



## Local Educational Agency (LEA)

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

### Overview of LEA

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

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

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

Or write to:

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

Provider Participation Agreement Requests/  
Provider Enrollment Questions

DHCS Provider Enrollment Division (916) 323-1945

Eligibility Data Match Questions

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

LEA Reinvestment Questions

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

Cost and Reimbursement Comparison  
Schedule (CRCS) Acceptance and

Audit Questions lea.cracs.questions@dhcs.ca.gov

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

**Additional Information**

Additional information may be obtained at the LEA Program website, [www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx](http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx) and the Medi-Cal website, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov).

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**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](http://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](http://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](http://www.leginfo.ca.gov/calaw.html))
- *California Education Code*, Section 49060 and 49073 through 49079 ([www.leginfo.ca.gov/calaw.html](http://www.leginfo.ca.gov/calaw.html)).

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 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, California Department of Education 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)*: The DUA is an agreement that is required for providers and non-providers who intend to use the Medi-Cal data tape match to check Medi-Cal student eligibility. The DUA is due for renewal at scheduled three-year intervals on November 30.

All of the above documents as well as additional information and instructions are on the LEA program website at [www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/LEA.aspx).

## 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 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 AR by the mandated due date, as required for each LEA provider participating in the LEA Medi-Cal Billing Option Program, identified in CCR, Section 51270.
- 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 each year by November 30. 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, and *California Education Code*, Section 8804(g).

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**Annual Report Requirements**

The Annual Report (AR) 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 CCR, Section 51270.

Continued enrollment in the LEA Medi-Cal Billing Option Program is contingent upon annual submission of the AR by the mandated due date of November 30.

A current electronic version of the AR is available online for on the program website at [www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx](http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx).

The AR 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 and *California Education Code* Section 8804(g).

### Where to Submit Reports

The PPA and AR may be submitted to DHCS by any of the following three ways:

- The LEA may submit the PPA/AR 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/AR 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 of the PPA/AR to:

California Department of Health Care Services  
Safety Net Financing Division  
LEA Program Unit  
1501 Capitol Avenue, MS 4603  
Sacramento, CA 95899-7436

The DUA may be submitted to DHCS by printing and completing the agreement, obtaining hand signatures, and then scanning and emailing the document to *LEA.AnnualReport@dhcs.ca.gov*.

### Cost and Reimbursement Comparison Schedule (CRCS)

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

CRCS reports are based on a comparison of LEA health service costs to interim Medi-Cal reimbursements for each fiscal year, July 1 to June 30. An annual report will be posted on the LEA Program website prior to the date that the CRCS is due to DHCS. The annual report includes information needed to complete the CRCS.

Current CRCS versions are available at the LEA Program website.

LEAs are required to submit the CRCS each year by November 30 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* in lieu of a complete CRCS.

Continued enrollment in the LEA program is contingent upon the annual submission of the CRCS.

### **LEAs Responsible for Maintaining Evidence of Practitioner Qualifications**

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

### **Models of Service Delivery for Employed or Contracted Practitioners**

LEAs may employ or contract with qualified medical care practitioners to provide LEA services to Medi-Cal eligible students and their families. The following models describe the type of arrangements in which LEAs may choose to provide Medi-Cal services. Additional information is available in the federal Centers for Medicare & Medicaid Services *Medicaid and School Health: Technical Assistance Guide*, August 1997.

#### 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 which 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.

#### Model 2: Contracting of Health Care Practitioners or Clinics

The school (or school district) contracts with 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. Under these circumstances, the provider must be separately qualified and enrolled as a Medicaid provider and must have a separate provider number. In addition, assignment to the school must be accomplished in a way that satisfies all applicable federal requirements. For example, in accepting assignment of Medicaid claims, the school is also accepting the provider's responsibility for collection of probable third-party liability unless the state has been granted a waiver from cost-avoidance methods of seeking third-party liability in accordance with federal regulations (42 CFR 433.139) or the services provided are preventive pediatric services.



### 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.

### 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 used 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.

**Managed Care Plans**

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

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

- Reimbursable to the LEA for students whose Individualized Education Plans (IEPs) or Individualized Family Services Plans (IFSPs) authorize the service and the service is documented as medically necessary. MCPs are not capitated for LEA services.
- Reimbursable to the LEA for services rendered to Medi-Cal eligible 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 [CCR], Title 22, Section 51476*).

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

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

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

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

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

Medi-Cal requires LEA providers to:

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

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

**Support Cost**

A 1 percent administrative 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 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 – June 30).

# Local Educational Agency (LEA) Billing and Reimbursement Overview

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

## Introduction

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

## Medical Necessity

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

## Limitations

LEA services not authorized in a student’s Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP) are limited to a maximum of 24 services (assessments and treatments) per 12 month period.

**Free Care and 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 (ISP) per section 504 of the Rehabilitation Act of 1973. For students with an ISP, LEAs must bill OHC prior to billing Medi-Cal.

The following chart clarifies when OHC insurers must be billed:

<b>Insurance Status of Student</b>	<b>Services Provided to Students Authorized in an IEP/IFSP or Under Title V*</b>	<b>Eligible Non-IEP/IFSP Services Provided to All Other Students</b>
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	<b>May</b> bill OHC	<b>May</b> bill OHC

\* Title V of 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. Non-IEP/IFSP services are limited to 24 services in a 12 month period. Services authorized in a student's IEP/IFSP are not subject to this limitation.

