



**LEA Medi-Cal Billing  
Option Program  
Advisory Workgroup Meeting  
February 3, 2021**

**MEETING TO BEGIN AT 10:30AM**



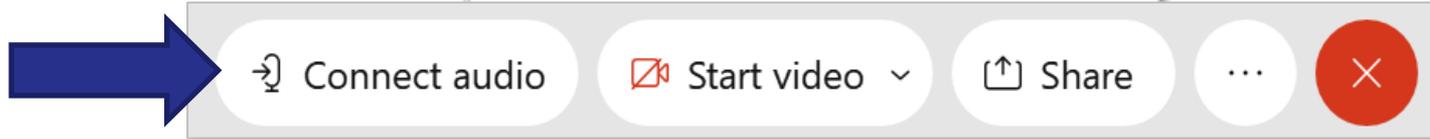
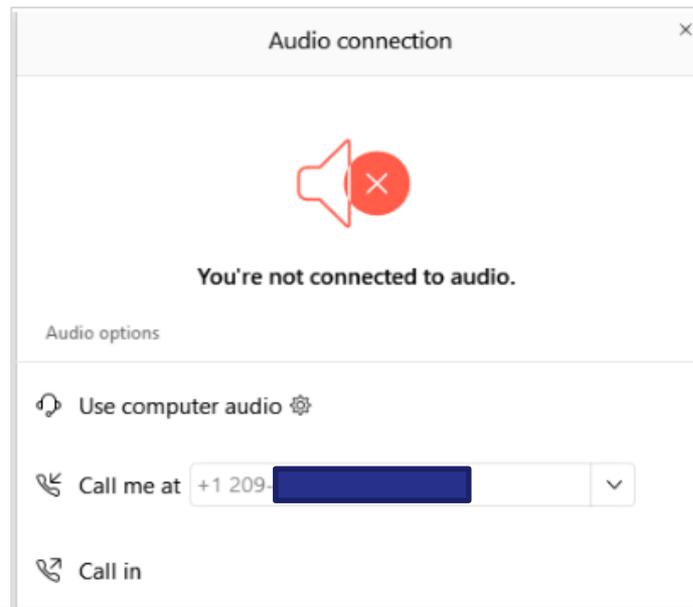
# Housekeeping Items

- Questions
  - Submit via the **Q&A function** (*not* the chat function)
- All afternoon session training materials will be distributed to all stakeholders on the LEA Program listserv
- To sign up for the LEA Program listserv:  
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



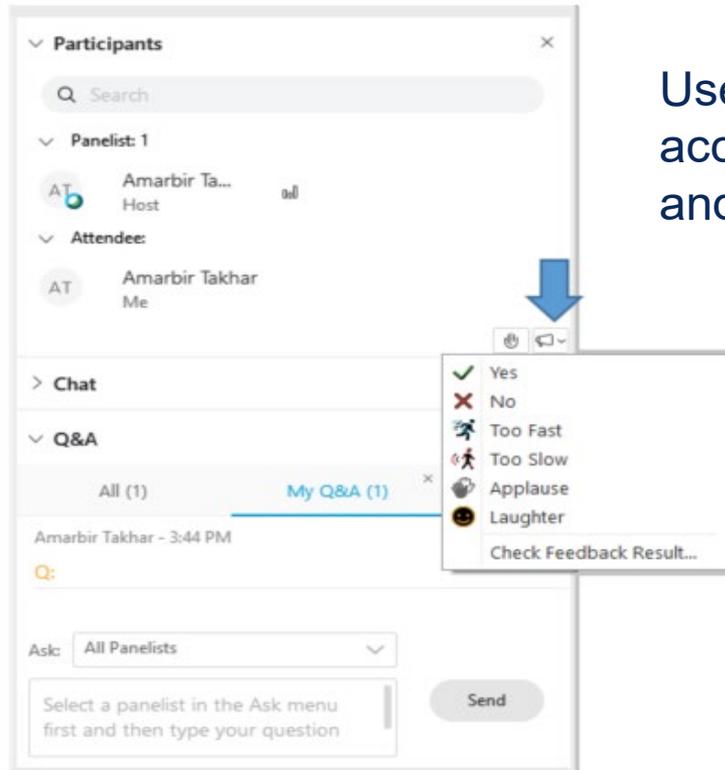
# Webex Audio Help

- Connect to meeting audio:
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  - Select microphone icon at bottom of screen
  - Select the option for how you would like to connect



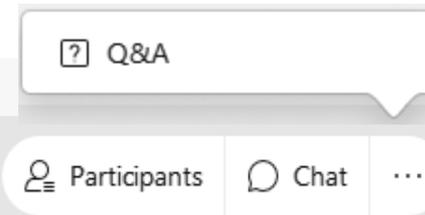


# Chat, Feedback, and Q&A



Use the bottom right bubble to access the Participant, Chat, and Q&A window.

The Q&A window is accessed by clicking the button with three dots then select the Q&A pop up.





# Morning Session – AWG Updates



# Mental Health Coordination



# LEA Program Inbox



# Review of Policy Change on Bus Attendant Costs



# Policy and Procedure Letter (PPL) #20-004R

- PPL informed LEAs that Specialized Medical Transportation (SMT) reimbursement received by LEAs in SFYs 2015-16 through 2018-19 will be considered final settlement
- **SFY 2019-20 will be the first year that SMT costs will be included on the CRCS** (only applicable to LEAs that claim for SMT)
- Per CMS guidance, **Bus Attendants are not allowable** staff personnel costs and must be excluded from the CRCS
  - ✓ Impacts the CRCS for SFY 2019-20 and forward



# Review of Service Authorization for LEA BOP Services



# Summary of Authorization Requirements

3 types of authorization required based on the covered service:

<b>Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Screenings</b>	<b>LEA Program Assessments</b>	<b>LEA Program Treatments</b>
<p><b>Authorized by:</b></p> <ul style="list-style-type: none"><li>Bright Futures / American Academy of Pediatrics (AAP) Periodicity Schedule</li></ul>	<p><b>Authorized by:</b></p> <ul style="list-style-type: none"><li>Licensed practitioner within scope of practice <b>OR</b></li><li>Parent <b>OR</b></li><li>Teacher</li></ul>	<p><b>Authorized by:</b></p> <ul style="list-style-type: none"><li>Licensed practitioner within scope of practice (<i>defined in LEA Provider Manual Individual Service Sections</i>)</li></ul>

