).» An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Here, indicator “0” is entered below the *DX* field.

«Enter the NPI of the medical professional who referred the student for the treatment service in the *Attending* field (Box 76).

Enter the NPI of the medical professional actually rendering the service in the *Operating* field (Box 77), if necessary. For LEA, an independent contractor is defined as a medical professional who is not a direct employee of the LEA and who 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).

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«Retroactive Billing for IEP Student

Figure 4. Retroactive billing, IEP student.»

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

«In this case, three LEA services were rendered in October 2019 to a student with an IEP, more than a year before proof of the student's eligibility could be established. When eligibility was confirmed in November 2020, 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).

«HCPCS code T1004 and CPT codes 96130 and 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 health and behavior intervention).» 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 pursuant to an IEP, and modifier AJ next to procedure code 96152 to indicate the health and behavior intervention was rendered by a credentialed school social worker.

The date each service was rendered is placed in the *Service Date* field (Box 45) in the six-digit format (100119, 101119 and 101519). Enter the numeral "1" in the *Service Units* field (Box 46) for the initial assessment (CPT code 96130) and health and behavior intervention service (CPT code 96152) and the numeral "3" in the *Service Units* field for the school health aide services (HCPCS code T1004).» 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 ($45 \div 15 = 3$ units).»

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code "0001" 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). «The ordering, referring or prescribing practitioner's NPI is placed in the *Attending* field (Box 76).

An appropriate ICD-10-CM diagnosis code is entered in Box 67». Because this claim is submitted with a diagnosis code, an ICD indicator is required in the white space below the *DX* field (Box 66). An indicator is required only when an ICD-10-CM/PCS code is entered on the claim. Here, indicator "0" is entered below the *DX* field.

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).

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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Local Educational Agency (LEA) Eligible Students

Page updated: March 2021

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 eligible and enrolled in 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.

Age Restrictions

Recipients are eligible for LEA benefits through 22 years of age, except for recipients with Individualized Education Plans (IEPs). Recipients with IEPs remain eligible for LEA services up to, but not including, the day the recipient turns 23 years of age.

Providers should check the recipient's age on the date of service and whether services are provided under an IEP. Claims submitted for recipients who are older than LEA standards allow on the date of service will be denied.

Ineligible Aid Codes

Students with the following aid codes are ineligible for Medi-Cal reimbursable LEA services. «Descriptions for these aid codes are in the *Aid Codes Master Chart* in the Part 1 Medi-Cal provider manual:

01	1H	5H	7F	8W	C8	G6	M4
02	1U	5J	7G	8X	C9	G7	M6
08	1X	5M	7H	8Y	D1	G8	M7
0A	1Y	5N	7K	94	D2	G9	M8
0C	23	5R	7M	9A	D3	J1	M9
0E	28	5T	7N	9C	D4	J2	N0
0G	2A	5V	7P	9D	D5	J3	N5
0L	2C	5W	7R	9H	D6	J4	N6
0M	2V	5X	7S	9J	D7	J5	N7
0N	3T	5Y	7T	9K	D8	J6	N8
0P	3V	63	7V	9M	D9	J7	N9
0R	3W	65	7X	9N	E1	J8	P0
0T	44	68	7Y	9R	E2	K2	P4
0U	48	69	81	9T	E4	K3	P6
0V	4V	6U	84	9U	E5	K4	P8
0W	50	70	85	9V	F1	K5	R1
0X	51	71	88	9W	F2	K6	T0
0Y	52	73	89	9Y	F3	K7	T6
10	53	74	8F	C1	F4	K8	T7
13	55	75	8G	C2	G0	K9	T8
14	56	76	8H	C3	G1	L6	T9»
16	57	77	8N	C4	G2	L7	
17	58	78	8T	C5	G3	M0	
18	5F	79	8U	C6	G4	M2	
1E	5G	7C	8V	C7	G5	M3	

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.
- 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 (2378).» Instructions for using AEVS are in the *AEVS: General Instructions* and *AEVS: Transactions* sections in the Part 1 Medi-Cal manual.
- «Medi-Cal website 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 "Resources," "References," then "Technical Publications" and the "Computer Media Claim (CMC) Directory" links.»

«Legend»

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Local Educational Agency (LEA) Individualized Plans

Page updated: March 2021

«This section contains information about students' Individualized Education Plans (IEPs), Individualized Family Services Plans (IFSPs) and Individualized Health and Support Plans (IHSPs). IEPs, IFSPs and IHSPs are integral components to improving educational results for many students who are eligible for Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP) services. Treatment services rendered to Medi-Cal enrolled students that are reimbursable through the LEA BOP must be pursuant to an IEP, IFSP or IHSP.»

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 fourth 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 must be maintained to document activities performed for each IEP/IFSP assessment.»

Service Limitations

«The IEP/IFSP assessments a provider may perform are limited per service type, per student and per providers, as follows:»

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 reviews for IFSP students are considered to be amended assessments.)»

«Individualized Health and Support Plan

An Individualized Health and Support Plan (IHSP) is a care plan used by the LEA as a medical management tool for providing medically necessary direct healthcare services to a student in a school setting. The plan must be developed by a registered credentialed school nurse or qualified medical practitioner acting within their scope of practice in collaboration with the parent or guardian and, if appropriate, the student.

Other common names for an IHSP include, but are not limited to: Individualized school healthcare plan; plan of care; treatment plan; and nursing plan. The IHSP can stand on its own or can be incorporated into an IEP, IFSP or a Section 504 Plan.

The LEA may develop separate IHSPs for specific categories of treatment services appropriate for the student, or a single IHSP to include a number of different types of treatment services provided to the student.

To be provided healthcare services under an IHSP, the student does not need to be receiving special education services and does not need to be eligible under the IDEA.

To be LEA reimbursable, all Medi-Cal covered treatment services that are not pursuant to an IEP/IFSP must be documented in an IHSP. IHSPs must identify the healthcare needs of the student and must include, at a minimum, the following:

- Medical necessity for treatment services, supported by a prescription, recommendation or a referral from a qualified medical practitioner
- Treatment services to be provided to the student
- Plan for duration and frequency of treatment services
- Any necessary training, supervision and monitoring of designated school staff
- Plan for evaluating and reporting student outcomes and changes
- A method to ensure and document safe, consistent provision of services to the student

An IHSP must be signed by the health care practitioner who developed the plan.»

«IHSP Service Limitations

Individualized Health and Support Plan treatment services are subject to service limitations, contained in each individual service section by type of service. Refer to the various *Local Educational Agency Services* sections of the Provider Manual for additional information about service limitations by type of service.»

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Local Educational Agency (LEA) Rendering Practitioner Qualifications

Page updated: March 2021

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.

- Licensed registered nurse, including registered credentialed school nurse and certified public health nurse *
- Certified nurse practitioner *
- Licensed vocational nurse *
- Trained health care aide
- «Licensed physician
- Licensed physician assistant»
- Licensed optometrist
- Licensed clinical social worker *
- Credentialed school social worker *
- «Registered associate clinical social worker *»
- Licensed psychologist *
- Licensed educational psychologist *

Qualified LEA Rendering Practitioners (continued)

- Credentialed school psychologist *
- Licensed marriage and family therapist *
- «Associate marriage and family therapist *»
- Credentialed school counselor *
- Licensed physical therapist
- «Licensed physical therapist assistant
- Licensed occupational therapist
- Licensed occupational therapy assistant»
- Licensed speech-language pathologist
- «Credentialed speech-language pathologist
- Speech-language pathology assistant»
- Licensed audiologist
- «Credentialed audiologist»
- Registered school audiometrist
- «Orientation and mobility specialist
- Registered dietician
- Licensed respiratory care practitioner»
- Program specialist *

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.

«A registered credentialed school nurse includes the Preliminary School Nurse Services Credential and the Professional Clear School Nurse Services Credential. A Preliminary School Nurse Services Credential is considered a valid school nurse services credential and does not require supervision to provide nursing services.»

«*Business and Professions Code*, Section 2701 and *Education Code*, Sections 44267.5, 49422(a), 49426 and 44877.»

Licensed Registered Nurses

Registered nurses (RNs) must be licensed to practice by the California Board of Registered Nursing.

«*California Code of Regulations*, 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.

«*California Code of Regulations*, Title 16, Section 1491.»

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Certified Nurse Practitioners

Certified nurse practitioners must be licensed and certified to practice as nurse practitioners (NPs), whose practices are predominantly that of primary care, by the California Board of Registered Nursing.

«Under the LEA Medi-Cal Billing Option Program, nurse practitioners may sign authorization forms required by the department for covered benefits and services that are consistent with applicable state and federal law and subject to the following:

- Authority has been delegated by the supervising physician to provide the covered benefit or service pursuant to their scope of practice.
- The supervising physician and NP are both enrolled as Medi-Cal providers pursuant to Article 1.3 (commencing with Section 14043) of Chapter 7, Part 3 of Division 9 of the *Welfare and Institutions Code* (W&I Code).

California Code of Regulations, 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 are unlicensed practitioners that may render Activities of Daily Living (ADL) assistance services and specialized physical healthcare services, if supervised by a licensed physician, a registered credentialed school nurse or a certified public health nurse. Trained health care aides rendering specialized physical health care services must be trained in the administration of such services.»

Specialized physical health care services include, but are not limited to, gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments.

«*California Code of Regulations*, Title 5, Section 3051.12; *Education Code*, Sections 56363 and 49423.5(d); *Code of Federal Regulations* (CFR), Title 34, Section 300.107.»

«Licensed Physicians»

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.

«**Note:** California *Business and Professions Code* references a physician as a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California. For LEA Program purposes, the title "physician and surgeon" and "physician" are synonymous and may be used interchangeably.»

Education Code, Section 44873.

«Licensed Physician Assistants

Physician assistants must be licensed to practice by the California Physician Assistant Board. Physician assistants must practice under a valid written practice agreement, working under the supervision of a licensed physician. Effective January 1, 2020, Senate Bill 697 repealed the requirement for a "delegation of services agreement" and replaced it with a "practice agreement" requirement. Physician assistants operating under a delegation of services agreement prior to January 1, 2020, are authorized to perform LEA services if they worked under the supervision of a licensed physician.

Under the LEA Medi-Cal Billing Option Program, Physician Assistants may sign authorization forms required by the department for covered benefits and services that are consistent with applicable state and federal law and subject to the following:

- Authority has been delegated by the supervising physician to provide the covered benefit or service pursuant to their scope of practice.
- The supervising physician and physician assistant are both enrolled as Medi-Cal providers pursuant to Article 1.3 (commencing with Section 14043) of Chapter 7, Part 3 of Division 9 of the *Welfare and Institutions Code*.

Business and Professions Code, Section 3502, 3502.3; *California Code of Regulations*, Title 16, Section 1399.540.»

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(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 valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.»

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.

«*California Code of Regulations*, 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).

«Registered Associate Clinical Social Workers

Associate clinical social workers must be registered with the California Board of Behavioral Sciences. Registered associate clinical social workers may provide psychology and counseling services under the supervision of a California licensed clinical social worker or a licensed mental health professional, including a licensed clinical psychologist, marriage and family therapist, licensed professional clinical counselor or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology. The supervisor must be licensed in California or in any other state for a total of at least two years out of the last five years immediately preceding supervision.