Example: 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: 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, subject to the annual limitation.

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: 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: 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: 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.



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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.

**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.

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**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.

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

- *Other Health Coverage (OHC) Guidelines for Billing* in the Part 1 manual
- *Other Health Coverage (OHC)* in the Part 2 manual
- *Other Health Coverage (OHC): CPT and HCPCS Codes* in the Part 2 manual

**Managed Care Plans**

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

**Practitioner Services  
Reimbursable to LEAs**

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

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

## Practitioner-Performed Assessment Services Reimbursable to LEAs

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

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

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

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

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

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

General Notes: MEDICAL TRANSPORTATION AND MILEAGE ALSO ARE REIMBURSABLE TO LEAs PURSUANT TO STANDARDS IN CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 22, SECTION 51491(h).  
 Credentialing requirements for licensed practitioners employed by LEAs are described in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

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## Service Limitations

LEAs are authorized to bill for the services as outlined in the preceding charts for students with or without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). LEA providers must use the appropriate billing CPT 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 the Part 2 manual. For example, service limitations related to physical therapy treatments are located in the *Local Educational Agency (LEA) Service: Physical Therapy* section.

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

- California Children's Services program
- Short-Doyle program
- Medi-Cal consultant
- Prepaid health plan (including Primary Care Case Management)

## IEP/IFSP Assessments

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

**Initial and Additional Treatment Services**

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

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

**Treatment Services Billed in 15 Minute Increments**

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

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

**Medical Transportation and Mileage**

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

**Modifiers**

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

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

Individualized Plan Modifiers

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

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

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

Telehealth Modifier

Qualified services by interactive telehealth must be billed with modifier GT (services rendered via interactive audio and video telecommunications systems). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier GT.

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
<b><u>GT</u></b>	<b><u>Telehealth</u></b>	<b><u>Service provided via telehealth rendered from distant site</u></b>

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



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.

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

Intensity of Service Modifiers

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

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
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).

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).

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**ICD-10-CM Codes**

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

Or

PMIC (Practice Management Information Corporation)  
Order Processing Department  
4727 Wilshire Boulevard, Suite 300  
Los Angeles, CA 90010-3894  
Telephone: 1-800-MED-SHOP (633-7467)  
(Monday – Friday, 8:00 a.m. – 5:30 p.m., CST)  
Fax: 1-800-633-6556 (24 hours daily)  
(For credit card orders or purchase orders)

**Note:** ICD-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.

**“From-Through” Billing**

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

Consecutive and  
Non-Consecutive Days

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

Claim Completion  
Instructions

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

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

See *Figure 4* in the *Local Educational Agency (LEA) Billing Examples* section in this manual for a “from-through” 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 5* 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. The use of these modifiers indicates the approval of additional LEA services beyond the 24 LEA services per 12-month period limitation.
- In the *HCPCS/Rate* field (Box 44) enter the practitioner modifier, if applicable, to designate the practitioner who rendered the specific LEA service to the student. Practitioner modifier information for each LEA service is in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.
- Enter the first and second modifiers in the *HCPCS/Rate* field (Box 44) on the claim, if applicable.

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

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

# Local Educational Agency (LEA) Billing Codes and Reimbursement Rates

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

## Reimbursement Rates

The Federal Medical Assistance Percentage (FMAP) reimbursable for LEA services is applied to the Medi-Cal maximum allowable rates listed in the *LEA Services Billing Codes Chart* in this section. Medi-Cal LEA reimbursement rates 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 50 percent.

## LEA Services Billing Codes Chart

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

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

## Telehealth Services In Billing Codes Chart

The note “Add modifier GT 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). The note is located in the first column, “Procedure Code/Modifier.”

## LEA Services Billing Codes Chart

IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Physical Therapy Assessment</b>				
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>	<b><u>\$271.72</u></b>
97164 TL (IFSP) or 97164 TM (IEP)	Amended IEP/IFSP physical therapy assessment	Physical therapy re-evaluation	Same as preceding	<b><u>\$188.69</u></b>
97163 52 TL (IFSP) or 97163 52 TM (IEP)	Annual IEP/IFSP physical therapy assessment	Reduced services	Same as preceding	<b><u>\$188.69</u></b>



<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Occupational Therapy Assessment</b>				
97167 TL (IFSP) or 97167 TM (IEP)	Initial or triennial IEP/IFSP occupational therapy assessment	Occupational therapy evaluation	Registered occupational therapist <i>(no modifier)</i>	<b><u>\$252.05</u></b>
97168 TL (IFSP) or 97168 TM (IEP)	Amended IEP/IFSP occupational therapy assessment	Occupational therapy re-evaluation	Same as preceding	<b><u>\$175.03</u></b>
97167 52 TL (IFSP) or 97167 52 TM (IEP)	Annual IEP/IFSP occupational therapy assessment	Reduced services	Same as preceding	<b><u>\$175.03</u></b>
<b>Speech-Language Assessments</b>				
<b>Evaluation of Speech Fluency</b>				
92521 TL (IFSP) or 92521 TM (IEP)  Add modifier GT if via telehealth	Initial or triennial IEP/IFSP speech-language assessment	Evaluation of speech fluency	Licensed speech-language pathologist <i>(GN)</i>  Speech-language pathologist <i>(GN)</i>	<b><u>\$66.06</u></b>
92521 TS TL (IFSP) or 92521 TS TM (IEP)  Add modifier GT if via telehealth	Amended IEP/IFSP speech-language assessment	Follow-up service	Same as preceding	<b><u>\$36.04</u></b>
92521 52 TL (IFSP) or 92521 52 TM (IEP)  Add modifier GT if via telehealth	Annual IEP/IFSP speech-language assessment	Reduced services	Same as preceding	<b><u>\$36.04</u></b>