*Transportation services are authorized via the IEP/IFSP*

*Targeted Case Management (TCM) services are authorized via the IEP/IFSP/IHSP*



# ORP Practitioner Requirement

ORP practitioner requirement for treatment services:

- Effective July 1, 2018, LEAs were required to include the National Provider Identifier (NPI) of the ORP practitioner on all claims for **treatment** services
- LEA Program ORP practitioners must be individually enrolled as a Medi-Cal ORP provider, as outlined in [PPL 18-018R](#)
- Assessment services are not affected by the PPL



# Licensed ORP Practitioners

LEA Program Treatment Service	Physician	Dentist	Podiatrist	Registered Credentialed School Nurse	Psychologist <sup>(1)</sup>	LMFT / LCSW <sup>(2)</sup>
Nursing Services - Medication/ Therapeutic agent administration	✓	✓	✓		✓	
Health Aide Services	✓		✓			
Occupational Therapy Services	✓	✓				
Physical Therapy Services	✓	✓				
Psychology and Counseling Services	✓			✓	✓	✓

This table is continued on the next page.



# Licensed ORP Practitioners

LEA Program Treatment Service	Physician	Dentist	Podiatrist	Registered Credentialed School Nurse	Psychologist (1)	LMFT / LCSW (2)
Speech or Audiology Services	✓	✓				
Orientation and Mobility Services	✓	Referral may also come from a Licensed Practitioner within Scope of Practice				
Respiratory Therapy Services	✓					
Nutritional Counseling Services	✓					

(1) Only Licensed Clinical Psychologists may ORP for nursing - medication administration; Licensed Psychologists and Licensed Educational Psychologists may ORP for psych/counseling services.

(2) Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT).



# Reminders – Physician Authorizations

- **Physician authorizations may be obtained from:**
  - Student's primary care physician;
  - Physicians **employed by the LEA**;
  - Physicians **contracted by the LEA**; or
  - Physician Assistant or Nurse Practitioner  
(works under physician supervision per standard practice)
- Authorizations provided by **contracted physicians:**
  - Do not require the physician to personally evaluate student
  - Require the physician to have a working relationship **with the LEA and treating practitioner**
  - Require the physician to review the student's records prior to authorizing services



# Contracted Physicians

## If a contracted physician is used to ORP LEA services:

- The LEA, not a billing vendor, must have the working relationship with the contracted practitioner
- Prescriptions **cannot be backdated**
- Valid for one year from the signature date of the prescription
  - ✓ Due to the Public Health Emergency, DHCS is allowing service authorizations to be **extended** past one-year, until the authorization can be renewed



# Retroactive Claiming Update



# Retroactive Claiming Update

- Prior DHCS guidance was that LEAs would have the opportunity to retroactively claim for SPA 15-021 services back to July 1, 2015 (SPA effective date)
- Since SPA effective date was 5+ years ago, **DHCS is in discussions with CMS to eliminate retroactive claiming**
- No policy decisions have been made at this time



# What Does Eliminating Retroactive Claiming Mean?

- Under this scenario, **all settlement** for the prior fiscal years would take place **through the CRCS**
  - ✓ No additional interim claiming would be required for five back casted years (SFYs 2015-16 through 2019-20)
  - ✓ Claiming for new services/practitioners would be effective for dates of service 7/1/2020 and forward
  - ✓ For five back casted SFYs, LEAs would include allowable practitioner costs for on the CRCS
- Allowable costs would be allocated to Medi-Cal using:
  - ✓ SFY 2020-21 RMTS code 2A percentage, and
  - ✓ LEA-specific Medi-Cal Eligibility Ratios (for each SFY)



# Potential Impacts

- Considerations being evaluated:
  - ✓ Less administrative burden for LEAs/DHCS since no interim claiming for back casted years would be required
  - ✓ Less risk of historical claims processing errors and potential future system corrections
  - ✓ Reduced **short term** cash flow for LEAs due to lack of interim claiming for SFYs 2015-16 through 2019-20
- No difference to LEAs in **total** cost settlement amount (LEAs would still adjust personnel costs on CRCS)
- Amended CRCS will still be required for each SFY
- Update at April AWG meeting



## SFY 2020-21

- DHCS expects the paid claims system will be ready for LEAs to bill **CURRENT SFY services** in Spring 2021
- LEAs should not bill for services rendered in past SFYs until notified by DHCS
  - ✓ CMS decision on retro billing will dictate necessity of historical claiming
  - ✓ Historical claims will deny due to timeliness
- **Hold ALL new service/practitioner claims** until DHCS provides notification via e-blast (applies to historical and current SFY claiming)



# LEA Medi-Cal Billing Option Program

**February 3, 2021**

**1:00-3:00pm**

Provider Manual Updates

**TRAINING TO BEGIN AT 1:00PM**



# Introductions

## California Department of Health Care Services (DHCS)

Administers the Local Educational Agency Medi-Cal Billing Option Program (LEA Program) and School-Based Medi-Cal Administrative Activities Program (SMAA Program)

## Guidehouse

Contractor to DHCS  
Provides assistance to DHCS as a subject-matter expert



# Agenda

<b>Section</b>	<b>Topic</b>
1	Overview of Provider Manual Updates
2	General Sections
3	LEA Individual Service Sections