California Code of Regulations, Title 16, Section 1870 and *Business and Professions Code*, Section 4996.»

Licensed Psychologists

Licensed psychologists must be licensed to practice by the California Board of Psychology. «These practitioners must have a valid pupil personnel services (PPS) credential issued by the California Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.»

«*Business and Professions Code*, Sections 2902 and 2903 and *Education Code*, Sections 44874, 49422 and 49424.»

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.

«*California Code of Regulations*, 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 (PPS) credential issued by the California Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.

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

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.

«*California Code of Regulations, 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.»

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 issued by the California Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services, or be appropriately supervised by a PPS-credential holder.

Business and Professions Code, Sections 4980 and 4980.03 and *Education Code*, Section 49422.»

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.

«*California Code of Regulations*, Title 5, Section 3065.»

«Associate Marriage and Family Therapists

Associate marriage and family therapists must be registered with the California Board of Behavioral Sciences. These practitioners may provide psychology and counseling services under the supervision of a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology. The supervisor must be licensed in California or in any other state for a total of at least two years out of the last five years immediately preceding any supervision.

California Code of Regulations, Title 16, Section 1833.1 and *Business and Professions Code*, Section 4980.03.»

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 and 49600.»

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.

«Licensed Physical Therapist Assistants

Physical therapist assistants must be licensed to practice by the California Physical Therapy Board. Physical therapist assistants must provide services under the supervision of a licensed physical therapist.

Business and Professions Code, Section 2601(c).»

«Licensed Occupational Therapists

Licensed 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, et seq.»

«Licensed Occupational Therapy Assistants

Occupational therapy assistants must be licensed to practice by the California Board of Occupational Therapy. Occupational therapy assistants must provide services under the supervision of a licensed occupational therapist.

Business and Professions Code, Sections 2570, 2570.2 , et seq.»

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.

«Credentialed 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*, Section 44265.3 and *California Code of Regulations*, Title 5, Section 80048.9.»

«Speech-Language Pathology Assistants

Speech-language pathology assistants must register with the California Speech-Language Pathology and Audiology and Hearing Aid Dispenser Board. These practitioners require supervision by a licensed speech-language pathologist or a credentialed speech-language pathologist that holds a valid professional clear services credential, or a life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing.

Business and Professions Code, Section 2530.2 and *California Code of Regulations*, Title 16, Section 1399.170.15.»

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.»

«Credentialed 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.

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

«Orientation and Mobility Specialists

Orientation and mobility specialists must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) and possess a Clinical or Rehabilitative Services Credential: Orientation and Mobility.

Education Code, Section 80048.9.1.

Registered Dieticians

Dieticians must be registered with the Commission on Dietetic Registration.

Business and Professions Code, Sections 2585 and 2586.»

«Licensed Respiratory Care Practitioners

Respiratory care practitioners must be licensed by the Respiratory Care Board of California. Licensed respiratory care practitioners must provide services under the direction of a licensed physician.

Business and Professions Code, Sections 3702, 3703 and 3730.»

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.

«Program Specialists are only authorized to bill for Targeted Case Management Services.

Education Code, Sections 44266, 44267, 44268 and 56368 and California Code of Regulations, Title 5, Section 80048.2.»

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	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 <i>Local Educational Agency (LEA) Service: Targeted Case Management</i> section in this manual.

Local Educational Agency (LEA) Service: Hearing

Page updated: August 2020

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).

«Reimbursable Services for Practitioners Table»

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.

«Supervision Requirements Table»

Qualified Practitioners	Supervision Requirements
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, a 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: Daily

«Audiology treatment services that are authorized in an IEP, IFSP or IHSP 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.

«Hearing screenings provided to non-IEP/IFSP students 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 student, per day may be billed.» The initial service for audiology treatment is based on 15 thru 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® 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 for Audiology Services»

The following chart contains the CPT or HCPCS procedure codes with modifiers, if necessary, to bill for audiology services. «The “Qualified Practitioners” listing following some charts indicates if 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 are also included.

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

«IEP/IFSP Assessments Table»

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
92557 TL	Initial IFSP Audiological Assessment	One per lifetime per provider
92557 TM	Initial or Triennial IEP Audiological Assessment	One every third state fiscal year per provider
92557 52, TL	Annual IFSP Audiological Assessment	One every state fiscal year per provider when an initial/triennial IEP/IFSP audiological assessment is not billed
92557 52, TM	Annual IEP Audiological Assessment	One every state fiscal year per provider when an initial/triennial IEP/IFSP audiological assessment is not billed
92557 TS, TL	Amended IFSP Audiological Assessment	One every 30 days per provider
92557 TS, TM	Amended IEP Audiological Assessment	One every 30 days per provider

«Hearing Screenings (Non-IEP/IFSP) Table»

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
92551	«Hearing assessment, per encounter (hearing screening test, pure tone, air only)»	One per day
92552	«Hearing assessment, per encounter (hearing screening test, pure tone audiometry, threshold, air only)»	One per day

«Qualified Practitioners (Modifier)

- Licensed physician (AG)
- Licensed physician assistant (U7)
- Licensed speech-language pathologist (GN)
- Credentialed speech-language pathologist (GN)
- Registered credentialed school nurse (who is also a registered school audiometrist) (TD)

Treatments (Pursuant to IEP, IFSP or IHSP) Table»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«92507 TL (IFSP) or 92507 TM (IEP) or 92507 (IHSP)»	Audiology initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day
«92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (IHSP)»	Audiology service, additional 15-minute increment	21 units per day
V5011 TL (IFSP) or V5011 TM (IEP)	«IEP/IFSP hearing check (fitting/orientation/checking of hearing aid)»	One per day

«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.

Local Educational Agency (LEA) Service: Nursing

Page updated: March 2021

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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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 as defined by California *Business and Professions Code*, Section 2725.» Nursing services include all of the following:

- «Direct and indirect patient care services that ensure the safety, comfort, personal hygiene and protection of patients and the performance of disease prevention and restorative measures
- Direct and indirect patient services, including, but not limited to 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 or the initiation of emergency procedures»

«Trained health care aides may render LEA school health aide services only if they perform those services under the supervision of a licensed physician, a registered credentialed school nurse or a certified public health nurse. (*California Education Code*, Section 49423.5 and *California Code of Regulations*, Title 5, Section. 3051.12).»

Covered Services

Nursing services include:

- IEP/IFSP health assessments
- «Nutrition assessments (includes IEP/IFSP and non-IEP/IFSP)
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision assessments (includes Early and Periodic Screening, Diagnostic and Treatment (EPSDT) vision screenings performed pursuant to the mandated periodicity schedule, and medically necessary non-IEP/IFSP vision assessments performed outside of the mandated periodicity schedule)
- Hearing assessments (includes EPSDT hearing screenings performed pursuant to the mandated periodicity schedule, and medically necessary non-IEP/IFSP hearing assessments performed outside of the mandated periodicity schedule)
- Nutritional counseling treatments
- Nursing treatments and school health aide treatment services»

Rendering Practitioners: Reimbursable Services

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

Reimbursable Services to LEAs Table

Qualified Practitioners	Reimbursable Services
Registered credentialed school nurses «Licensed registered nurses Certified public health nurses Certified nurse practitioners	IEP/IFSP health assessments Nutrition assessments (includes IEP/IFSP and non-IEP/IFSP) Health education/anticipatory guidance (non-IEP/IFSP) Vision assessments (screenings) Nursing treatments Nutritional counseling treatments»
«Registered credentialed school nurses that are registered school audiometrists	Hearing assessments (screenings)»
«Licensed vocational nurses»	Nursing treatments
Trained health care aides	«School health aide treatment services consisting of: Specialized physical health care services include gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments Assistance with Activities of Daily Living (ADLs) include eating, toileting, transferring, positioning, mobility assistance, and cueing or directing the completion of an ADL task»

«School Health Aide

School health aide treatment services are categorized into two covered service areas: Administration of specialized physical health care services and assistance with Activities of Daily Living (ADLs).

Specialized Physical Health Care Services

Specialized physical health care services (specified in *California Education Code*, Section 49423.5[d]) include catheterization, gastric tube feeding, suctioning, or other services that require medically related training. In addition, these services require the qualified designated school personnel to demonstrate competence in basic cardiopulmonary resuscitation (*California Education Code*, Section 49423.5[c]). These services must be determined by the credentialed school nurse or licensed physician, in consultation with the physician treating the student, to be all of the following:

- Routine for the pupil.
- Pose little potential harm for the pupil.
- Performed with predictable outcomes, as defined in the individualized education program of the pupil.
- Do not require a nursing assessment, interpretation, or decision making by the designated school personnel.

California Education Code, Section 49423.5(a)(2).

Daily documentation of the specific services being provided must be maintained for any student required to have specialized physical health care services during the school day, prescribed for him or her by a licensed physician. (*California Code of Regulations*, Title 5, Section 3051.12).»

«Activities of Daily Living Assistance Services

Activities of Daily Living (ADL) assistance services include basic, personal, everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, transferring, positioning, mobility assistance and cueing or directing the completion of an ADL task. These services include direct intervention (assisting the student in performing a task) or indirect intervention (cueing or redirecting the student to perform a task) and require a physician's prescription. ADL assistance services shall not be performed as a group service; however, one or more students may be served one-at-a-time sequentially. ADL assistance services include, but are not limited to the following:

- Assisting with routine ADLs, such as or
 - Feeding;
 - Dressing and grooming;
 - Bathing; or
 - Toileting.
- Assisting a student to ambulate, position or transfer.
- Bowel and bladder care.
- Cueing, redirecting or monitoring to ensure the student performs ADL tasks because a cognitive impairment prevents an individual from knowing when or how to carry out the task.
- Helping with use of assistive devices.
- Observation/monitoring and redirection/intervention to assist with completion of ADLs.»

«ADL assistance activities do not include the following:

- Assisting the student with educational activities, such as tutoring, preparation of educational materials or Braille interpretation.
- Classroom support, including redirecting, cueing and intervening to help a child stay on task to complete school assignments, projects or activities.
- Instrumental Activities of Daily Living (IADLs), such as assistance with meal preparation, household chores, teaching a child to grocery shop, manage finances or get around in the community by taking the bus.
- Assisting with ADLs or IADLs that a typically developing child of the same chronological age could not safely and independently perform without adult supervision.
- Monitoring or observation of a child who may have behavioral episodes in the classroom.
- Services provided by a bus monitor (while monitoring a group of students on the bus).

For all covered school health aide treatment services, only direct time spent actually providing a covered medical service may be billed. Indirect service time, such as documenting services in a treatment log, may not be billed.

Continuous Monitoring

In cases where a physician has authorized one-on-one continuous monitoring of a student's medical condition as a medically necessary service, the continuous monitoring time may be billed. However, for the continuous monitoring to be a billable service in the LEA Program, the trained health care aide must document observations and/or treatment activities at least every 15 minutes in progress notes and/or treatment logs. Note that Medi-Cal billing is not substantiated if the practitioner only documents time spent or identifies that the student was physically present, without documenting what was observed or what action was taken for the student.»

Recommendations

«Assessments»

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 referral must be documented in the student's files.