<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Speech-Language Assessments</b>				
<b>Evaluation of Speech Sound Production</b>				
92522 TL (IFSP) or 92522 TM (IEP)	Initial or triennial IEP/IFSP speech-language assessment	Evaluation of speech sound production	Licensed speech-language pathologist (GN)	<b><u>\$56.63</u></b>
Add modifier GT if via telehealth			Speech-language pathologist (GN)	
92522 TS TL (IFSP) or 92522 TS TM (IEP)	Amended IEP/IFSP speech-language assessment	Follow-up service	Same as preceding	<b><u>\$30.89</u></b>
Add modifier GT if via telehealth				
92522 52 TL (IFSP) or 92522 52 TM (IEP)	Annual IEP/IFSP speech-language assessment	Reduced services	Same as preceding	<b><u>\$30.89</u></b>
Add modifier GT if via telehealth				

<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Speech-Language Assessments</b>				
<b>Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression</b>				
92523 TL (IFSP) or 92523 TM (IEP)	Initial or triennial IEP/IFSP speech-language assessment	Evaluation of speech sound production with evaluation of language comprehension/ expression	Licensed speech-language pathologist (GN)	<b><u>\$113.25</u></b>
Add modifier GT if via telehealth			Speech-language pathologist (GN)	
92523 TS TL (IFSP) or 92523 TS TM (IEP)	Amended IEP/IFSP speech-language assessment	Follow-up service	Same as preceding	<b><u>\$61.78</u></b>
Add modifier GT if via telehealth				
92523 52 TL (IFSP) or 92523 52 TM (IEP)	Annual IEP/IFSP speech-language assessment	Reduced services	Same as preceding	<b><u>\$61.78</u></b>
Add modifier GT if via telehealth				

IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Speech-Language Assessments</b>				
<b>Behavioral and Qualitative Analysis of Voice and Resonance</b>				
92524 TL (IFSP) or 92524 TM (IEP)	Initial or triennial IEP/IFSP speech-language assessment	Behavioral and qualitative analysis of voice and resonance	Licensed speech-language pathologist (GN)	<b><u>\$56.63</u></b>
Add modifier GT if via telehealth			Speech-language pathologist (GN)	
92524 TS TL (IFSP) or 92524 TS TM (IEP)	Amended IEP/IFSP speech-language assessment	Follow-up service	Same as preceding	<b><u>\$30.89</u></b>
Add modifier GT if via telehealth				
92524 52 TL (IFSP) or 92524 52 TM (IEP)	Annual IEP/IFSP speech-language assessment	Reduced services	Same as preceding	<b><u>\$30.89</u></b>
Add modifier GT if via telehealth				

<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Audiological Assessment</b>				
92557 TL (IFSP) or 92557 TM (IEP)	Initial or triennial IEP/IFSP audiological assessment	Audiological assessment	Licensed audiologist <i>(no modifier)</i>  Audiologist <i>(no modifier)</i>	<b><u>\$190.89</u></b>
92557 TS TL (IFSP) or 92557 TS TM (IEP)	Amended IEP/IFSP audiological assessment	Follow-up service	Same as preceding	<b><u>\$143.17</u></b>
92557 52 TL (IFSP) or 92557 52 TM (IEP)	Annual IEP/IFSP audiological assessment	Reduced services	Same as preceding	<b><u>\$143.17</u></b>
<b>Psychological Assessment</b>				
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>	<b><u>\$515.27</u></b>
96130 TS TL (IFSP) or 96130 TS TM (IEP)	Amended IEP/IFSP psychological assessment	Follow-up service	Same as preceding	<b><u>\$171.76</u></b>
96130 52 TL (IFSP) or 96130 52 TM (IEP)	Annual IEP/IFSP psychological assessment	Reduced services	Same as preceding	<b><u>\$171.76</u></b>

<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Psychosocial Status Assessment</b>				
96150 TL (IFSP) or 96150 TM (IEP)	Initial or triennial IEP/IFSP psychosocial status assessment, each completed 15 minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed clinical social worker ( <i>AJ</i> ) Credentialed school social worker ( <i>AJ</i> ) Licensed marriage and family therapist ( <i>no modifier</i> ) Credentialed school counselor ( <i>no modifier</i> )	<b><u>\$18.84</u></b>
96151 TL (IFSP) or 96151 TM (IEP)	Amended IEP/IFSP psychosocial status assessment, each completed 15 minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$18.84</u></b>
96150 52 TL (IFSP) or 96150 52 TM (IEP)	Annual IEP/IFSP psychosocial status assessment, each completed 15 minute increment	Reduced services, each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$18.84</u></b>