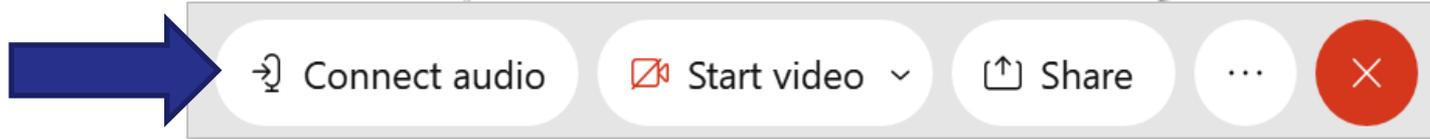
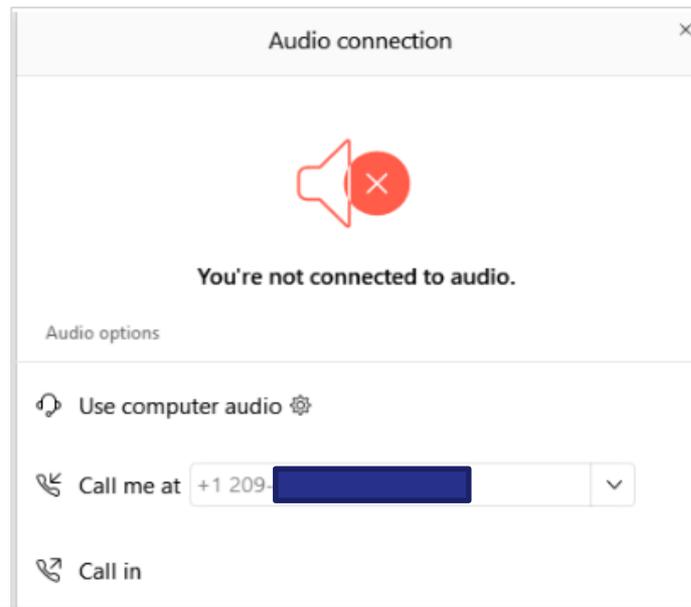
# Housekeeping Items

- Questions
  - Submit via the **Q&A function** (*not* the chat function)
  - Time for Q&A at end of each section
  - A FAQ document will be compiled with selected questions submitted via the Q&A function and those sent to [LEA@DHCS.CA.gov](mailto:LEA@DHCS.CA.gov) – DHCS **will not** be responding to every question
- Training materials will be distributed to all stakeholders on the LEA Program listserv
- LEA Program listserv:  
<http://apps.dhcs.ca.gov/listssubscribe/default.aspx?list=DHCSLEA>



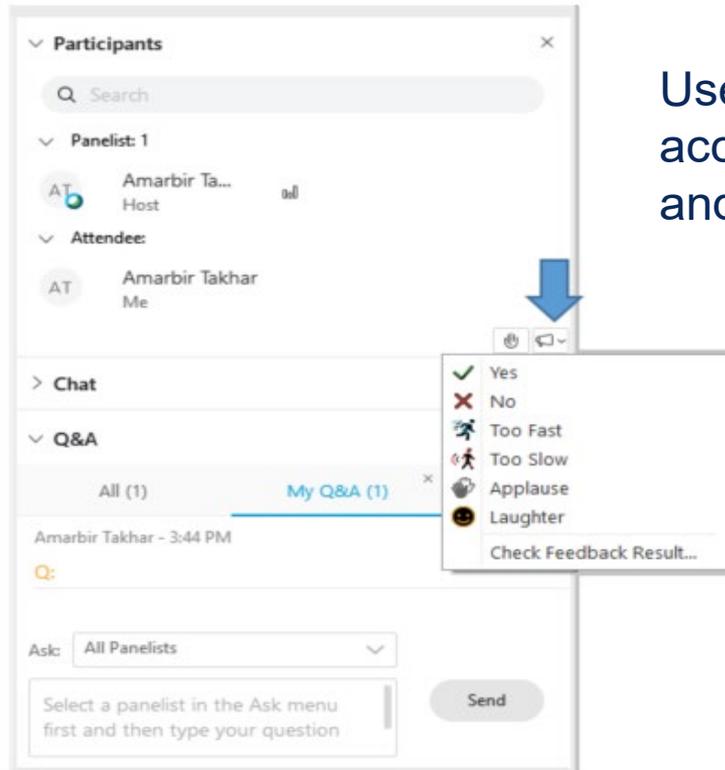
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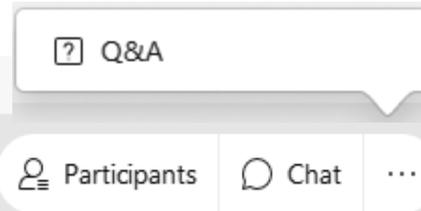


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# Section 1

## Overview of Provider Manual Updates



## March 2021 Publication

In March 2021, the LEA Provider Manual will be updated to include new **CPT codes for practitioners and services**, new **policy related to reimbursement of covered services**, and new **rates**.

The LEA Provider Manual is also being expanded to include three new individual service sections:

1. Orientation and mobility services (*loc ed serv orient*)
2. Nutritional services (*loc ed serv nutri*)
3. Respiratory therapy services (*loc ed serv respir*)



# SPA 15-021 New Services

Service	Procedure Code	Provider Manual Section
Nutritional counseling services	S9470	<i>loc ed serv nutri</i>
Orientation and mobility assessment	T1023	<i>loc ed serv orient</i>
Orientation and mobility treatments	97533	<i>loc ed serv orient</i>
Respiratory therapy assessment	94618	<i>loc ed serv respir</i>
Respiratory therapy treatments	G0237	<i>loc ed serv respir</i>
School health aide services – assistance with activities of daily living (ADLs)	97535	<i>loc ed serv nurse</i>

**Note that procedure codes/modifiers and rates for new services and practitioner types were published as attachments to PPL #20-039.**



# SPA 15-021 New Practitioners

Rendering Practitioner	Modifier
Licensed Physician Assistant (PA)	U7
Orientation and Mobility Specialist	<i>No modifier</i>
Licensed Respiratory Care Practitioner	<i>No modifier</i>
Physical Therapist Assistant	CQ
Occupational Therapy Assistant	CO
Speech-Language Pathology Assistant (SLPA)	HM
Registered Dietician	AE
Associate Marriage and Family Therapist (MFT)	HL
Registered Associate Clinical Social Worker	HM



# Targeted Case Management (TCM)

TCM claims for services provided on or after July 1, 2015 are processed according to a new rate methodology

- All qualified practitioners are paid the **same rate per 15-minute increment** (no low/medium/high rates)
- TCM maximum allowable rates are based on the rate paid to nurses per 15-minute increment:

Procedure Code	SFY 20-21: 7/1/19 to 6/30/20
T1017	\$21.50



# Overview of TCM Expansion

DHCS received approval of **SPA 16-001** from CMS that:

- Expands the population of students that are eligible to receive TCM services **beyond those students with an IEP/IFSP**
- Adds **new allowable TCM practitioners**

Effective **January 2, 2016**, LEAs may receive reimbursement for general education students that have TCM services identified in an **IHSP or other care plan**.