- «IEP/IFSP health assessments
- Nutrition assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision assessments/screenings
- Hearing assessments/screenings (must be performed by registered credentialed school nurses who are registered school audiometrists)

Note: When mandated Early and Periodic Screening, Diagnostic and Treatment (EPSDT) hearing and vision screenings are conducted, the Recommendations for Preventive Pediatric Health Care, published by The American Academy of Pediatrics, will act as the recommendation for the hearing or vision screening.»

«Referrals

Nutritional Counseling Treatments

All treatment services must be established and documented in the student's IEP, IFSP, IHSP or other care plan. Nursing treatments that require a referral by a physician include nutritional counseling treatment services. The referral may be obtained from physicians employed by or contracted with the LEA or may come from the student's primary care physician.

A referring physician does not need to be the student's primary care physician and does not need to personally evaluate the student to issue a referral for nutritional counseling treatment services. However, the referring physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to referring services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The written referral, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the referral. Referrals may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

«Prescriptions

Nursing Treatments

All treatment services must be established and documented in the student's IEP, IFSP, IHSP or other care plan. Nursing treatments, including ADL assistance services and specialized physical health care services, require a prescription by a physician.

Prescriptions for nursing treatment services may be provided by the student's primary care physician. However, authorization for services may also be obtained from physicians employed by or contracted with the LEA.

A prescribing physician does not need to be the student's primary care physician and does not need to personally evaluate the student to issue a recommendation, referral or prescription for nursing treatment services. However, the prescribing physician must have a working relationship with the LEA and treating nurse and must review the student's records prior to recommending, referring or prescribing services.

If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The written prescription, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the prescription. Prescriptions may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

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

Supervision Requirements Table

Qualified Practitioners	Reimbursable Services
«Registered credentialed school nurses Licensed registered nurses Certified public health nurses Certified nurse practitioners»	No supervision required to provide nursing services
«Licensed vocational nurses»	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide nursing treatment services
«Trained health care aides (THCA)»	«Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services Note: Documentation of supervision must include the supervising practitioner's signature, title and date of signature on the nursing treatment log or other documentation supporting the service delivery. Supporting documentation required for continuous monitoring of a medically necessary specialized physical health care service must be included with the nursing treatment log.»

«A registered credentialed school nurse includes the Preliminary School Nurse Services Credential and the Professional Clear School Nurse Services Credential. A Preliminary School Nurse Services Credential is considered a valid school nurse services credential and does not require supervision to provide nursing services.»

Service Limitations: Daily

«Nursing services provided by RNs, LVNs and trained health care aides that are authorized in an IEP, IFSP or IHSP are limited to 32 units per student, per day.

Nutritional counseling treatment services provided by RNs that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student, per day.

Nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to four units per student, per day.

Vision assessments provided to non-IEP/IFSP students are limited to one per student, per day.»

Treatment Services Billed Using 15-Minute Increments

«Nursing treatment services, nutritional counseling 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.»

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

The following chart contains the CPT® 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.

IEP/IFSP Assessments

Procedure Codes/Service Limitations Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
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
«96156 TD TL (IFSP)	Initial IFSP nutrition assessment	One per lifetime per provider»
«96156 TD TM (IEP)	Initial IEP nutrition assessment	One per lifetime per provider»
«96156 52 TD TL (IFSP) or 96156 52 TD TM (IEP)	Annual IEP/IFSP nutrition assessment	One every state fiscal year per provider when an initial or triennial IEP/IFSP nutrition assessment is not billed»
«96156 TS TD TL (IFSP) or 96156 TS TD TM (IEP)	Amended IEP/IFSP nutrition assessment	One every 30 days per provider»

«Assessments (Non-IEP/IFSP)»**Procedure Codes/Service Limitations Table**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96156 TD	«Nutrition assessment, each completed 15-minute increment»	4 units per day
«96156 TS TD»	«Nutrition re-assessment, each completed 15-minute increment»	4 units per day
99401 TD	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day
99173 TD	Vision assessment	One per day
«92551 TD»	«Hearing assessment, per encounter (screening test, pure tone, air only)»	«One per day»
«92552 TD»	«Hearing assessment, per encounter (pure tone audiometry, threshold, air only)»	«One per day»

«Treatments (Pursuant to IEP, IFSP or IHSP)»**Procedure Codes/Service Limitations Table**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (IHSP)»	Nursing services, RN, 15-minute increment	32 units per day
«T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (IHSP)»	Nursing services, LVN, 15-minute increment	32 units per day
«T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (IHSP)»	«School health aide treatment services, specialized physical healthcare services by a trained health care aide, 15-minute increment»	32 units per day
«97535 TD TL (IFSP) or 97535 TD TM (IEP) or 97535 TD (IHSP)	Nursing services, RN ADL services, 15 minute increment	32 units per day
97535 TE TL (IFSP) or 97535 TE TM (IFSP) or 97535 TE (IHSP)	Nursing services, LVN ADL services, 15 minute increment	32 units per day
97535 TL (IFSP) or 97535 TM (IEP) or 97535 (IHSP)	Nursing services, trained health care aide ADL services, 15 minute increment	32 units per day
S9470 TD TL (IFSP) or S9470 TD TM (IEP) or S9470 TD (IHSP)	Nutritional counseling services, 15-minute increment	24 units per day»

Legend

Symbols used in the document above are explained in the following table.

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Local Educational Agency (LEA) Service: Nutrition

Page updated: March 2021

This section contains information about nutrition 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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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.

Nutrition Services

Nutritional assessment and nutrition education, consisting of assessments and non-classroom nutrition education delivered to the LEA eligible student based on the outcome of the nutritional health assessment (diet, feeding, laboratory values, and growth).

California Code of Regulations, Title 22, Section 51360.

Covered Services

Nutrition services include:

- IEP/IFSP nutritional assessments
- Health/nutrition assessments (non-IEP/IFSP)
- Nutritional counseling treatments

Rendering Practitioners: Reimbursable Services

The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioners.

Reimbursable Services Table

Qualified Practitioners	Reimbursable Services
Registered dietitians	IEP/IFSP nutritional assessments
Certified nurse practitioners	Health/nutrition assessments (non-IEP/IFSP)
Certified public health nurses	Nutritional counseling treatments
Licensed physicians	
Licensed physician assistants	
Licensed registered nurses	
Registered credentialed school nurses	

Referrals and Prescriptions

Assessments

Nutritional assessments require a written referral by a physician (California *Business and Professions Code*, Section 2586). In substitution of a written referral by a physician, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The referral must be documented in the student's files.

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Referrals for nutritional treatment services and prescriptions for medical nutrition therapy, as required by *Business and Professions Code*, Section 2586, may come from physicians employed by or contracted with the LEA or may come from the student's primary care physician.

A referring or prescribing physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a referral or prescription for nutritional treatment services. However, the referring or prescribing physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to referring or prescribing services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The written referral or prescription, which must be maintained in the student's file, must be updated annually and is valid for one year from the date of the prescription/referral. Referrals may be established and documented in the student's IEP, IFSP, IHSP or other care plan.

Supervision Requirements

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

Supervision Requirements Table

Qualified Practitioners	Supervision Requirement
Licensed physicians Registered dietitians Registered credentialed school nurses Licensed registered nurses Certified public health nurses Certified nurse practitioners	No supervision required to provide nutrition services
Licensed physician assistants with a written Practice Agreement (<i>Business and Professions Code</i> , Sections 3502 and 3502.3)	Supervision required as indicated under <i>Business and Professions Code</i> , Section 3502

Service Limitations: Daily

Nutritional counseling treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day.

Health/nutrition assessments provided to non-IEP/IFSP students are limited to four units per student, per day.

Procedure Codes/Service Limitations Chart: Nutrition Services

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

The “Qualified Practitioners (Modifier)” listing following some charts indicates whether 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.

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

IEP/IFSP Assessments

Procedure Codes/Service Limitations: Nutrition Assessment Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96156 TL (IFSP)	Initial IFSP nutritional assessment, each completed 15-minute increment	One per lifetime per provider
96156 TM (IEP)	Initial or triennial IEP nutritional assessment, each completed 15-minute increment	One every third state fiscal year per provider
96156 52 TL (IFSP) or 96156 52 TM (IEP)	Annual IEP/IFSP nutritional assessment, each completed 15-minute increment	One every state fiscal year per provider when an initial or triennial IEP/IFSP nutritional assessment is not billed
96156 TS TL (IFSP) or 96156 TS TM (IEP)	Amended IEP/IFSP nutritional assessment, each completed 15-minute increment	One every 30 days per provider

Qualified Practitioners (Modifier):

- Registered dietician (AE)
- Licensed nurse (TD)
- Licensed physician (AG)
- Licensed physician assistant (U7)

Assessments (Non-IEP/IFSP)

Procedure Codes/Service Limitations: Health/Nutrition Assessment Service Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96156	Health/nutrition initial assessment, each completed 15-minute increment	4 units per day
96156 TS	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day

Qualified Practitioners (Modifier):

- Registered dietician (AE)
- Licensed nurse (TD)
- Licensed physician (AG)
- Licensed physician assistant (U7)

Treatments (Pursuant to IEP, IFSP or IHSP)

Procedure Codes/Service Limitations: Nutritional Counseling Treatments Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
S9470 TL (IFSP) or S9470 TM (IEP) or S9470 (IHSP)	Nutritional counseling treatment, 15-minute increment	24 units per day

Qualified Practitioners (Modifier):

- Registered dietician (AE)
- Licensed nurse (TD)
- Licensed physician (AG)
- Licensed physician assistant (U7)

Legend

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Local Educational Agency (LEA) Service: Occupational Therapy

Page updated: March 2021

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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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) to support participation, performance and function in roles and situations in various settings. Occupational therapy services include occupational therapy assessment, treatment planning, treatment, education and consultation.» 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.

«California *Business and Professions Code*, Section 2570.2.»

Covered Services

Occupational therapy services include:

- IEP/IFSP occupational therapy assessments
- «Developmental assessments (non-IEP/IFSP)
- Occupational 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 the indicated qualified practitioner(s).»

Reimbursable Services Table

Qualified Practitioners	Reimbursable Services
«Licensed occupational therapist»	IEP/IFSP occupational therapy assessments «Developmental assessments (non-IEP/IFSP) Occupational therapy treatments, including individual and group treatments»
«Licensed occupational therapy assistant	Occupational therapy treatments, including individual and group treatments (group constitutes treatment to two or more students)»

Prescriptions

«Assessments

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

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. The written prescription of a physician, dentist or podiatrist is required for occupational therapy services (*California Code of Regulations*, Title 22, Section 51309[a]).

A prescribing physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a prescription for occupational therapy treatment services. However, the prescribing physician must have a working relationship with the LEA and treating occupational therapist and must review the student's records prior to prescribing services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3).

The written prescription, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the prescription. Prescriptions may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

«The following chart indicates whether a rendering practitioner requires supervision to provide occupational therapy services.»