<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Health Assessment</b>				
T1001 TL (IFSP) or T1001 TM (IEP)	Initial or triennial IEP/IFSP health assessment	Nursing assessment/ evaluation	Registered credentialed school nurse <i>(no modifier)</i>	<b><u>\$144.63</u></b>
T1001 TS TL (IFSP) or T1001 TS TM (IEP)	Amended IEP/IFSP health assessment	Follow-up service	Same as preceding	<b><u>\$82.64</u></b>
T1001 52 TL (IFSP) or T1001 52 TM (IEP)	Annual IEP/IFSP health assessment	Reduced services	Same as preceding	<b><u>\$82.64</u></b>

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<b>IEP/IFSP Assessments</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Health/Nutrition Assessment</b>				
96150 TL (IFSP) or 96150 TM (IEP)	Initial or triennial IEP/IFSP health/nutrition assessment, each completed 15 minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed physician/psychiatrist (AG)	<b><u>\$20.66</u></b>
96151 TL (IFSP) or 96151 TM (IEP)	Amended IEP/IFSP health/nutrition assessment, each completed 15 minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$20.66</u></b>
96150 52 TL (IFSP) or 96150 52 TM (IEP)	Annual IEP/IFSP health/nutrition assessment, each completed 15 minute increment	Reduced services, each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$20.66</u></b>



Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Psychosocial Status Assessment</b>				
96150	Psychosocial status assessment, each completed 15 minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed psychologist (AH) Licensed educational psychologist (AH) Credentialed school psychologist (AH) Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed marriage and family therapist (no modifier) Credentialed school counselor (no modifier)	<b><u>\$21.47</u></b>
96151	Psychosocial status re-assessment, each completed 15 minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$21.47</u></b>

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Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Developmental Assessment</b>				
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 ( <i>GP</i> )	GP: <b><u>\$23.59</u></b>
			Registered occupational therapist ( <i>GO</i> )	GO: <b><u>\$21.88</u></b>
			Licensed speech- language pathologist ( <i>GN</i> )	GN: <b><u>\$21.45</u></b>
			Speech-language pathologist ( <i>GN</i> )	

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Health Education/Anticipatory Guidance</b>				
99401	Health education/ anticipatory guidance, each completed 15 minute increment (applicable to initial assessment and re-assessment)	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	Licensed physician/psychiatrist (AG)	AG or TD: <b>\$20.66</b>
			Registered credentialed school nurse (TD)	
			Licensed psychologist (AH)	
			Licensed educational psychologist (AH)	
			Credentialed school psychologist (AH)	
			Licensed clinical social worker (AJ)	AH, AJ or marriage family therapist/ school counselor: <b>\$21.47</b>
			Credentialed school social worker (AJ)	
			Licensed marriage and family therapist (no modifier)	
			Credentialed school counselor (no modifier)	

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Health Nutrition Assessment</b>				
96150	Health/nutrition assessment, each completed 15 minute increment	Initial health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Licensed physician/psychiatrist (AG) Registered credentialed school nurse (TD)	<b><u>\$20.66</u></b>
96151	Health/nutrition re-assessment, each completed 15 minute increment	Health and behavior re-assessment (for example, health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient	Same as preceding	<b><u>\$20.66</u></b>

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Vision Assessment</b>				
99173	Vision assessment	Screening test of visual acuity, quantitative bilateral	Licensed physician/psychiatrist (AG)  Registered credentialed school nurse (TD)  Licensed optometrist (no modifier)	<b><u>\$6.89</u></b>

Non-IEP/IFSP Assessments				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Hearing Assessment</b>				
92551	Hearing assessment	Screening test, pure tone, air only	Licensed physician/psychiatrist (AG)  Licensed speech-language pathologist (GN)  Speech-language pathologist (GN)  Licensed audiologist (no modifier)  Audiologist (no modifier)  Registered school audiometrist (no modifier)  Registered credentialed school nurse (registered school audiometrist) (TD)	<b><u>\$16.12</u></b> (younger than 18)
				<b><u>\$14.77</u></b> (18 and older)
92552	Hearing assessment	Pure tone audiometry (threshold); air only	Same as preceding	<b><u>\$24.17</u></b> (younger than 18)
				<b><u>\$22.16</u></b> (18 and older)

Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Physical Therapy</b>				
97110 TL (IFSP) or 97110 TM (IEP) or 97110 (non-IEP/IFSP)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Licensed physical therapist (GP)	<b><u>\$75.48</u></b>
97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (non-IEP/IFSP)	Unusual procedural services	Unusual procedural services	Same as preceding	<b><u>\$23.59</u></b>

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<b>Treatments and Transportation</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Occupational Therapy</b>				
97110 TL (IFSP) or 97110 TM (IEP) or 97110 (non-IEP/IFSP)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility (maximum of 3 units per initial service)	Registered occupational therapist (GO)	<b><u>\$83.14</u></b>
97110 22 TL (IFSP) or 97110 22 TM (IEP) or 97110 22 (non-IEP/IFSP)	Unusual procedural services	Unusual procedural services	Same as preceding	<b><u>\$21.88</u></b>



Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Speech Therapy</b>				
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15 minute increment)	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual (maximum of 3 units per initial service)	Licensed speech-language pathologist (GN)  Speech-language pathologist (GN)	<b><u>\$71.50</u></b>
Add modifier GT if via telehealth				
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Speech therapy service, additional 15 minute increment, individual	Unusual procedural services	Same as preceding	<b><u>\$21.45</u></b>
Add modifier GT if via telehealth				

Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Speech Therapy (continued)</b>				
92508 TL (IFSP) or 92508 TM (IEP) or 92508 (non-IEP/IFSP)	Speech therapy initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15 minute increment)	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); group, two or more individuals (maximum of 3 units per initial service)	Licensed speech-language pathologist (GN)  Speech-language pathologist (GN)	<b><u>\$26.22</u></b>
Add modifier GT if via telehealth				
92508 22 TL (IFSP) or 92508 22 TM (IEP) or 92508 22 (non-IEP/IFSP)	Speech therapy service, additional 15 minute increment, group	Unusual procedural services	Same as preceding	<b><u>\$7.14</u></b>
Add modifier GT if via telehealth				

<b>Treatments and Transportation</b>				
<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>Service Description</b>	<b>Qualified Practitioner (Practitioner Modifier)</b>	<b>Maximum Allowable Rate</b>
<b>Audiology</b>				
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Audiology initial service 15 – 45 continuous minutes, individual (bill 1 unit per 15 minute increment)	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual (maximum of 3 units per initial service)	Licensed audiologist <i>(no modifier)</i>  Audiologist <i>(no modifier)</i>	<b><u>\$87.49</u></b>
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Audiology service, additional 15 minute increment, individual	Unusual procedural services	Same as preceding	<b><u>\$23.86</u></b>
V5011 TL (IFSP) or V5011 TM (IEP)	Hearing check	Fitting/orientation/ checking of hearing aid	Same as preceding	<b><u>\$55.68</u></b>

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Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Psychology and Counseling</b>				
96152 TL (IFSP) or 96152 TM (IEP) or 96152 (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15 minute increment)	Health and behavior intervention, each 15 minutes, face-to-face; individual (maximum of 3 units per initial service)	Licensed physician/psychiatrist (AG) Licensed psychologist (AH) Licensed educational psychologist (AH) Credentialed school psychologist (AH) Licensed clinical social worker (AJ) Credentialed school social worker (AJ) Licensed marriage and family therapist (no modifier)	<b><u>\$79.06</u></b>
96152 22 TL (IFSP) or 96152 22 TM (IEP) or 96152 22 (non-IEP/IFSP)	Psychology/ counseling, additional 15 minute increment, individual	Unusual procedural services	Same as preceding	<b><u>\$21.47</u></b>
96153 TL (IFSP) or 96153 TM (IEP) or 96153 (non-IEP/IFSP)	Psychology/ counseling initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15 minute increment)	Health and behavior intervention, each 15 minutes, face-to-face; group, two or more patients (maximum of 3 units per initial service)	Same as preceding	<b><u>\$17.41</u></b>
96153 22 TL (IFSP) or 96153 22 TM (IEP) or 96153 22 non-IEP/IFSP)	Psychology/ counseling, additional 15 minute increment, group	Unusual procedural services	Same as preceding	<b><u>\$3.57</u></b>

Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Nursing and School Health Aide Services</b>				
T1002 TL (IFSP) or T1002 TM (IEP) or T1002 (non-IEP/IFSP)	Nursing services, RN, 15 minute increment	RN services, up to 15 minutes	Registered credentialed school nurse <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>	<b><u>\$20.66</u></b>
T1003 TL (IFSP) or T1003 TM (IEP) or T1003 (non-IEP/IFSP)	Nursing services, LVN, 15 minute increment	LPN/LVN services, up to 15 minutes	Licensed vocational nurse <i>(no modifier)</i>	<b><u>\$10.43</u></b>
T1004 TL (IFSP) or T1004 TM (IEP) or T1004 (non-IEP/IFSP)	School health aide services, 15 minute increment	Qualified nursing aide services, up to 15 minutes	Trained health care aide <i>(no modifier)</i>	<b><u>\$8.79</u></b>

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Treatments and Transportation				
Procedure Code/ Modifier	LEA Program Usage	Service Description	Qualified Practitioner (Practitioner Modifier)	Maximum Allowable Rate
<b>Medical Transportation</b>				
T2003 TL (IFSP) or T2003 TM (IEP)	Medical transportation, per one-way trip, wheelchair van or litter van	Non-emergency transportation; encounter/trip		\$18.54
A0425 TL (IFSP) or A0425 TM (IEP)	Mileage	Ground mileage, per statute mile		<b><u>\$1.30</u></b>

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

## Local Educational Agency (LEA) Billing Examples

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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,  
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, 2015. 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 (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 (100115).

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 ( $45 \div 15 = 3$ .)