Other common names for an IHSP:  
Individualized School Healthcare Plan,  
Plan of Care, Nursing Plan, 504 Plan

***Generically, these will be referred to as “Care Plans”***



# TCM Practitioners

Practitioner Type	Rendering TCM Practitioners	Effective Date
<b>Nurses</b>	Registered Credentialed School Nurse, Licensed RN, Certified Public Health Nurse, Certified Nurse Practitioner, LVN	<b>July 1, 2015</b> (SPA 15-021)
<b>Social Workers</b>	Licensed Clinical Social Worker, Credentialed School Social Worker, Reg. Associate Clinical Social Worker	
<b>Psychologists</b>	Licensed Psychologist, Licensed Educational Psychologist, Credentialed School Psychologist	
<b>Marriage and Family Therapists (MFTs) and Counselors</b>	Licensed MFT, Associate MFT, Credentialed School Counselor	
<b>Other</b>	Program Specialist	
<b>OTs/PTs/SLPs</b>	Licensed/Credentialed Speech-Language Pathologist (SLP), Licensed Occupational Therapist, and Licensed Physical Therapist	<b>January 2, 2016</b> (SPA 16-001)



# QUESTIONS – SECTION 1

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

**Any additional questions can be submitted to the LEA Program Inbox:**

**[LEA@DHCS.CA.gov](mailto:LEA@DHCS.CA.gov)**



# Section 2

## General Sections



# Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
LEA	<i>loc ed</i>	<ul style="list-style-type: none"><li>• Expanded list of LEA manual sections</li><li>• Added section on parental consent</li></ul>
A Provider's Guide	<i>loc ed a prov</i>	<ul style="list-style-type: none"><li>• Additional information as to when Data Use Agreement (DUA) is required</li><li>• Section on Random Moment Time Survey (RMTS) requirement</li><li>• Edits to Model 2 (contractor only) service delivery mode to remove requirement that contractors must enroll as Medicaid providers</li><li>• Section on Ordering, Referring and Providing (ORP) practitioners</li></ul>



# Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
Billing and Reimbursement Overview	<i>loc ed bil</i>	<ul style="list-style-type: none"><li>• Removal of LEA Service and Practitioner grids (not ADA compliant)</li><li>• Addition of new LEA modifiers on modifier table</li><li>• Minor edits for clarity</li></ul>
Billing Codes and Reimbursement Rates	<i>loc ed bil cd</i>	<ul style="list-style-type: none"><li>• Updated LEA services billing codes chart<ul style="list-style-type: none"><li><input type="checkbox"/> Includes all procedure codes/modifiers</li><li><input type="checkbox"/> Includes SFY 20-21 Maximum Allowable Rates</li></ul></li></ul>



# Overview of Changes to General Sections

Section Name	Locator	Summary of Edits
Billing Examples	<i>loc ed bil ex</i>	<ul style="list-style-type: none"><li>Updated billing examples</li></ul>
Eligible Students	<i>loc ed elig</i>	<ul style="list-style-type: none"><li>Updated ineligible aid codes</li></ul>
Individualized Plans Overview	<i>loc ed indiv</i>	<ul style="list-style-type: none"><li>Addition of Individualized Health and Support Plans (IHSPs)</li></ul>
Rendering Practitioner Qualifications	<i>loc ed rend</i>	<ul style="list-style-type: none"><li>Addition of new billable practitioner requirements</li></ul>



# QUESTIONS – SECTION 2

*While DHCS is compiling questions submitted via the Q&A function, a **practice session** will be initiated.*

**Any additional questions can be submitted to the LEA Program Inbox:**

**[LEA@DHCS.CA.gov](mailto:LEA@DHCS.CA.gov)**



# Section 3

## LEA Individual Service Sections



# Authorization Reminders

**EPSDT  
Screening  
Services**



Bright Futures  
American Academy  
of Pediatrics (AAP)  
Periodicity Schedule

**LEA  
Assessment  
Services**



Licensed  
Practitioner\*  
**OR** Parent  
**OR** Teacher

**LEA  
Treatment  
Services**



Licensed  
Practitioner\*

*\* See LEA Provider Manual for detail on which practitioners can authorize by service type (this presentation will also include this detail)*



# LEA Service Section Review

1. Covered Services
2. Rendering Practitioners
3. Authorization Requirements
  - Referrals
  - Recommendations
  - Prescriptions
4. Supervision Requirements
5. Procedure Code/Modifiers for Billing



# Occupational Therapy

*Local service occu*



# Local services Occupational Therapy

## Covered Services

- IEP/IFSP occupational therapy assessments
- Developmental assessments (non-IEP/IFSP)
- Occupational therapy treatments, including individual **and group treatments (2 or more students)**

Practitioners	Services
Licensed Occupational Therapist	<ul style="list-style-type: none"><li>• IEP/IFSP occupational therapy assessments</li><li>• Developmental assessments (non-IEP/IFSP)</li><li>• Occupational therapy treatments, including individual <b>and group treatments</b></li></ul>
<b>Licensed Occupational Therapy Assistant</b>	<ul style="list-style-type: none"><li>• Occupational therapy treatments, including <b>individual and group treatments</b></li></ul>



# Local service Authorization

## Assessments

- Prescription by a physician, dentist or podiatrist  
**OR**
- Referral by a registered credentialed school nurse, teacher or parent

## Treatments

- Prescription by a physician, dentist or podiatrist
- Prescription must be updated annually and is valid for one year from the date of the order



# *Loc ed serv occu* Supervision Requirements

Qualified Practitioners	Supervision
Licensed Occupational Therapist	No supervision required to provide occupational therapy services
<b>Licensed Occupational Therapy Assistant</b>	<b>Requires supervision by a licensed occupational therapist</b>

*Refer to Business and Professions Code, Sections 2570.2 and 2570.3; California Code of Regulations, Section 4181(a)(1) for comprehensive regulation on supervision by a licensed occupational therapist*



# Local service Service Limitations

## Service Limitations: Daily

- OT treatment services that are authorized in an IEP, IFSP **or IHSP** are limited to 24 units per student per day
- Developmental assessments provided to non-IEP/IFSP students are limited to 4 units per student per day