«Supervision Requirements Table»

«Qualified Practitioners	Supervision Requirement
Licensed occupational therapist	No supervision required to provide occupational therapy services
Licensed occupational therapy assistant	Requires supervision by a licensed occupational therapist»

«Supervising Occupational Therapist

The licensed occupational therapist must at all times be responsible for all occupational therapy services provided to the student. Appropriate supervision of a licensed occupational therapy assistant includes, at a minimum:

- At least weekly review and inspect all aspects of occupational therapy services rendered by the occupational therapy assistant.
- Document the supervision, which shall include either documentation of direct client care by the supervising occupational therapist, documentation of review of the client's medical and/or treatment record and the occupational therapy services provided by the occupational therapy assistant, or co-signature of the occupational therapy assistant's documentation.
- Provision by the supervising licensed occupational therapist of periodic (at least once every 30 days) on-site supervision and observation of the student care rendered by the occupational therapy assistant.
 - The supervising occupational therapist shall be readily available in person or by telecommunication to the occupational therapy assistant at all times while the occupational therapy assistant is providing occupational therapy services.
- The supervising occupational therapist has continuing responsibility to follow the progress of the student, provide direct care and assure that the occupational therapy assistant does not function autonomously.
- The supervising occupational therapist shall determine that the occupational therapy assistant possesses a current license prior to allowing the person to provide occupational therapy services.

Business and Professions Code, Sections 2570.2 and 2570.3; California Code of Regulations, Section 4181(a)(1).»

Service Limitations: Daily

«Occupational therapy treatment services that are authorized in an IEP, IFSP or IHSP 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.

«Developmental assessments provided to non-IEP/IFSP students are limited to four units per student, per day.»

Initial and Additional Treatment Services

«One occupational therapy initial service per provider, per student, per day may be billed. The initial service for occupational therapy treatment is based on 15 thru 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. «As a reminder, an initial service of 45 minutes is only required when a practitioner is wishing to be reimbursed for an additional 15-minute service increment.»

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.» Additional LEA services must be billed in conjunction with an initial service treatment CPT® 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»

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

The “Qualified Practitioners (Modifier)” listing following a chart indicates whether 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.»

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

IEP/IFSP Assessments

Procedure Codes/Service Limitations: Occupational Therapy Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
97167 TL (IFSP)	Initial IFSP occupational therapy assessment	One per lifetime per provider
97167 TM (IEP)	Initial or triennial IEP occupational therapy assessment	One every third state fiscal year per provider
97167 52 TL (IFSP) or 97167 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
97168 TL (IFSP) or 97168 TM (IEP)	Amended IEP/IFSP occupational therapy assessment	One every 30 days per provider

Non-IEP/IFSP Assessments

Procedure Codes/Service Limitations: Occupational Therapy Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96110 GO	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day

«Treatments (Pursuant to IEP, IFSP or IHSP)»

Procedure Codes/Service Limitations: Occupational Therapy Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«97110 TL (IFSP) or 97110 TM (IEP) or 97110 (IHSP)	Individual occupational therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)»	3 units per day
«97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (IHSP)	Individual occupational therapy service, additional 15-minute increment»	21 units per day
«97150 TL (IFSP) or 97150 TM (IEP) or 97150 (IHSP)	Group occupational therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)»	3 units per day
«97150 22 TL (IFSP) or 97150 22 TM (IEP) or 97150 22 (IHSP)	Group occupational therapy service, additional 15-minute increment»	21 units per day

«Qualified Practitioners (Modifier)

- Licensed occupational therapist (GO)
- Licensed occupational therapy assistant (CO)»

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Local Educational Agency (LEA) Service: Orientation and Mobility

Page updated: March 2021

This section contains information about orientation and mobility 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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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.

Orientation and Mobility

Orientation and Mobility services are services provided to blind, low vision or visually impaired students by qualified personnel to enable those students to attain systematic orientation to and safe movement within their environments in school, home and community and includes teaching students the following, as appropriate:

- Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain or regain orientation and line of travel (for example, using sound at a traffic light to cross the street);
- To use the long cane, as appropriate, to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision;
- To understand and use remaining vision and distance low vision aids, as appropriate; and
- Other concepts, techniques and tools as determined appropriate.

Covered Services

Orientation and mobility services include:

- Orientation and mobility assessments
- Orientation and mobility treatments

Rendering Practitioners: Reimbursable Services

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

Reimbursable Services Table

Qualified Practitioners	Reimbursable Services
Orientation and mobility specialists (must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals [ACVREP] and possess a Clinical or Rehabilitative Services Credential: Orientation and Mobility)	Orientation and mobility assessments Orientation and mobility treatments

Recommendations

Assessments

Orientation and mobility assessments must be recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under state law (*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 registered credentialed school nurse, teacher or parent may refer the student for an assessment.

The referral must be documented in the student's files.

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Recommendations for orientation and mobility treatment services, as required by *Code of Federal Regulations*, Title 42, Section 440.130[d], may come from physicians or other licensed practitioners of the healing arts within the scope of his or her practice.

If the recommendation is obtained from a licensed physician, the physician may be employed by or contracted with the LEA, or may come from the student's primary care physician. A recommending physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a recommendation for orientation and mobility treatment services. However, the recommending physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to recommending services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The recommendation, which must be maintained in the student's file, must be updated annually and is valid for one year from the date of the recommendation. Recommendations may be established and documented in the student's IEP, IFSP, IHSP or other care plan.

Supervision Requirements

Orientation and mobility specialists do not require supervision to provide orientation and mobility services.

Service Limitations: Daily

Orientation and mobility treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units, per student, per day.

Orientation and mobility assessment services provided to non-IEP/IFSP students are limited to four units, per student, per day.

Procedure Codes/Service Limitations Chart: Orientation and Mobility Services

The following chart contains the CPT® procedure codes with modifiers, if necessary, to bill for orientation and mobility services. Service limitations are also included.

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

IEP/IFSP Assessments

Procedure Codes/Service Limitations: Orientation and Mobility Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
T1023 TL (IFSP)	Initial IFSP orientation and mobility assessment, each completed 15-minute increment	One per lifetime per provider
T1023 TM (IEP)	Initial or triennial IEP orientation and mobility assessment, each completed 15-minute increment	One every third state fiscal year per provider
T1023 52 TL (IFSP) or T1023 52 TM (IEP)	Annual IEP/IFSP orientation and mobility assessment, each completed 15-minute increment	One every state fiscal year per provider when an initial or triennial IEP/IFSP orientation and mobility assessment is not billed
T1023 TS TL (IFSP) or T1023 TS TM (IEP)	Amended IEP/IFSP orientation and mobility assessment, each completed 15-minute increment	One every 30 days per provider

Assessments (Non-IEP/IFSP)

Procedure Codes/Service Limitations: Orientation and Mobility Assessment Non-IEP/IFSP Service Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
T1023	Orientation and mobility assessment, each completed 15-minute increment	4 units per day

Treatments (Pursuant to IEP, IFSP or IHSP)

Procedure Codes/Service Limitations: Orientation and Mobility Treatments Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
97533 TL (IFSP) or 97533 TM (IEP) or 97533 (IHSP)	Orientation and mobility treatment, 15-minute increment	24 units per day

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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Local Educational Agency (LEA) Service: Physical Therapy

Page updated: March 2021

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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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, sound, massage and active, resistive or passive exercise.» Physical therapy includes evaluation, treatment planning, instruction and consultative services.

«California *Business and Professions Code*, Section 2620.»

Covered Services

Physical therapy services include:

- IEP/IFSP physical therapy assessments
- «Developmental assessments (non-IEP/IFSP)
- Physical 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 the indicated qualified practitioner(s):»

«**Reimbursable Services Table**»

« Qualified Practitioners	Reimbursable Services
Licensed physical therapists	IEP/IFSP physical therapy assessments Developmental assessments (non-IEP/IFSP) Physical therapy treatments, including individual and group treatments
Licensed physical therapist assistants	Physical therapy treatments, including individual and group treatments (group constitutes treatment to two or more students)»

Prescriptions

«Assessments

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

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. The written prescriptions of a physician, dentist or podiatrist is required for physical therapy services (*California Code of Regulations*, Title 22, Section 51309[a]). A prescribing physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a prescription for physical therapy treatment services. However, the prescribing physician must have a working relationship with the LEA and treating physical therapist, and must review the student's records prior to prescribing services.

If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3)

The written prescription, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the prescription. Prescriptions may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

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

Supervision Requirements Table

Qualified Practitioners	Supervision Requirement
Licensed physical therapists	No supervision required to provide physical therapy services
Licensed physical therapist assistants	Requires supervision by a licensed physical therapist

Supervising Physical Therapist

The licensed physical therapist must at all times be responsible for all physical therapy services provided to the student. A licensed physical therapist assistant may render physical therapy services to students if they are under the supervision of a licensed physical therapist acting within their scope of practice and the supervision requirements under their license.

California *Business and Professions Code*, Section 2630.3.»

Service Limitations: Daily

«Physical therapy treatment services that are authorized in an IEP, IFSP or IHSP 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.

«Developmental assessments provided to non-IEP/IFSP students are limited to four units per student per day.»

Initial and Additional Treatment Services

«One physical therapy initial service per provider, per student, per day may be billed.» The initial service for physical therapy treatment is based on 15 thru 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. «As a reminder, an initial service of 45 minutes is only required when a practitioner is wishing to be reimbursed for an additional 15-minute service increment.»

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.» Additional LEA services must be billed in conjunction with an initial service treatment CPT® 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»

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

«The “Qualified Practitioners/Modifier” listing following some charts indicates whether 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.»

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

«IEP/IFSP Assessments Table»

Procedure Code/Modifier	LEA Program Usage	«LEA Limitations (Per Student)»
97163 TL (IFSP)	Initial IFSP physical therapy assessment	One per lifetime per provider
97163 TM (IEP)	Initial or triennial IEP physical therapy assessment	One every third state fiscal year per provider
97163 52 TL (IFSP) or 97163 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
97164 TL (IFSP) or 97164 TM (IEP)	Amended IEP/IFSP physical therapy assessment	One every 30 days per provider

«Assessments (Non-IEP/IFSP) Table»

Procedure Code/Modifier	LEA Program Usage	«LEA Limitations (Per Student)»
96110 GP	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day

«Treatments (Pursuant to IEP, IFSP or IHSP) Table»

Procedure Code/Modifier	LEA Program Usage	«LEA Limitations (Per Student)»
«97110 TL (IFSP) or 97110 TM (IEP) or 97110 (IHSP)»	«Individual physical therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15- minute increment)»	3 units per day
«97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (IHSP)»	«Individual physical therapy service, additional 15-minute increment»	21 units per day
«97150 TL (IFSP) or 97150 TM (IEP) or 97150 (IHSP)»	«Group physical therapy initial service, 15 thru 45 continuous minutes (bill 1 unit per 15-minute increment)»	3 units per day
«97150 22 TL (IFSP) or 97150 22 TM (IEP) or 97150 22 (IHSP)»	«Group physical therapy service, additional 15-minute increment»	21 units per day

«Qualified Practitioners (Modifier):

- Licensed physical therapist (GP)
- Licensed physical therapist assistant (CQ)»

Legend

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Local Educational Agency (LEA) Service: Physician Billable Procedures

Page updated: March 2021

«This section contains information about physician and physician assistant 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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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 Services»

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

Covered Services

«Physician services include:»

- IEP/IFSP health/nutrition assessments
- «Health/nutrition assessments (non-IEP/IFSP)
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision assessments (includes Early and Periodic Screening, Diagnostic and Treatment [EPSDT] vision screenings and vision assessments performed outside of the mandated periodicity schedule) (non-IEP/IFSP)
- Hearing assessments (includes EPSDT hearing screenings performed pursuant to the mandated periodicity schedule and medically necessary hearing assessments performed outside of the mandated periodicity schedule) (non-IEP/IFSP)
- Nutritional counseling treatments»
- 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).»