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. In this case, ICD-10-CM code Q87.2 represents congenital malformation syndromes predominantly involving limbs and is entered on the claim as Q872 (no decimal point). 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). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim” 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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1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555	2	38 PAT CNTL #	4 TYPE OF BILL 891
8 PATIENT NAME DOE, JANE	9 PATIENT ADDRESS	5 FED TAX NO.	6 STATEMENT COVERS PERIOD FROM
10 BIRTHDATE 08241999	11 SEX F	12 DATE	13 ADMISSION 13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29
30	31	32	33
34	35	36	37
38	39	40	41
42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV DATE
46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	DEVELOPMENTAL ASSESSMENT	96110GP	100115
2			3
3			64 80
4			
5			
6			
7			
8			
9			
10			
11			
12			
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14			
15			
16			
17			
18			
19			
20			
21			
22			
23	0001 PAGE OF	CREATION DATE	TOTALS 64 80
50 PAYER NAME	51 HEALTH PLAN ID	52 FILL INFO	53 ASO BEN
O/P MEDI-CAL			
54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789
	64 80	57 OTHER PRV ID	
58 INSURED'S NAME	59 P.FEL	60 INSURED'S UNIQUE ID	61 GROUP NAME
		90000000A95001	
62 INSURANCE GROUP NO	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
66 DX	A	B	C
0	D	E	F
G	H	I	J
K	L	M	N
O	P	Q	R
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI
74 PRINCIPAL PROCEDURE DATE	a OTHER PROCEDURE DATE	b OTHER PROCEDURE DATE	75
c OTHER PROCEDURE DATE	d OTHER PROCEDURE DATE	e OTHER PROCEDURE DATE	76 ATTENDING NPI
			QUAL
			LAST
			FIRST
			77 OPERATING NPI
			QUAL
			LAST
			FIRST
80 REMARKS	81 CC	78 OTHER NPI	QUAL
LEA SCHOOL DISTRICT	a	LAST	FIRST
	b	79 OTHER NPI	QUAL
	c	LAST	FIRST
	d		

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

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

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

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

In this case, a licensed speech-language pathologist provides two individual speech therapy sessions to a student with an IEP on October 1, 2015. The morning session lasts 60 minutes and the afternoon session lasts 55 minutes.

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

CPT 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 the six-digit format (100115).

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, three standard 15-minute units in the afternoon and a "rounding up" of the remaining 10 minutes. (For billing purposes, a continuous treatment session of seven or more minutes qualifies to be billed as a unit.)

Enter the usual and customary charges in the *Total Charges* field (Box 47). Enter code 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. In this case, ICD-10-CM code F80.0 represents phonological disorder and is entered on the claim as F800 (no decimal point). 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). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to "Claim Submission: UB-04 Claim" 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).

1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTRL # b. MED REC. #		4 TYPE OF BILL <b>891</b>	
8 PATIENT NAME a			9 PATIENT ADDRESS a				
b <b>DOE, JANE</b>		c		d		e	
10 BIRTHDATE <b>08241999</b>		11 SEX <b>F</b>		12 DATE		13 ADMISSION HR	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
a		b		c		d	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		INITIAL SPEECH THERAPY INDIV		92507GNTM		100115 3 65 49	
2		ADD SPEECH THERAPY INDIV		9250722GNTM		100115 5 98 25	
3							
4							
5							
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21							
22							
23		<b>0001</b>		PAGE OF		CREATION DATE	
24						<b>TOTALS</b>	
25						<b>163 74</b>	
26		50 PAYER NAME		51 HEALTH PLAN ID		52 NPI	
27		O/P MEDI-CAL				<b>0123456789</b>	
28						53 EST. AMOUNT DUE	
29						163 74	
30						54 PRIOR PAYMENTS	
31						55 OTHER PRV ID	
32		58 INSURED'S NAME		59 P.FEL.		60 INSURED'S UNIQUE ID	
33						<b>90000000A95001</b>	
34						61 GROUP NAME	
35						62 INSURANCE GROUP NO.	
36		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
37							
38							
39							
40		<b>D1D1D1D</b>		A		B	
41		0		C		D	
42				E		F	
43				G		H	
44				I		J	
45				K		L	
46				M		N	
47				O		P	
48				Q		R	
49		69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE	
50		a		b		c	
51		74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI	
52		a		b		QUAL	
53						LAST	
54		c		d		77 OPERATING NPI	
55						1234567890	
56						QUAL	
57						LAST	
58						78 OTHER NPI	
59						QUAL	
60						LAST	
61						79 OTHER NPI	
62						QUAL	
63						LAST	
64						FIRST	
65		80 REMARKS		b1CC			
66		LEA SCHOOL DISTRICT		a			
67		SESSION 1: 9 AM SESSION 2: 1 PM		b			
68				c			
69				d			

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

**One Session  
Initial Health Assessment,  
IEP Student**

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

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

In this case a registered credentialed school nurse provides an initial health assessment to a student with an IEP on October 1, 2015.

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

On claim line 1, HCPCS code T1001 (initial or triennial IEP health assessment) is entered with modifier TM (IEP) in the *HCPCS/Rate* field (Box 44). An explanation of code T1001 is placed in the *Description* field (Box 43). The date of service is placed in the *Service Date* field (Box 45) in the six-digit format (100115).

Enter the numeral "1" in the *Service Units* field (Box 46) for code T1001 and the usual and customary charges in the *Total Charges* field (Box 47). Enter code "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. In this case, ICD-10-CM code F50.9 represents an unspecified eating disorder and is entered on the claim as F509 (no decimal point). 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). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to *Claim Submission: UB-04 Claim Form* in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

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

1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL #		4 TYPE OF BILL 891	
8 PATIENT NAME a		9 PATIENT ADDRESS a					
b DOE, JANE		c					
10 BIRTH-DATE 08241999		11 SEX F		12 DATE		13 ADMISSION 13 HPI 14 TYPE 15 SRC	
16 DHR		17 STAT		18		19	
20		21		22		23	
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28		29		30		31	
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**“From-Through” Billing:  
Two or More Sessions  
On Different Dates of  
Service, IEP Student**

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

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

In this case, a licensed speech-language pathologist provides individual speech therapy sessions to a student with an IEP for seven days, starting on October 1, 2015. 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, 2015) in the six-digit format in the *Service Date* field (Box 45) as 100115. No other information is entered on this line.