## Initial and Additional Treatment Services

- One OT initial service per provider per student per day
- OT initial services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes, and may be rounded up for 7 or more continuous minutes



## Local service Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Occupational Therapy Assessment	97167
Initial or Triennial IEP Occupational Therapy Assessment	97167
IEP/IFSP Annual Occupational Therapy Assessment	97167 52
IEP/IFSP Amended Occupational Therapy Assessment	97168
Developmental Assessment	96110
Individual Occupational Therapy, initial service	97110
Individual Occupational Therapy, additional service	97110 22
<b>Group Occupational Therapy, initial service</b>	<b>97150</b>
<b>Group Occupational Therapy, additional service</b>	<b>97150 22</b>

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: Occupational Therapist (GO), **Occupational Therapy Assistant (CO)***

**March 2021 Provider Manual update**



# Physical Therapy

*Local service*



# Local services Physical Therapy

## Covered Services

- IEP/IFSP physical therapy assessments
- Developmental assessments (non-IEP/IFSP)
- Physical therapy treatments, including individual **and group treatments (2 or more students)**

Practitioners	Services
Licensed Physical Therapist	<ul style="list-style-type: none"><li>• IEP/IFSP physical therapy assessments</li><li>• Developmental assessments (non-IEP/IFSP)</li><li>• Physical therapy treatments, including individual <b>and group treatments</b></li></ul>
<b>Licensed Physical Therapist Assistant</b>	<ul style="list-style-type: none"><li>• Physical therapy treatments, including <b>individual and group treatments</b></li></ul>



# Local service physical Authorization

## Assessments

- Prescription by a physician, dentist or podiatrist  
**OR**
- Referral by a registered credentialed school nurse, teacher or parent

## Treatments

- Prescription by a physician, dentist or podiatrist
- Prescription must be updated annually and is valid for one year from the date of the order



# *Loc ed serv phy* Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physical Therapist	No supervision required to provide physical therapy services
<b>Licensed Physical Therapist Assistant</b>	<b>Requires supervision by a licensed physical therapist</b>

*Refer to Business and Professions Code, Section 2630.3 for comprehensive regulation on supervision by a licensed physical therapist*



# Local service Service Limitations

## Service Limitations: Daily

- PT treatment services that are authorized in an IEP, IFSP **or IHSP** are limited to 24 units per student per day
- Developmental assessments provided to non-IEP/IFSP students are limited to 4 units per student per day

## Initial and Additional Treatment Services

- One PT initial service per provider per student per day
- PT initial treatment services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes, and may be rounded up for 7 or more continuous minutes



# Local service physical Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Physical Therapy Assessment	97163
Initial or Triennial IEP Physical Therapy Assessment	97163
IEP/IFSP Annual Physical Therapy Assessment	97163 52
IEP/IFSP Amended Physical Therapy Assessment	97164
Developmental Assessment	96110
Individual Physical Therapy, initial service	97110
Individual Physical Therapy, additional service	97110 22
<b>Group Physical Therapy, initial service</b>	<b>97150</b>
<b>Group Physical Therapy, additional service</b>	<b>97150 22</b>

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: Physical Therapist (GP), **Physical Therapist Assistant (CQ)***

**March 2021 Provider Manual update**



# **Psychology and Counseling**

*Local service psych*



# Loc ed serv psych

## Psychology/Counseling (1/2)

### Covered Services

- IEP/IFSP psychological assessments
- IEP/IFSP/IHSP psychosocial status assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Psychology and counseling treatments, including individual and group treatments

Practitioners	Services
Licensed Psychologist Licensed Educational Psychologist Credentialed School Psychologist	<ul style="list-style-type: none"><li>• Psychological assessments</li><li>• Psychosocial status assessments</li><li>• Health education/anticipatory guidance</li><li>• Psychology and counseling treatments, including individual and group treatments</li></ul>
Licensed Physician/Psychiatrist <b>Licensed Physician Assistant (PA)</b>	<ul style="list-style-type: none"><li>• Health education/anticipatory guidance</li><li>• Psychology and counseling treatments, including individual and group treatments</li></ul>



# *Local service psychology* Psychology/Counseling (1/2)

Practitioners	Services
Licensed Clinical Social Worker Credentialed School Social Worker Licensed Marriage and Family Therapist (MFT)	<ul style="list-style-type: none"> <li>• Psychosocial status assessments</li> <li>• Health education/anticipatory guidance</li> <li>• Psychology and counseling treatments, including individual and group treatments</li> </ul>
Credentialed School Counselor	<ul style="list-style-type: none"> <li>• Psychosocial status assessments</li> <li>• Health education/anticipatory guidance</li> </ul>
Registered Credentialed School Nurse	<ul style="list-style-type: none"> <li>• Health education/anticipatory guidance</li> </ul>
<b>Associate MFT</b> <b>Registered Associate Clinical Social Worker</b>	<ul style="list-style-type: none"> <li>• Psychology and counseling treatments, including individual and group treatments</li> </ul>



# Local service psychological Authorization

## Assessments

- Recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed MFT  
**OR**
- Referral by a teacher or parent

## Treatments

- Recommendation by a licensed physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed MFT
- Prescription must be updated annually and is valid for one year from the date of the order



# *Loc ed serv psych* Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physician Registered Credentialed School Nurse Credentialed School Psychologist Credentialed School Social Worker Credentialed School Counselor	No supervision required to provide psychology/counseling services
<b>Licensed PA</b>	<b>Requires supervision as indicated under Business and Professions Code § 3502 to provide psychology/counseling services</b>



# *Local serv psych* Supervision Requirements

Qualified Practitioners	Supervision
Licensed Psychologist Licensed Educational Psychologist Licensed Clinical Social Worker Licensed MFT	Employed licensed practitioners without a valid pupil personnel services (PPS) credential must be supervised by a PPS-credential holder
<b>Associate MFT</b> <b>Registered Associate Clinical Social Worker</b>	<b>Requires supervision as indicated in 16 CCR § 1833.1 and 16 CCR § 1870 to provide psychology/counseling services</b>



# Local service psychology Service Limitations

## 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
- Psychosocial status assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to 4 units per student per day