«Reimbursable Services Table»

Qualified Practitioners	Reimbursable Services
«Licensed physicians Licensed physician assistants»	IEP/IFSP health/nutrition assessments «Health/nutrition assessments (non-IEP/IFSP) Health education/ anticipatory guidance (non-IEP/IFSP) Vision screenings (non-IEP/IFSP) Hearing screenings (non-IEP/IFSP) Nutritional counseling treatments» Psychology and counseling treatments, including individual and group treatments

Recommendations

«Assessments»

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

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

When mandated EPSDT screenings are conducted, the Recommendations for Preventive Pediatric Health Care (known as the periodicity schedule), published by The American Academy of Pediatrics, will act as the recommendation for the assessment.

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Recommendations for psychology and counseling treatment services, as required by *California Code of Regulations*, Title 22, Section 51309[a] and Title 42 *Code of Federal Regulations*, Section 440.130, may come from one of the following practitioners, within the practitioner's scope of practice.

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

«If the recommendation is obtained from a licensed physician, the physician may be employed by or contracted with the LEA, or may come from the student's primary care physician. A recommending physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a recommendation for psychology and counseling treatment services. However, the recommending physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to recommending services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The recommendation, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the recommendation. The recommendations may be established and documented in the student's IEP, IFSP, IHSP or other care plan.

Referrals

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Nutritional counseling treatment services require a referral by a physician.

Referrals for nutritional counseling treatment services may come from physicians employed by or contracted with the LEA, or may come from the student's primary care physician. A referring physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a referral for nutritional counseling treatment services. However, the referring physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to referring services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The written referral, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the referral. Referrals may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

«The following chart identifies whether a rendering practitioner requires supervision to provide physician services.»

«**Supervision Requirements Table**»

« Qualified Practitioners	Supervision Requirements
Licensed physicians	No supervision required to provide physician services
Licensed physician assistants with a written Practice Agreement (California <i>Business and Professions Code</i> , Sections 3502 and 3502.3)	Supervision required as indicated under California <i>Business and Professions Code</i> , Section 3502»

Service Limitations: Daily

«Psychology/counseling treatment services that are authorized in an IEP, IFSP or IHSP 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.

«Health/nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to four units, per student, per day.

Vision assessments provided to non-IEP/IFSP students are limited to one, per student, per day.

Hearing screenings provided to non-IEP/IFSP students are limited to one, per student, per day.»

Initial and Additional Treatment Services

«The 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 thru 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. «As a reminder, an initial service of 45 minutes is only required when a practitioner is wishing to be reimbursed for an additional 15-minute service increment.»

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. Additional LEA services must be billed in conjunction with an initial service treatment CPT® 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 procedure codes with modifiers, if necessary, to bill for physician services. Service limitations also are included.

«The “Qualified Practitioners (Modifiers)” listing following some of the charts indicates whether 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.»

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

IEP/IFSP Assessment

Procedure Codes/Service Limitations for Physician Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96156 TL (IFSP)»	Initial IFSP health/nutrition assessment, each completed 15-minute increment	One per lifetime per provider
«96156 TM (IEP)»	Initial or triennial IEP health/nutrition assessment, each completed 15-minute increment	One every third state fiscal year per provider
«96156 52 TL (IFSP) or 96156 52 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
«96156 TS TL (IFSP) or 96156 TS TM (IEP)»	Amended IEP/IFSP health/nutrition assessment, each completed 15-minute increment	One every 30 days per provider

«Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)»

«Assessments (Non-IEP/IFSP)»**Procedure Codes/Service Limitations for Physician Services Table**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96156»	Health/nutrition assessment, each completed 15-minute increment	4 units per day
«96156 TS»	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day
«99401»	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day
«99173»	Vision assessment	One per day
92551	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day
92552	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day

«Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)»

«Treatments (Pursuant to IEP, IFSP and IHSP)»

Procedure Codes/Service Limitations for Physician Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96158 TL (IFSP) or 96158 TM (IEP) or 96158 (IHSP)»	Psychology/counseling initial service, 15 thru 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day
«96159 TL (IFSP) or 96159 TM (IEP) or 96159 (IHSP)»	Psychology/counseling additional, 15-minute increment, individual	21 units per day
«96164 TL (IFSP) or 96164 TM (IEP) or 96164 (IHSP)»	Psychology/counseling initial service, 15 thru 45 continuous minutes, group (bill one unit per 15-minute increment)	3 units per day
«96165 TL (IFSP) or 96165 TM (IEP) or 96165 (IHSP)»	Psychology/counseling additional, 15-minute increment, group	21 units per day
«S9470 TL (IFSP) or S9470 TM (IEP) or S9470 (IHSP)	Nutritional counseling, 15-minute increment	24 units per day»

«Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)»

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Local Educational Agency (LEA) Service: Psychology/Counseling

Page updated: March 2021

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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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 involve 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
- IEP/IFSP psychosocial status assessments
- Psychosocial status assessments (non-IEP/IFSP)
- Health education/anticipatory guidance (non-IEP/IFSP)»
- 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)

Table of Qualified Practitioners and Reimbursable Services

Qualified Practitioners	Reimbursable Services
Licensed psychologists Licensed educational psychologists Credentialed school psychologists	IEP/IFSP psychological assessments «Psychosocial status assessments (non-IEP/IFSP) Health education/anticipatory guidance (non-IEP/IFSP)» 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 «Psychosocial status assessments (non-IEP/IFSP) Health education/anticipatory guidance (non-IEP/IFSP)» Psychology and counseling treatments, including individual and group treatments
Credentialed school counselors	«Psychosocial status assessments (non-IEP/IFSP) Health education/anticipatory guidance (non-IEP/IFSP)»
Licensed physicians Licensed physician assistants	«Health education/anticipatory guidance (non-IEP/IFSP)» Psychology and counseling treatments, including individual and group treatments
Registered credentialed school nurses	«Health education/anticipatory guidance (non-IEP/IFSP)»
«Associate marriage and family therapists Registered associate clinical social workers	Psychology and counseling treatments, including individual and group treatments»

Recommendations

«Assessments»

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]).

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

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 referral must be documented in the student's files.»

«Treatments»

«All treatment services must be established and documented in the student's IEP, IFSP, IHSP or other care plan. Recommendations for psychology and counseling treatment services, as required by *California Code of Regulations*, Title 22, Section 51309(1) and *Code of Federal Regulations*, Title 42, Section 440.130[d]) may come from one of the following practitioners, within the practitioner's scope of practice.

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

«If the recommendation is obtained from a licensed physician, the physician may be employed by or contracted with the LEA, or may come from the student's primary care physician. A recommending physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a recommendation for psychology and counseling treatment services. However, the recommending physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to recommending services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3)

The recommendation, which must be maintained in the student's file, must be updated annually and is valid for one year from the date of the recommendation. Recommendations may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

«The following chart indicates whether a rendering practitioner requires supervision to provide psychology and counseling services.

Supervision Requirements Table

Qualified Practitioners	Supervision Requirements
Licensed physicians Registered credentialed school nurses Credentialed school psychologists Credentialed school social workers Credentialed school counselors	No supervision required to provide psychology and counseling services
Licensed physician assistants with a written Practice Agreement (California <i>Business and Professions Code</i> , Sections 3502 and 3502.3)	Supervision required as indicated under California <i>Business and Professions Code</i> , Section 3502
Licensed psychologists Licensed educational psychologists Licensed clinical social workers Licensed marriage and family therapists	Employed licensed practitioners without a valid pupil personnel services (PPS) credential issued by the Commission on Teacher Credentialing must be appropriately supervised by a PPS-credential holder Contracted practitioners employed by non-public schools and agencies must be licensed to practice by their respective Board or possess a pupil personnel services credential with the appropriate specialization
Associate marriage and family therapists Registered associate clinical social workers	Requires supervision to provide psychology and counseling treatment services»

«Supervising Practitioners

Associate marriage and family therapists and registered associate clinical social workers require supervision by the following professionals holding a valid license for at least two years prior to commencing any supervision:

- Licensed clinical social worker
- Licensed marriage and family therapist
- Licensed professional clinical counselor
- Licensed clinical psychologist
- Licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology

Any person supervising an associate marriage and family therapist must comply with the requirements set forth in *California Code of Regulations*, Title 16, Section 1833.1. Any person supervising an associate clinical social worker shall comply with the requirements set forth in *California Code of Regulations*, Title 16, Section 1870.

Licensed physician assistants shall comply with the requirements set forth in California *Business and Professions Code*, Sections 3502 and 3502.3.»

Service Limitations: Daily

«Psychology/counseling treatment services that are authorized in an IEP, IFSP or IHSP 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.

«Psychosocial status assessments and health education/anticipatory guidance provided to non-IEP/IFSP students 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 thru 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. «As a reminder, an initial service of 45 minutes is only required when a practitioner is wishing to be reimbursed for an additional 15-minute service increment.»

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. Additional LEA services must be billed in conjunction with an initial service treatment CPT® 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 procedure codes with modifiers, if necessary, to bill for psychology and counseling services. «The “Qualified Practitioners/Modifier” listing following some charts indicates whether 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.

«IEP/IFSP Assessments

Procedure Codes/Service Limitations for IEP/IFSP Psychological Assessments Table»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96130 TL (IFSP)	Initial IFSP psychological assessment	One per lifetime per provider
96130 TM (IEP)	Initial or triennial IEP psychological assessment	One every third state fiscal year per provider
96130 52 TL (IFSP) or 96130 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
96130 TS TL (IFSP) or 96130 TS TM (IEP)	Amended IEP/IFSP psychological assessment	One every 30 days per provider

«Qualified Practitioners (Modifier):»

- Licensed psychologist (no modifier)
- Licensed educational psychologist (no modifier)
- Credentialed school psychologist (no modifier)

**«Procedure Codes/Service Limitations for
IEP/IFSP Psychosocial Status Assessments Table»**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96156 TL (IFSP)	Initial IFSP psychosocial status assessment, each completed 15-minute increment	One per lifetime per provider
96156 TM (IEP)	Initial or triennial IEP psychosocial status assessment, each completed 15-minute increment	One every <u>third state fiscal</u> year per provider
96156 52 TL (IFSP) or 96156 52 TM (IEP)	Annual IEP/IFSP psychosocial status assessment, each completed 15-minute increment	One every <u>state fiscal year</u> per provider when an initial or triennial IEP/IFSP psychosocial status assessment is not billed
96156 TS TL (IFSP) or 96156 TS TM (IEP)	Amended IEP/IFSP psychosocial status assessment, each completed 15-minute increment	One every 30 days per provider»

«Qualified Practitioners (Modifier):»

- Licensed clinical social worker (AJ)
- Credentialed school social worker (AJ)
- Licensed marriage and family therapist (no modifier)
- Credentialed school counselor (no modifier)

«Assessments (Non-IEP/IFSP)

**Procedure Codes/Service Limitations for
Non-IEP/IFSP Psychosocial Status Assessments Table»**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96156	«Psychosocial status assessment, each completed 15-minute increment»	4 units per day
96156 TS	«Psychosocial status re-assessment, each completed 15-minute increment»	4 units per day