On claim line 2, enter CPT code 92507 with modifiers GN (licensed speech-language pathologist) and TM (IEP) in the *HCPCS/Rate* field (Box 44). Enter the specific dates the services were rendered (10/1, 2, 3, 4, 5, 6 and 7) in the *Description* field (Box 43). The “through,” or last, date of service (October 7, 2015) is entered in the *Service Date* field (Box 45) as 100715.

**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. In this case, ICD-10-CM code F80.0 represents phonological disorder and is entered on the claim as F800 (no decimal point). 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). For LEA, the independent contractor is defined as a medical professional who is not a direct employee of the LEA and provides health care services to students. (For information about LEAs billing for services rendered by their own employees who do not have individual NPIs, refer to “Claim Submission: UB-04 Claim Form” in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.)

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

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1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555	2		3a PAT ENTL #		4 TYPE OF BILL 891	
8 PATIENT NAME			9 PATIENT ADDRESS			
b DOE, JANE	c	d	e	f	g	h
10 BIRTHDATE 08241999	11 SEX F	12 DATE	13 ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR
17 STAT	18	19	20	21	22	23
24	25	26	27	28	29	30
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
38	39 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	42 VALUE CODES AMOUNT	43	44
45	46	47	48	49	50	51
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	SPEECH THERAPY INITIAL INDIV	92507GNTM	100115	7	458 43	
2	10/1, 2, 3, 4, 5, 6, 7		100715			
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**Retroactive Billing:  
IEP Student**

*Figure 5. Retroactive billing, IEP student.*

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

In this case, two LEA services were rendered in October 2015 to a student with an IEP, 12 months before proof of the student's eligibility could be established. When eligibility was confirmed in October 2016, 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 code 96152 are billed on subsequent claim lines in the *HCPCS/Rate* field (Box 44) for the three services rendered (initial psychological assessment, school health aide services and initial psychology/counseling services). An explanation of each of the services is placed in the *Description* field (Box 43). In addition, the appropriate modifiers are placed next to each procedure code, including the TM modifier to denote the services were performed under an IEP, and modifier AJ next to procedure code 96152 to indicate the initial psychology/counseling service was rendered by a credentialed school social worker.

The date each service was rendered is placed in the *Service Date* field (Box 45) in the six-digit format (100115, 101115 and 101415). Enter the numeral "1" in the *Service Units* field (Box 46) for the initial assessment and counseling service (CPT code 96152) and the numeral "3" in the *Service Units* field for the school health aide services. The "3" represents the 45 minutes that the trained health care aide spent with the student. School health aide services are billed in 15-minute increments ( $45 \div 15 = 3$ ).

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).

An appropriate ICD-10-CM diagnosis code is entered in Box 67. In this case, ICD-10-CM code F72 represents severe intellectual disabilities and is entered on the claim as F72. 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).

1 LEA SCHOOL DISTRICT 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT CNTL # b. MED REC #		4 TYPE OF BILL 891	
8 PATIENT NAME a DOE, JANE				9 PATIENT ADDRESS a			
10 BIRTHDATE 08241999		11 SEX F		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR	
17 STAT		18		19		20	
21		22		23		24	
25		26		27		28	
29 ACOT STATE		30		31 OCCURRENCE CODE		32 OCCURRENCE DATE	
33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH	
37		38		39 VALUE CODES CODE		40 VALUE CODES AMOUNT	
41 VALUE CODES CODE		42 VALUE CODES AMOUNT		43		44	
45		46		47		48	
49		50		51		52	
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# Local Educational Agency (LEA) Eligible Students



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

## Eligible Students

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

- Programs solely funded by the State
- Minor Consent Program

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

## Ineligible Aid Codes

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

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

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

### Determining Eligibility

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

- For a one-year retroactive period, beginning with the date of enrollment, and then on a quarterly basis, LEAs may obtain eligibility verification information by sending data in a specific format via the Internet. This is a unique process created by the Department of Health Care Services (DHCS) specifically for LEAs. Information about this process is available to LEAs from DHCS Information Technology Services Division (ITSD). (Contact information for ITSD is available in the *Local Educational Agency (LEA)* section of this manual.) ITSD representatives provide LEAs with data layout formats and specific information to perform the process.
- *Memorandum of Understanding (MOU)*: LEAs may enter into an agreement with their county welfare department to process the eligibility files for their service population. The county may process the student files and return eligibility information to the LEA as a provider. At a minimum, the LEA will need to provide the county with two or more of the following: The name, date of birth and Social Security Number for each individual for which eligibility information is sought. Additional information and requirements may differ depending on the arrangements made with individual county welfare offices.



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

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

- Medi-Cal Web site on the Internet at [www.medi-cal.ca.gov](http://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](http://www.medi-cal.ca.gov). To view the list, click the "Technical Specs" link and then the "CMC Developers, Vendors and Billing Services Directory" link.