## Initial and Additional Treatment Services

- Psychology/counseling initial service (individual or group) may be billed once per student per day
- The initial service for psychology/counseling is based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes, and may be rounded up for 7 or more continuous minutes



# *Local serv psych*

## Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Psychological Assessment Initial or Triennial IEP Psychological Assessment	96130
IEP/IFSP Annual Psychological Assessment	96130 52
IEP/IFSP Amended Psychological Assessment	96130 TS
Initial IFSP Psychosocial Status Assessment Initial or Triennial IEP Psychosocial Status Assessment Non-IEP/IFSP Psychosocial Status Assessment	96156
IEP/IFSP Annual Psychosocial Status Assessment	96156 52
IEP/IFSP Amended Psychosocial Status Assessment Non-IEP/IFSP Psychosocial Status Re-assessment	96156 TS
Health Education/Anticipatory Guidance	99401



# Loc ed serv psych

## Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Individual Psychology/Counseling, initial service	96158
Individual Psychology/Counseling, additional service	96159
Group Psychology/Counseling, initial service	96164
Group Psychology/Counseling, additional service	96165

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: Licensed Psychologist (AH), Licensed Educational Psychologist (AH), Credentialed School Psychologist (AH), Licensed Physician/Psychiatrist (AG), **Licensed PA (U7)**, Licensed Clinical Social Worker (AJ), Credentialed School Social Worker (AJ), Licensed MFT (none), Credentialed School Counselor (none), Registered Credentialed School Nurse (TD), **Associate MFT (HL)**, **Registered Associate Clinical Social Worker (HM)***



# Targeted Case Management

*Local service target*



# *Local service target* Targeted Case Management (TCM)

## Components of TCM

- Comprehensive assessment and periodic reassessment of individual needs
- Development (and periodic revision) of a specific care plan
- Referral and related activities to help the eligible student obtain needed services
- Monitoring and follow-up activities

## Coordinating TCM

- To avoid duplication of services and billing, LEAs must:
  - ✓ Clearly document the LEA and TCM services rendered by each TCM agency or provider
  - ✓ Where necessary, develop written agreements to define the case management service(s) each agency and/or provider will be responsible for rendering



## *Local service target*

# Supervision Requirements (1/2)

Qualified Practitioners	Supervision
<p>Registered Credentialed School Nurse</p> <p>Licensed Registered Nurse</p> <p>Certified Public Health Nurse</p> <p>Certified Nurse Practitioner</p> <p>Licensed Vocational Nurse</p> <p>Licensed Clinical Social Worker</p> <p>Credentialed School Social Worker</p> <p>Licensed Psychologist</p> <p>Licensed Educational Psychologist</p> <p>Credentialed School Psychologist</p> <p>Licensed Marriage and Family Therapist</p> <p>Credentialed School Counselor</p> <p>Program Specialist</p> <p><b>Licensed/Credentialed Speech-Language Pathologist (SLP)</b></p> <p><b>Licensed Occupational Therapist</b></p> <p><b>Licensed Physical Therapist</b></p>	<p>No supervision required to provide TCM services</p>



# *Local service target* Supervision Requirements (2/2)

Qualified Practitioners	Supervision
<p data-bbox="170 634 884 739"><b>Associate Marriage and Family Therapist (MFT)</b></p> <p data-bbox="170 762 850 868"><b>Registered Associate Clinical Social Worker</b></p>	<p data-bbox="931 614 1835 888"><b>Requires supervision by a Licensed MFT, Licensed Clinical Social Worker, Licensed Professional Clinical Counselor, Licensed Psychologist, or a Licensed Physician</b></p>



# Local service target

## Service Limitations and Certification

### Service Limitations: Daily

- TCM services that are authorized in an IEP, IFSP **or IHSP** are limited to 32 units per student per day
- TCM services are billed in 15-minute increments and do not have separate initial and additional service increments
- Any time over 7 continuous treatment minutes may be rounded up to a 15-minute increment

### TCM Certification

- **Effective SFY 2020-21 and on, DHCS will require a TCM Certification Form for Time Survey Participants (TSPs) that provide and bill for TCM services under the LEA Program**
- **The TCM Certification will be completed annually, and updated on a quarterly basis, as part of the RMTS process**



# Local service targeted Procedure Codes/Modifiers

Service	Code/Modifier
Targeted Case Management	T1017

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), **IHSP (none)***

*Modifiers designating practitioner type are as follows: Nurses (TD), Licensed Vocational Nurse (TE), Licensed Clinical Social Worker (AJ), Credentialed School Social Worker (AJ), Licensed Psychologist (AH), Licensed Educational Psychologist (AH), Credentialed School Psychologist (AH), Registered Associate Clinical Social Worker (HM), Associate MFT (HL), Licensed MFT (none), Credentialed School Counselor (none), Program Specialist (HO), **Licensed/Credentialed SLP (GN), Licensed Occupational Therapist (GO), Licensed Physical Therapist (GP)***



# QUESTIONS – SECTION 3

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# Orientation and Mobility

*Localized services orient*

## ***NEW SECTION***



# *Local service oriented* – **NEW** Orientation and Mobility Services

## Covered Services

- Orientation and mobility assessments
- Orientation and mobility treatments

Practitioners	Services
Orientation and Mobility Specialist	<ul style="list-style-type: none"><li>• Orientation and mobility assessments</li><li>• Orientation and mobility treatments</li></ul>

*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*



# *Loc ed serv orient* – **NEW** Authorization

## Assessments

- Recommendation by a physician or other licensed practitioner of the healing arts within the practitioner's scope of practice  
OR
- Referral by a registered credentialed school nurse, teacher or parent

## Treatments

- Recommendations by a physician or other licensed practitioners of the healing arts
- The recommendation must be updated annually and is valid for one year from the date of the recommendation



# *Local service orient* – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
Orientation and Mobility Specialist	No supervision required 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 assessments provided to non-IEP/IFSP students are limited to 4 units per student per day



# Local service orient – **NEW** Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Orientation and Mobility Assessment Initial or Triennial IEP Orientation and Mobility Assessment	T1023
Non-IEP/IFSP Orientation and Mobility Assessment	
IEP/IFSP Annual Orientation and Mobility Assessment	T1023 52
IEP/IFSP Amended Orientation and Mobility Assessment	T1023 TS
Orientation and Mobility Treatment	97533