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 and family therapist (no modifier)»
- Credentialed school counselor (no modifier)

«Procedure Codes/Service Limitations for Non-IEP/IFSP Health Education and Anticipatory Guidance Assessments Table»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
99401	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day

Qualified Practitioners (Modifier):

- «Licensed physician (AG)»
- Licensed psychologist (AH)
- Licensed educational psychologist (AH)
- Credentialed school psychologist (AH)
- Licensed clinical social worker (AJ)
- Credentialed school social worker (AJ)
- Registered credentialed school nurse (TD)
- «Licensed physician assistant (U7)»
- «Licensed marriage and family therapist (no modifier)»
- Credentialed school counselor (no modifier)

«Treatments (Pursuant to IEP, IFSP or IHSP)

Procedure Codes/Service Limitations: Psychology and Counseling Treatments Table»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96158 TL (IFSP) or 96158 TM (IEP) or 96158 (IHSP)»	Psychology/counseling initial service, 15 thru 45 continuous minutes, individual (bill 1 unit per 15- minute increment)	3 units per day
«96159 TL (IFSP) or 96159 TM (IEP) or 96159 (IHSP)»	Psychology/counseling additional 15-minute increment, individual	21 units per day
«96164 TL (IFSP) or 96164 TM (IEP) or 96164 (IHSP)»	Psychology/counseling initial service, 15 thru 45 continuous minutes, group (bill 1 unit per 15-minute increment)	3 units per day
«96165 TL (IFSP) or 96165 TM (IEP) or 96165 (IHSP)»	Psychology/counseling additional 15-minute increment, group	21 units per day

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 physician assistant (U7)
- Licensed marriage and family therapist (no modifier)
- Associate marriage and family therapist (HL)
- Licensed physician (AG)
- Registered associate clinical social worker (HM)»

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Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
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Local Educational Agency (LEA) Service: Respiratory Care

Page updated: March 2021

This section contains information about respiratory 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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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.

Respiratory Therapy Services

Respiratory therapy practitioner services are medically necessary services rendered within the scope of practice of a respiratory care practitioner under the supervision of a physician. The services must be for the therapy, management, rehabilitation, diagnostic evaluation and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions. These services include, but are not limited to:

- Direct and indirect pulmonary care services
- Direct and indirect respiratory care procedures, including the administration of pharmacological, diagnostic and therapeutic agents necessary to implement treatment, disease prevention, pulmonary rehabilitation or diagnostic regimen prescribed by a physician
- Observation and monitoring of signs and symptoms, general behavior and physiological responses to respiratory care treatment and diagnostic testing

- Diagnostic and therapeutic services which may include:
 - Administration of medical gases (except general anesthetics), aerosols, humidification and environmental control systems
 - Pharmacologic agents related to respiratory care procedures
 - Mechanical or physiological ventilatory support
 - Bronchopulmonary hygiene
 - Cardiopulmonary resuscitation
 - Maintenance of natural airways
 - Insertion without cutting tissues and maintenance of artificial airways
 - Diagnostic and testing techniques required for implementation of respiratory care protocols

California Code of Regulations, Title 22, Section 51082.1

Covered Services

Respiratory therapy services include:

- IEP/IFSP respiratory therapy assessments
- Respiratory therapy assessments (non-IEP/IFSP)
- Respiratory therapy treatments

Rendering Practitioners: Reimbursable Services

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

Reimbursable Services Table

Qualified Practitioners	Reimbursable Services
Licensed respiratory care practitioners	IEP/IFSP respiratory therapy assessments Respiratory therapy assessments (non-IEP/IFSP) Respiratory therapy treatments

Prescriptions

Assessments

Respiratory assessments require a written prescription by a physician (California *Business and Professions Code*, Section 3702). In substitution of a written prescription by a physician, a registered credentialed school nurse, teacher or parent may refer the student for an assessment. The referral must be documented in the student's files.

Treatments

All treatment services must be established and documented in the student's IEP, IFSP, IHSP or other care plan. Prescriptions for respiratory therapy treatment services, as required by California *Business and Professions Code*, Section 3702, may come from physicians employed by or contracted with the LEA, or may come from the student's primary care physician. A prescribing physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a prescription for respiratory therapy treatment services. However, the prescribing physician must have a working relationship with the LEA and treating practitioner and must review the student's records prior to prescribing services.

If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (California *Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (California *Business and Professions Code*, Sections 3502 and 3502.3)

The written prescription, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the prescription. Prescriptions may be established and documented in the student's IEP, IFSP, IHSP or other care plan.

Supervision Requirements

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

Supervision Requirements Table

Qualified Practitioners	Supervision Requirement
Licensed respiratory care practitioners	Requires supervision by a physician to provide respiratory therapy services

Service Limitations: Daily

Respiratory therapy treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day.

Respiratory therapy assessments provided to non-IEP/IFSP students are limited to four units per student per day.

Initial and Additional Treatment Services

One respiratory therapy initial service per provider, per student, per day may be billed. The initial service for respiratory therapy treatment is based on 15 thru 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. Additional LEA services must be billed in conjunction with an initial service treatment CPT® code. If the student receives more than one treatment session per day (for example, two respiratory 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: Respiratory Care Services

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

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

IEP/IFSP Assessments

Procedure Codes/Service Limitations: Respiratory Therapy Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
94618 TL (IFSP)	Initial IFSP respiratory assessment, each completed 15-minute increment	One per lifetime per provider
94618 TM (IEP)	Initial or triennial IEP respiratory assessment, each completed 15-minute increment	One every third state fiscal year per provider
94618 52 TL (IFSP) or 94618 52 TM (IEP)	Annual IEP/IFSP respiratory assessment, each completed 15-minute increment	One every state fiscal year per provider when an initial or triennial IEP/IFSP respiratory assessment is not billed
94618 TS TL (IFSP) or 94618 TS TM (IEP)	Amended IEP/IFSP respiratory assessment, each completed 15-minute increment	One every 30 days per provider

Non-IEP/IFSP Assessments

Procedure Codes/Service Limitations: Respiratory Services Table (Non-IEP/IFSP)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
94618	Respiratory assessment, each completed 15-minute increment	Four units per day

Treatments (Pursuant to IEP, IFSP or IHSP)

Procedure Codes/Service Limitations: Respiratory Therapy Treatments Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
G0237 TL (IFSP) or G0237 TM (IEP) or G0237 (IHSP)	Respiratory therapy service, 15-minute increment	24 units per day

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Local Educational Agency (LEA) Service: Speech Therapy

Page updated: September 2020

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 may be provided in person or via telehealth and 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

Note: Only a licensed speech-language pathologist can be reimbursed for speech therapy services delivered via telehealth. The following are not reimbursable:

- Speech therapy services delivered via telehealth by an unlicensed speech-language pathologist with a valid preliminary or professional clear services credential
- Speech therapy services delivered via telehealth by an unlicensed speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing

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 file. A registered credentialed school nurse, teacher or parent may request an assessment for a student in writing in substitution of a written referral by an appropriate health services practitioner. The registered credentialed school nurse, teacher or parent request must be documented in the student's file.

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 Practitioners	Reimbursable Services
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 as provided in Education Code 49422 (a)	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: 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 ($3 \times 15 = 45$ 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 to 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® 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.

Speech Therapy and Telehealth

Speech therapy services authorized in a student's IEP or IFSP are reimbursable when performed according to telemedicine guidelines and must be billed with modifier 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) and the appropriate CPT code.

Note: Only a licensed speech-language pathologist can be reimbursed for IEP/IFSP speech therapy services delivered via telehealth.

Speech therapy services delivered via telehealth are subject to the same Medi-Cal requirements as services delivered in person, including provider qualifications, confidentiality of information, service requirements and documentation of services with the exception that only a licensed speech-language pathologist can be reimbursed for speech therapy services delivered via telehealth. An unlicensed speech-language pathologist with a valid preliminary or professional clear services credential or an unlicensed speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing may not be reimbursed for speech therapy services delivered via telehealth.

Refer to the *Local Educational Agency (LEA): Telehealth* section of the Part 2 provider manual for telehealth guidelines, definitions and billing information.

Procedure Codes/Service Limitations Chart: Speech Therapy

The following chart contains CPT procedure codes with modifiers to bill for speech therapy services. Service limitations are also included. IEP/IFSP services provided by interactive telehealth must be billed with modifier 95.

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of the Part 2 manual.

Facility fee and transmission costs incurred while providing telehealth services via audio/video communication are not reimbursable.

IEP/IFSP Assessments: Evaluation of Speech Fluency (92521)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92521 GN, TL	Initial IFSP evaluation of speech fluency	One per lifetime per provider
92521 GN, TL, 95 (Telehealth)	Initial IFSP evaluation of speech fluency via telehealth	One per lifetime per provider
92521 GN, TM	Initial or triennial IEP evaluation of speech fluency	One every third state fiscal year per provider
92521 GN, TM, 95 (Telehealth)	Initial or triennial IEP evaluation of speech fluency via telehealth	One every third state fiscal year per provider
92521 52, GN, TL	Annual IFSP evaluation of speech fluency	One every state fiscal year per provider when an initial IFSP evaluation of speech fluency (92521 GN, TL) is not billed
92521 52, GN, TL, 95 (Telehealth)	Annual IFSP evaluation of speech fluency via telehealth	One every state fiscal year per provider when an initial IFSP evaluation of speech fluency via telehealth (92521 GN, TL, 95) is not billed

IEP/IFSP Assessments: Evaluation of Speech Fluency (92521) (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92521 52, GN, TM	Annual IEP evaluation of speech fluency	One every state fiscal year per provider when an initial/triennial IEP evaluation of speech fluency (92521 GN, TM) is not billed
92521 52, GN, TM, 95 (Telehealth)	Annual IEP evaluation of speech fluency via telehealth	initial/triennial IEP evaluation of speech fluency via telehealth (92521 GN, TM, 95) is not billed
92521 TS, GN, TL	Amended IFSP evaluation of speech fluency	One every 30 days per provider
92521 TS, GN, TL, 95 (Telehealth)	Amended IFSP evaluation of speech fluency via telehealth	One every 30 days per provider
92521 TS, GN, TM	Amended IEP evaluation of speech fluency	One every 30 days per provider
92521 TS, GN, TM, 95 (Telehealth)	Amended IEP evaluation of speech fluency via telehealth	One every 30 days per provider

IEP/IFSP Assessments: Evaluation of Speech Sound Production (92522)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92522 GN, TL	Initial IFSP evaluation of speech sound production	One per lifetime per provider Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 GN, TL, 95 (Telehealth)	Initial IFSP evaluation of speech sound production via telehealth	One per lifetime per provider Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 GN, TM	Initial or triennial IEP evaluation of speech sound production	One every third state fiscal year per provider Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 GN, TM, 95 (Telehealth)	Initial or triennial IEP evaluation of speech sound production via telehealth	One every third state fiscal year per provider Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 52, GN, TL	Annual IFSP evaluation of speech sound production	One every state fiscal year per provider when an initial IFSP evaluation of speech sound production (92522 GN, TL) is not billed. Cannot be reimbursed if 92523 is paid for same student on the same day.

IEP/IFSP Assessments: Evaluation of Speech Sound Production (92522)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92522 52, GN, TL, 95 (Telehealth)	Annual IFSP evaluation of speech sound production via telehealth	One every state fiscal year per provider when an initial IFSP evaluation of speech sound production via telehealth (92522 GN, TL, 95) is not billed. Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 52, GN, TM	Annual IEP evaluation of speech sound production	One every state fiscal year per provider when an initial/triennial IEP evaluation of speech sound production (92522 GN, TM) is not billed. Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 52, GN, TM, 95 (Telehealth)	Annual IEP evaluation of speech sound production via telehealth	One every state fiscal year per provider when an initial/triennial IEP evaluation of speech sound production via telehealth (92522 GN, TM, 95) is not billed. Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 TS, GN, TL	Amended IFSP evaluation of speech sound production	One every 30 days per provider. Cannot be reimbursed if 92523 is paid for same student on the same day.
92522 TS, GN, TL, 95 (Telehealth)	Amended IFSP evaluation of speech sound production via telehealth	One every 30 days per provider. Cannot be reimbursed if 92523 is paid for same student on the same day.

IEP/IFSP Assessments: Evaluation of Speech Sound Production (92522) (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92522 TS, GN, TM	Amended IEP evaluation of speech sound production	One every 30 days per provider. Cannot be reimbursed if 92523 is paid for same student on the same day
92522 TS, GN, TM, 95 (Telehealth)	Amended IEP evaluation of speech sound production via telehealth	One every 30 days per provider. Cannot be reimbursed if 92523 is paid for same student on the same day

IEP/IFSP Assessments: Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92523 GN, TL	Initial IFSP evaluation of speech sound production with evaluation of language comprehension/expression	One per lifetime per provider Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 GN, TL, 95 (Telehealth)	Initial IFSP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth	One per lifetime per provider Cannot be reimbursed if 92522 is paid for same student on the same day
92523 GN, TM	Initial or triennial IEP evaluation of speech sound production with evaluation of language comprehension/expression	One every third state fiscal year per provider Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 GN, TM, 95 (Telehealth)	Initial or triennial IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth	One every third state fiscal year per provider Cannot be reimbursed if 92522 is paid for same student on the same day

IEP/IFSP Assessments: Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523) (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92523, 52. GN, TL	Annual IFSP evaluation of speech sound production with evaluation of language comprehension/expression	One every state fiscal year per provider when an initial IFSP evaluation of speech sound production with evaluation of language comprehension/ expression (92523 GN, TL) is not billed Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 52 GN, TL, 95 (Telehealth)	Annual IFSP evaluation of speech sound production with evaluation of language comprehension/ expression via telehealth	One every state fiscal year per provider when an initial IFSP evaluation of speech sound production with evaluation of language comprehension/ expression via telehealth (92523 GN, TL, 95) is not billed Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 52. GN, TM	Annual IEP evaluation of speech sound production with evaluation of language comprehension/ expression	One every state fiscal year per provider when an initial/triennial IEP evaluation of speech sound production with evaluation of language comprehension/ expression (92523 GN, TM) is not billed Cannot be reimbursed if 92522 is paid for same student on the same day.

IEP/IFSP Assessments: Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523) (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92523 52, GN, TM, 95 (Telehealth)	Annual IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth	One every state fiscal year per provider when an initial/triennial IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth (92523 GN, TM, 95) is not billed Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 TS, GN, TL	Amended IFSP evaluation of speech sound production with evaluation of language comprehension/expression	One every 30 days per provider Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 TS, GN, TL, 95 (Telehealth)	Amended IFSP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth	One every 30 days per provider Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 TS, GN, TM	Amended IEP evaluation of speech sound production with evaluation of language comprehension/expression	One every 30 days per provider Cannot be reimbursed if 92522 is paid for same student on the same day.
92523 TS, GN, TM, 95 (Telehealth)	Amended IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth	One every 30 days per provider Cannot be reimbursed if 92522 is paid for same student on the same day.

**IEP/IFSP Assessments: Behavioral and Qualitative Analysis of Voice and Resonance
(92524)**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92524 GN, TL	Initial IFSP behavioral and qualitative analysis of voice and resonance	One per lifetime per provider
92524 GN, TL, 95 (Telehealth)	Initial IFSP behavioral and qualitative analysis of voice and resonance via telehealth	One per lifetime per provider
92524 52, GN, TL	Annual IFSP behavioral and qualitative analysis of voice and resonance	One every state fiscal year per provider when an initial IFSP behavioral and qualitative analysis of voice and resonance (92524 GN, TL) is not billed
92524 52, GN, TL, 95 (Telehealth)	Annual IFSP behavioral and qualitative analysis of voice and resonance via telehealth	One every state fiscal year per provider when an initial IFSP behavioral and qualitative analysis of voice and resonance via telehealth (92524 GN, TL, 95) is not billed
92524 52, GN, TM	Annual IEP behavioral and qualitative analysis of voice and resonance	One every state fiscal year per provider when an initial/triennial IEP behavioral and qualitative analysis of voice and resonance (92524 GN, TM) is not billed
92524 52, GN, TM, 95 (Telehealth)	Annual IEP behavioral and qualitative analysis of voice and resonance via telehealth	One every state fiscal year per provider when an initial/triennial IEP behavioral and qualitative analysis of voice and resonance via telehealth (92524 GN, TM, 95) is not billed

**IEP/IFSP Assessments: Behavioral and Qualitative Analysis of Voice and Resonance
(92524) (continued)**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92524 TS, GN, TL	Amended IFSP behavioral and qualitative analysis of voice and resonance	One every 30 days per provider
92524 TS, GN, TL, 95 (Telehealth)	Amended IEP behavioral and qualitative analysis of voice and resonance via telehealth	One every 30 days per provider
92525 TS, GN, TM	Amended IEP behavioral and qualitative analysis of voice and resonance	One every 30 days per provider
92525 TS, GN, TM, 95 (Telehealth)	Amended IEP behavioral and qualitative analysis of voice and resonance via telehealth	One every 30 days per provider

IEP/IFSP Assessments: Speech Therapy Treatments (1 Unit = 15 Minutes)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92507 GN, TL	IFSP individual speech therapy initial service, 15 to 45 minutes	3 units per day per provider
92507 GN, TL, 95 (Telehealth)	IFSP individual speech therapy initial service, 15 to 45 minutes, via telehealth	3 units per day per provider
92507 GN, TM	IEP individual speech therapy initial service, 15 to 45 minutes	3 units per day per provider
92507 GN, TM, 95 (Telehealth)	IEP individual speech therapy initial service, 15 to 45 minutes, via telehealth	3 units per day per provider
92507 22, GN, TL	IFSP individual speech therapy service, additional 15 minute increment	21 units per day per provider
92507 22, GN, TL, 95 (Telehealth)	IFSP individual speech therapy service, additional 15 minute increment, via telehealth	21 units per day per provider

IEP/IFSP Assessments: Speech Therapy Treatments (1 Unit = 15 Minutes) (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92507 22, GN, TM	IEP individual speech therapy service, additional 15 minute increment	21 units per day per provider
92507 22, GN, TM, 95 (Telehealth)	IEP individual speech therapy service, additional 15 minute increment, via telehealth	21 units per day per provider
92508 GN, TL	IFSP group speech therapy initial service, 15 to 45 minutes	3 units per day per provider
92508 GN, TL, 95 (Telehealth)	IFSP group speech therapy initial service, 15 to 45 minutes via telehealth	3 units per day per provider
92508 GN, TM	IEP group speech therapy initial service, 15 to 45 minutes	3 units per day per provider
92508 GN, TM, 95 (Telehealth)	IEP group speech therapy initial service, 15 to 45 minutes via telehealth	3 units per day per provider
92508 22, GN, TL	IFSP group speech therapy service, additional 15 minute increment	21 units per day per provider
92508 22, GN, TL, 95 (Telehealth)	IFSP group speech therapy service, additional 15 minute increment via telehealth	21 units per day per provider
92508 22, GN, TM	IEP group speech therapy service, additional 15 minute increment	21 units per day per provider
92508 22, GN, TM, 95 (Telehealth)	IEP group speech therapy service, additional 15 minute increment via telehealth	21 units per day per provider

Non-IEP/IFSP Assessments

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
92551 GN	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day
92552 GN	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day
96110 GN	Developmental assessment, each completed 15 minute increment (applies to initial assessment and re-assessment)	4 units per day

«Legend»

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Local Educational Agency (LEA) Service: Targeted Case Management

Page updated: March 2021

This section contains information about targeted case management (TCM) 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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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 (TCM) services assist eligible children to access needed medical, social, educational and other services when TCM is covered by the student's IEP, IFSP, IHSP or other care plan.»

Components

The components of TCM include:

- Comprehensive assessment and periodic reassessment of student needs to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Reviewing student's records, such as cumulative files, health history and/or medical records;
 - Interviewing the student and/or parent/guardian;
 - Observing the student in the classroom and other appropriate settings; and
 - Writing a report to summarize assessment results and recommendations for additional LEA services.

- Assessment and/or periodic reassessment to be conducted on an annual, triennial and as-needed basis (one amended assessment is allowed to be reimbursed for each service type every 30 days) to determine if a student's needs, conditions and/or preferences have changed.
- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
 - Specifies the goals and actions to address the medical, social, educational and other services needed by the student;
 - Includes meeting with the student and parent(s) or guardian(s) to establish needs;
 - Includes activities such as ensuring the active participation of the eligible student, and working with the student (or the student's authorized health care decision maker) and others to develop those goals; and
 - Identifies a course of action to respond to the assessed needs of the eligible student.
- Referral and related activities (such as scheduling appointments for the student) to help the eligible student obtain needed services including:
 - Activities that help link the student with medical, social, educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
- «Monitoring and follow-up activities, including:»
 - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible student's needs, and which may be with the student, family members, service providers or other entities or students.
 - May be conducted as frequently as necessary and include at least one annual monitoring to determine whether the following conditions are met:
 - ❖ Services are being furnished in accordance with the student's care plan;
 - ❖ Services in the care plan are adequate; and
 - ❖ Changes in the needs or status of the student are reflected in the care plan.
 - Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Periodic reviews will be completed at least every six months. These activities may be conducted as specified in the care plan or as frequently as necessary to ensure execution of the care plan.

«TCM does not include the following: provision of medical treatment or services, diagnostic or treatment services, educational activities that are reasonably expected in the school system, administrative activities or program activities that do not meet the definition of TCM, general Medicaid administrative expenses and authorization of services and services that are an integral part of another service already reimbursed by Medicaid.»

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 chart indicates whether a rendering practitioner requires supervision to provide targeted case management services.

Supervision Requirements Table

Qualified Practitioners	Supervision Requirement
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 Licensed speech-language pathologists Credentialed speech-language pathologists Licensed occupational therapists Licensed physical therapists	No supervision required to render TCM services
Associate marriage and family therapists Registered associate clinical social workers	These practitioners may provide TCM services under the supervision of a licensed clinical social worker or a licensed mental health professional, including a psychologist, marriage and family therapist, licensed professional clinical counselor or physician certified in psychiatry by the American Board of Psychiatry and Neurology»

TCM Case Manager Qualifications

Case managers employed by the case management agency must meet the requirements for education and/or experience as defined below:

- «A registered nurse, or a public health nurse with a license in active status to practice as a registered nurse in California; individual shall have met the educational and clinical experience requirements as defined by the California Board of Registered Nursing; or
- An individual with at least a bachelor's degree from an accredited college or university, who has completed an LEA agency-approved case management training course; or
- An individual with at least an associate of arts degree from an accredited college, who has completed an LEA agency-approved case management training course and has two years of experience performing case management duties in the health or human services field; or
- An individual who has completed an LEA agency-approved case management training course and has four years of experience performing case management duties in a health or human services field.»