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: **Orientation and Mobility Specialist (none)***



# **Nutrition Services**

*Local service nutri*

## ***NEW SECTION***



# Local service nutri – **NEW** Nutrition Services

## Covered Services

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

Practitioners	Services
<b>Registered Dietician</b> Certified Nurse Practitioner Certified Public Health Nurse Licensed Physician <b>Licensed Physician Assistant (PA)</b> Licensed Registered Nurse Registered Credentialed School Nurse	<ul style="list-style-type: none"><li>• IEP/IFSP nutritional assessments</li><li>• Health/nutrition assessments (non-IEP/IFSP)</li><li>• <b>Nutritional counseling treatments</b></li></ul>



# Local service nutri – **NEW** Authorization

## Assessments

- Referral by a physician  
**OR**
- Recommendation by a registered credentialed school nurse, teacher or parent

## Treatments

- Referrals by a physician for nutritional treatment services
- Prescriptions by a physician for Medical Nutrition Therapy
- The written referral or prescription must be updated annually and is valid for one year from the date of the order



# *Loc ed serv nutri* – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
<b>Registered Dietician</b> Certified Nurse Practitioner Certified Public Health Nurse Licensed Physician Licensed Registered Nurse Registered Credentialed School Nurse	No supervision required to provide nutrition services
<b>Licensed PA</b>	<b>Requires supervision as indicated under Business and Professions Code § 3502 to provide nutrition services</b>

## 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 4 units per student per day



# *Local services – NEW* Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Nutritional Assessment	
Initial or Triennial IEP Nutritional Assessment	96156
Non-IEP/IFSP Health/Nutrition Initial Assessment	
IEP/IFSP Annual Nutritional Assessment	96156 52
IEP/IFSP Amended Nutritional Assessment	
Non-IEP/IFSP Health/Nutrition Re-assessment	96156 TS
<b>Nutritional Counseling Treatment</b>	<b>S9470</b>

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: **Registered Dietician (AE)**, Licensed Nurse (TD), Licensed Physician (AG), **Licensed PA (U7)***



# Respiratory Therapy

*Local services respir*

## ***NEW SECTION***



# Local service respir – **NEW** Respiratory Therapy Services

## Covered Services

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

Practitioners	Services
Licensed Respiratory Care Practitioner	<ul style="list-style-type: none"><li>• IEP/IFSP respiratory therapy assessments</li><li>• Respiratory therapy assessments (non-IEP/IFSP)</li><li>• Respiratory therapy treatments</li></ul>



# Local service respiratory – **NEW** Authorization

## Assessments

- Prescription by a physician  
OR
- Referral by a registered credentialed school nurse, teacher or parent

## Treatments

- Prescriptions from a physician
- The written prescription must be updated annually and is valid for one year from the date of the prescription



# *Local service respir* – **NEW** Supervision and Service Limitations

Qualified Practitioners	Supervision
Licensed Respiratory Care Practitioner	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 4 units per student per day



# Local service respiratory – **NEW** Procedure Codes/Modifiers

Service	Code/Modifier
Initial IFSP Respiratory Assessment Initial or Triennial IEP Respiratory Assessment Non-IEP/IFSP Respiratory Assessment	94618
IEP/IFSP Annual Respiratory Assessment	94618 52
IEP/IFSP Amended Respiratory Assessment	94618 TS
Respiratory Therapy Service	G0237

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: **Licensed Respiratory Care Practitioner (none)***



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# **Optometry Services**

*Local services*



# Loc ed serv vis Optometry Services

## Covered Services

- EPSDT vision screenings
- Vision assessments performed outside of the mandated periodicity schedule (non-IEP/IFSP)

Practitioners	Services
Licensed Optometrist Licensed Physician <b>Licensed Physician Assistant (PA)</b> Registered Credentialed School Nurse	<ul style="list-style-type: none"><li>• Vision assessments (non-IEP/IFSP)</li></ul>

*Note: Physician Assistants may only perform routine visual screenings (i.e., noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception) in accordance with Business and Professions Code § 3501, 3502*



# Local services Authorization and Supervision

## Assessments

- Recommendation by a physician or registered credentialed school nurse  
**OR**
- Referral by a teacher or parent
- Screening services referral via the Bright Futures/American Academy of Pediatrics Periodicity Schedule

Qualified Practitioners	Supervision
Licensed Optometrist Licensed Physician Registered Credentialed School Nurse	No supervision required to provide vision assessments
<b>Licensed PA</b>	<b>Requires supervision as indicated under Business and Professions Code § 3502 to provide vision assessments</b>



# *Local services* Service Limitations and Billing

## Service Limitations: Daily

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

Service	Code/Modifier
Vision Assessment	99173

*Modifiers designating practitioner type are as follows: Licensed Optometrist (none), Licensed Physician (AG), **Licensed PA (U7)**, Registered Credentialed School Nurse (TD)*



# **Nursing Services**

## *Loc ed serv nurs*



# Local services Nursing Services (1/2)

## Covered Services

- IEP/IFSP health assessments
- Nutrition assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision and hearing assessments
- **Nutritional counseling treatments**
- Nursing treatments and **school health aide treatment services (ADL services)**

Practitioners	Services
Registered Credentialed School Nurse Licensed Registered Nurse Certified Public Health Nurse Certified Nurse Practitioner	<ul style="list-style-type: none"> <li>• IEP/IFSP health assessments</li> <li>• Nutrition assessments</li> <li>• Health education/anticipatory guidance (non-IEP/IFSP)</li> <li>• Vision assessments</li> <li>• Nursing treatments</li> <li>• <b>Nutritional counseling treatments</b></li> </ul>



# Local services Nursing Services (2/2)

Practitioners	Services
Registered Credentialed School Nurse that is a Registered School Audiometrist	<ul style="list-style-type: none"><li>• Hearing assessments</li></ul>
Licensed Vocational Nurse (LVN)	<ul style="list-style-type: none"><li>• Nursing treatments</li></ul>
<b>Trained Health Care Aide (THCA)</b>	<ul style="list-style-type: none"><li>• School health aide treatment services, consisting of:<ul style="list-style-type: none"><li>• Specialized physical health care services, including gastric tube feeding, suctioning, oxygen administration, catheterization and nebulizer treatments</li><li>• <b>Assistance with Activities of Daily Living (ADLs)</b>, including eating, toileting, transferring, positioning, mobility assistance, and cueing or directing the completion of an ADL task</li></ul></li></ul>