Service Limitations: Daily

TCM services are limited to 32 units per student per day. «A unit is defined as 15 minutes of continuous treatment.»

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. «Any time more than seven continuous treatment minutes can be billed as a 15-minute increment.»

«TCM Certification

Effective fiscal year 2020-21 and beyond, DHCS will require a TCM certification form for Random Moment Time Survey (RMTS) participants (known as Time Survey Participants, or TSPs) that provide and bill for TCM services under the LEA Medi-Cal Billing Option Program. The *Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Targeted Case Management (TCM) Certification Statement* (DHCS 9137) form will identify time survey participants (TSPs) for random moment time survey (RMTS) central coding staff so they may use this information to assist in coding case management-related moments.

The TCM certification form can be found on the DHCS website (www.dhcs.ca.gov) on the Local Educational Agency Medi-Cal Billing Option Program page. On the “Program Information” web page, providers should click “School Based Claiming Random Moment Time Survey” and then “TCM Certification Form.”

The TCM certification form must be completed annually and updated on a quarterly basis as part of the RMTS process. DHCS will not collect the TCM certification form but will require LEAs who bill for TCM services to ensure the form is completed and available for audit/review purposes. LEAs who do not bill for TCM services through the LEA Medi-Cal Billing Option Program are not required to complete the TCM certification form.»

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 Practitioners (Modifiers)” listing that follows some charts indicates whether 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.

«Claim completion: Providers should refer to the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual for information about modifiers to ensure accurate processing of services rendered under an IEP or IFSP.»

«Procedure Codes/Service Limitations: Targeted Case Management Table»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«T1017 TL (IFSP) or T1017 TM (IEP) or T1017 (IHSP)»	«Targeted case management, 15-minute increment»	32 units per day

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)
- «Registered associate clinical social workers (HM)»
- Credentialed school social workers (AJ)
- Licensed educational psychologists (AH)
- Licensed psychologists (AH)
- Credentialed school psychologists (AH)
- Licensed marriage and family therapists (no modifier)
- «Associate marriage and family therapists (HL)»
- Credentialed school counselors (no modifier)
- Program specialists (HO)
- «Licensed speech-language pathologists (GN)
- Credentialed speech-language pathologists (GN)
- Licensed occupational therapists (GO)
- Licensed physical therapists (GP)»

Legend

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

Page updated: August 2020

This section contains information about specialized 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.

Specialized Medical Transportation Services

LEA specialized medical transportation must be provided in a specially adapted vehicle or vehicle that contains specialized equipment, including, but not limited to lifts, ramps or restraints to accommodate LEA-eligible beneficiary disabilities (*California Code of Regulations* [CCR], Title 22, Sections 51190.4.1, 51231.1, 51231.2, 5123, 51360, 51491) for students with transportation services authorized in an IEP or IFSP.

Examples of a specially adapted vehicle include, but are not limited to, a litter van (CCR, Title 22, Section 51231.1) and a wheelchair van (CCR, Title 22, Section 51231.2).

Covered Services

Specialized 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 are reimbursable for students with transportation authorized in a student's IEP or IFSP.

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

- The student must receive an LEA Medi-Cal Billing Option Program-covered medical service (other than transportation) at the service site,
- The covered medical service (other than transportation) must meet all requirements to be a billable LEA service; and
- Both the covered service and the transportation must be authorized in the student's IEP or IFSP.

In order to claim for mileage expenses, LEAs must document the student's origination point and destination point in a trip log. If an LEA cannot meet this requirement, LEAs may bill for per-trip transportation services without billing for associated mileage. If the LEA bills for per-trip transportation services, the services must be documented in a trip log.

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 an IEP or IFSP is covered for trips in a specially adapted vehicle or vehicle that contains specialized equipment, including, but not limited to lifts, ramps or restraints. The reimbursement rate is per mile. Mileage will be reimbursed only when billed in conjunction with medical transportation. Mileage is not permitted to be billed without also billing the associated per-trip transportation service (HCPCS code T2003).

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

LEAs must be able to substantiate mileage billed with a transportation trip log that includes the trip, mileage, origination point and destination point for each student, student's full name and the date the transportation was provided. In cases where a direct route is taken, the odometer reading may be used to document the mileage billed. When a non-direct route is taken (for example, other students are being picked up or dropped off along the route), a mapping software should be used to document mileage billed between the student's origination and destination points, since the vehicle's odometer reading will include total mileage, not mileage associated with the student's individual trip.

Procedure Codes/Service Limitations Chart: Specialized Medical Transportation Services

The following chart contains the HCPCS procedure codes with modifiers, if necessary, to bill for specialized 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

Specialized Medical Transportation

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
T2003 TL (IFSP) or T2003 TM (IEP)	Specialized medical transportation, per one-way trip	No limitation
A0425 TL (IFSP) or A0425 TM (IEP)	Mileage, per mile	No limitation

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Local Educational Agency (LEA) Service: Vision Assessments

Page updated: March 2021

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), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) 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:

- «Early and Periodic Screening, Diagnostic and Treatment (EPSDT) vision screenings
- Vision assessments performed outside of the mandated periodicity schedule (non-IEP/IFSP)»

Rendering Practitioners: Reimbursable Services

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

«Reimbursable Services Table»

Qualified Practitioners	Reimbursable Services
Licensed optometrists «Licensed physicians Licensed physician assistants (PAs): PAs may only perform routing visual screenings; for example, non-invasive, non-pharmacological simple testing for visual acuity, visual field defects, color blindness and depth perception in accordance with California <i>Business and Professions Code</i> , Sections 3501 and 3502.» Registered credentialed school nurses	«Vision assessments (non-IEP/IFSP)»

«California Code of Regulations, Title 5, Sections 590 through 592.»

Recommendations

«Assessments»

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 referral must be documented in the student's files.

When mandated EPSDT vision screenings are conducted, the *Recommendations for Preventive Pediatric Health Care* (known as the periodicity schedule) published by the American Academy of Pediatrics, will act as the recommendation for the assessment.»

Supervision Requirements

«The following chart indicates whether a rendering practitioner requires supervision to provide vision assessments.»

«**Supervision Requirements Table**»

« Qualified Practitioners	Supervision Requirements
Licensed optometrists Licensed physicians Registered credentialed school nurses	No supervision required to provide vision assessments
Licensed physician assistants with a written Practice Agreement (California <i>Business and Professions Code</i> , Sections 3502 and 3502.3)	Supervision required as indicated under California <i>Business and Professions Code</i> , Section 3502»

«*California Code of Regulations*, Title 5, Sections 590 through 592.»

Service Limitations: Daily

«Vision assessments provided to non-IEP/IFSP students are limited to one, per student, per day.»

Procedure Codes/Service Limitations Chart: Vision Assessments

The following chart contains the CPT® procedure code to bill for vision assessments. «The “Qualified Practitioners (Modifier)” listing following some charts indicates whether 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.

«Assessments (Non-IEP/IFSP)»

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
99173	Vision assessment	One per day

Qualified Practitioners (Modifier):

- «Licensed physician (AG)»
- Registered credentialed school nurse (TD)
- «Physician assistant (U7)»
- Licensed optometrist (no modifier)

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Local Educational Agency (LEA): Telehealth

Page updated: August 2020

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

Telehealth Background

The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health. The Centers for Medicare & Medicaid Services defines telemedicine as the use of medical information exchanged from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health. Medi-Cal uses the term telemedicine when it makes a distinction from telehealth.

In-person contact between a health care provider and a student is not required for services provided through telehealth, subject to reimbursement policies adopted by the Department of Health Care Services to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursable pursuant to the Medi-Cal program (*Welfare and Institutions Code* [W&I Code], Section 14132.72[c]).

For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the student or by the health care provider is not limited (W&I Code Section 14132.72[e]). The health care provider is not required to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth (W&I Code, Section 14132.72[d]). The allowable telehealth service must be documented in the student's Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). Non-IEP or non-IFSP services provided via telemedicine are not reimbursable.

The student's written consent to telehealth services is not required. Prior to a student receiving services via telehealth, the health care provider at the originating site shall inform the student's parent or legal guardian, where appropriate, of the option to utilize a telehealth modality and then obtain oral consent from the student's parent or legal guardian.

Guidelines for Services via Telemedicine

Qualified services as defined in *the Local Educational Agency (LEA) Service: Speech Therapy* section of this manual may be reimbursed when performed via telemedicine. All of the following conditions must be met:

- A telemedicine service must use interactive audio, video or data communication to qualify for reimbursement. The qualified service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an interactive two-way transfer of medical data and information between the student and health care provider. Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions.
- The audio-video telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the CPT® code provided through telemedicine. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT code billed. If a peripheral diagnostic scope is required to assess the student, it must provide adequate resolution or audio quality for decision-making.
- The health care provider who has the ultimate responsibility for the care of the student must be licensed in the state of California and enrolled as a Medi-Cal provider. The provider performing services via telemedicine, whether from California or out of state, must be licensed in California and, if contracted by the LEA to provide a direct medical service, must be enrolled as a Medi-Cal provider.
- The health care provider at the originating site must first obtain oral consent from the student's parent or legal guardian prior to providing service via telehealth and shall document oral consent in the student's medical record, including the following:
 - A description of the risks, benefits and consequences of telemedicine
 - The student's parent or legal guardian retains the right to withdraw the student from services via telemedicine at any time
 - All existing confidentiality protections apply, including HIPAA requirements
 - The student's parent or legal guardian has access to all transmitted medical information
 - No dissemination of any student images or information to other entities without further written consent
- All medical information transmitted during the delivery of health care via telemedicine must become part of the student's medical record maintained by the licensed health care provider.

Transmission Sites

An “originating site” is where the student is located at the time health care services are provided via a telecommunications system.

A “distant site” is where the health care provider is located while providing services via a telecommunication system.

Telehealth Modifier 95

For information about telehealth modifier 95, providers may refer to the *Medicine: Telehealth* section in the appropriate Part 2 manual.

Place of Service Code “02”

For information about Place of Service code requirements, providers may refer to the *Medicine: Telehealth* section in the appropriate Part 2 manual.

Required Documentation

Providers at the distant site must document the service performed during the telehealth transmission to the same standard as an in-person visit using modifier 95.

Professional services provided at the originating site must also be documented to the same standard as an in-person visit. The health care provider at the originating site may be reimbursed for services if it is medically necessary for the health care provider to be with the student and the health care provider performs a billable service. Health care providers may not bill for time spent simply supervising the student.

Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider’s Guide* section of this manual.

Interactive Telemedicine Reimbursable Service

Speech therapy services are reimbursable when performed according to telemedicine guidelines and billed with modifier 95 and the appropriate CPT code.

Facility fee and transmission costs incurred while providing telehealth services via audio/video communication are not reimbursable.

Refer to the *Local Educational Agency (LEA) Service: Speech Therapy* section of this provider manual for CPT codes and descriptions.

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