# Local services Authorization

## Assessments

- Recommendation by a physician or registered credentialed school nurse  
**OR**
- Referral by a teacher or parent
- **EPSDT hearing/vision screenings – Bright Futures Periodicity Schedule will act as the recommendation for the screening**

## Treatments

- **Referral by a physician is required for nutritional counseling treatment services**
- **Prescription by a physician is required for school health aide services, including ADL assistance services**
- The written order must be updated annually and is valid for one year from the date of the order



# *Local service nurses* Supervision Requirements

Qualified Practitioners	Supervision
Registered Credentialed School Nurse Licensed Registered Nurse Certified Public Health Nurse Certified Nurse Practitioner	No supervision required to provide nursing services
LVN	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide nursing treatment services
THCA	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services



# Local service nurses Service Limitations

## Service Limitations: Daily

provided by Registered Nurses (RNs), LVNs, and  
THCAs 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 4 units per student per day
- Vision assessments provided to non-IEP/IFSP students are limited to one per student per day

## Treatment Services

- Nursing treatment services, **nutritional counseling services**, and school health aide services (**including ADL assistance services**) are billed in 15-minute increments, and may be rounded up for 7 or more continuous minutes



# *Local services*

## Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Health Assessment	T1001
Initial or Triennial IEP Health Assessment	T1001
IEP/IFSP Annual Health Assessment	T1001 52
IEP/IFSP Amended Health Assessment	T1001 TS
IEP/IFSP Initial Nutrition Assessment	96156
Non-IEP/IFSP Nutrition Assessment/Re-assessment	96156
IEP/IFSP Annual Nutrition Assessment	96156 52
IEP/IFSP Amended Nutrition Assessment	96156 TS
Health Education/Anticipatory Guidance	99401
Vision Assessment	99173
Hearing Assessment, per encounter (pure tone, air only)	92551
Hearing Assessment, per encounter (pure tone audiometry, threshold, air only)	92552



# Local service nurses Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Nursing Services by a RN	T1002
Nursing Services by a LVN	T1003
School Health Aide Treatment Services, specialized physical healthcare services	T1004
<b>Nursing Services, assistance with ADLs</b>	<b>97535</b>
Nutritional Counseling Services	S9470

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: Nurse (TD), LVN (TE), THCA (none)*



# Physician Services

## *Loc ed serv physician*



# Local service physician Physician Services

## Covered Services

- IEP/IFSP/IHSP health/nutrition assessments
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision and hearing assessments
- **Nutritional counseling treatments**
- Psychology and counseling treatments, including individual and group treatments

Practitioners	Services
Licensed Physician	<ul style="list-style-type: none"><li>• IEP/IFSP/IHSP health/nutrition assessments</li><li>• Health education/anticipatory guidance (non-IEP/IFSP)</li><li>• Vision and hearing assessments</li><li>• <b>Nutritional counseling treatments</b></li><li>• Psychology and counseling treatments, including individual and group treatments</li></ul>
<b>Licensed Physician Assistant (PA)</b>	<ul style="list-style-type: none"><li>• <b>Nutritional counseling treatments</b></li><li>• Psychology and counseling treatments, including individual and group treatments</li></ul>



# Local serv physician Authorization

## Assessments

- Recommendation by a physician or registered credentialed school nurse  
**OR**
- Referral by a teacher or parent

## Treatments

- Recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist for psych/counseling treatments
- **Referral by a physician for nutritional counseling treatment services**
- The order must be updated annually and is valid for one year from the date of the order



# *Loc ed serv physician* Supervision Requirements

Qualified Practitioners	Supervision
Licensed Physician	No supervision required to provide physician services
Licensed PA	<b>Requires supervision as indicated under Business and Professions Code § 3502 to provide physician services</b>



# Local service physician Service Limitations

## 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
- Health/nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to 4 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

- Psychology/counseling initial services (individual or group) may be billed once per student per day
- Psychology/counseling initial services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes, and may be rounded up for 7 or more continuous minutes



# *Local service physician* Service Limitations

## Initial and Additional Treatment Services

- Psychology/counseling initial services (individual or group) may be billed once per student per day
- Psychology/counseling initial services are based on 15 to 45 continuous minutes; one unit may be billed for each 15-minute increment
- Additional services are billed in time increments of 15 minutes, and may be rounded up for 7 or more continuous minutes



# *Local service physician* Procedure Codes/Modifiers (1/2)

Service	Code/Modifier
Initial IFSP Health/Nutrition Assessment	
Initial or Triennial IEP Health/Nutrition Assessment	96156
Non-IEP/IFSP Health/Nutrition Assessment	
IEP/IFSP Annual Health/Nutrition Assessment	96156 52
IEP/IFSP Amended Health/Nutrition Assessment	
Non-IEP/IFSP Health/Nutrition Re-assessment	96156 TS
Health Education/Anticipatory Guidance	99401
Vision Assessment	99173
Hearing Assessment, per encounter (pure tone, air only)	92551
Hearing Assessment, per encounter (pure tone audiometry, threshold, air only)	92552



## *Local service physician* Procedure Codes/Modifiers (2/2)

Service	Code/Modifier
Individual Psychology/Counseling, initial service	96158
Individual Psychology/Counseling, additional service	96159
Group Psychology/Counseling, initial service	96164
Group Psychology/Counseling, additional service	96165
<b>Nutritional Counseling Services</b>	<b>S9470</b>

*Modifiers designating IDEA services are as follows: IFSP (TL), IEP (TM), IHSP (none)*

*Modifiers designating practitioner type are as follows: Physician (AG), **PA (U7)***



# Remaining Sections



## Remaining Provider Manual Sections

- The following sections will be updated in **Spring 2021:**

*Loc ed serv hear:* Audiology Services

*Loc ed serv spe:* Speech Services

- The following sections **do not require updates** at this time:

*Loc ed serv trans:* Transportation

*Loc ed serv tele:* Telehealth



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