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

## IEP/IFSP Assessments

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

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

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

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

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Service Limitations

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

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

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

# Local Educational Agency (LEA) Rendering Practitioner Qualifications

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

## Qualified LEA Rendering Practitioners

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

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

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

## Scope of Service

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

Documenting Practitioner  
Qualifications

The LEA provider must maintain documented evidence of each rendering practitioner's license, certification, registration or credential to practice in California. (Applies to all except trained health care aide practitioners.)

Suspended Medi-Cal  
Providers Excluded

Suspended Medi-Cal providers may not render LEA services. For information about suspended providers, refer to the Suspended and Ineligible Providers List, which is available on the Internet at [www.medi-cal.ca.gov](http://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](http://www.ctc.ca.gov).

**Registered Credentialed  
School Nurses**

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

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

**Licensed Registered  
Nurses**

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

CCR, Title 22, Section 51067.

**Certified Public  
Health Nurses**

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

CCR, Title 16, Section 1491.

**Certified Nurse  
Practitioners**

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

CCR, Title 22, Section 51170.3.

**Licensed Vocational Nurses**

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

*Business and Professions Code*, Section 2841.

**Trained Health  
Care Aides**

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

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

**Licensed Physicians  
and Psychiatrists**

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

*Education Code*, Section 44873.

**Licensed Optometrists**

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

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

**Licensed Clinical  
Social Workers**

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

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

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

*CCR, Title 5*, Section 3065.

**Credentialed School  
Social Workers**

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

*Education Code*, Section 49422(a).

**Licensed Psychologists**

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

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

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

*CCR, Title 5*, Sections 3065 and 3029.



**Licensed Educational Psychologists**

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

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

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

*CCR, Title 5*, Sections 3065 and 3029.

**Credentialed School Psychologists**

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

*Education Code*, Section 49422(a).

**Licensed Marriage and Family Therapists**

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

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

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

*CCR, Title 5*, Section 3065.

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**Credentialed School Counselors**

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

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

**Licensed Physical Therapists**

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

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

**Registered Occupational Therapists**

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

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

**Licensed Speech-Language Pathologists**

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

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

**Speech-Language Pathologists**

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

*Education Code*, Sections 49422(a) and 44265.3.

**Licensed Audiologists**

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

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

**Audiologists**

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

*Education Code*, Section 49422(a).

**Registered School Audiometrists**

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

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

**Program Specialists**

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

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



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

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Rendering Practitioners:  
 Reimbursable Services

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

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

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**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.

<b>Qualified Practitioner</b>	<b>Supervision Requirement</b>
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)
<b><u>Speech-language pathologist with a valid preliminary or professional clear services credential</u></b>	<b><u>No supervision required to provide hearing assessments (screenings)</u></b>
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 <b><u>or speech-language pathologist with a valid professional clear services credential</u></b> to provide hearing assessments (screenings)



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**Supervising Speech-Language Pathologist and/or Audiologist**

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

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

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

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

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

**Service Limitations: Annual**

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

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

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

**Service Limitations: Daily**

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

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

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

**Initial and Additional Treatment Services**

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

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

**Procedure Codes/Service  
Limitations Chart:  
Audiology Services**

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

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

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

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>Non-IEP/IFSP Assessments (Screenings)</b>		
<p><i>Qualified Practitioners (Modifier): Licensed physician/psychiatrist (AG)                      Licensed speech-language pathologist (GN)                      Speech-language pathologist (GN)                      Licensed audiologist (no modifier)                      Audiologist (no modifier)                      Registered school audiometrist (no modifier)                      Registered credentialed school nurse (who is also a registered school audiometrist) (TD)</i></p>		
92551	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day  24 services (assessment, treatment or transportation services) per state fiscal year
92552	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day  24 services (assessment, treatment or transportation services) per state fiscal year
<b>Treatments</b>		
92507 TL (IFSP) or 92507 TM (IEP) or 92507 (non-IEP/IFSP)	Audiology initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day  See “Service Limitations: Annual” for additional information
92507 22 TL (IFSP) or 92507 22 TM (IEP) or 92507 22 (non-IEP/IFSP)	Audiology service, additional 15-minute increment	21 units per day  See “Service Limitations: Annual” for additional information
V5011 TL (IFSP) or V5011 TM (IEP)	Hearing check	One per day  See “Service Limitations: Annual” for additional information

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

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

**Nursing and School  
Health Aide Services\***

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

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

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

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Covered Services

Nursing services include:

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

Rendering Practitioners:  
Reimbursable Services

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

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

**Recommendations**

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

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

**Supervision Requirements**

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

Qualified Practitioner	Supervision Requirement
Registered credentialed school nurse	No supervision required to provide nursing services
<p>The following practitioners if they do not have a valid school nurse services credential or a valid credential issued prior to the operative date of Section 25 of Chapter 557 of the Statutes of 1990:</p> <p>Licensed registered nurse                      Certified public health nurse                      Certified nurse practitioner</p>	<p>Requires supervision by a registered credentialed school nurse to provide nursing services</p> <p><b>Note:</b> Certified public health nurses do not require supervision by a registered credentialed school nurse to provide specialized physical health care services</p>
Licensed vocational nurse	Requires supervision by a licensed physician, registered credentialed school nurse or certified public health nurse to provide nursing treatment services
Trained health care aide	<p>Requires supervision by a licensed physician or surgeon, registered credentialed school nurse or certified public health nurse to provide school health aide treatment services</p> <p><b><u>Note: The supervising practitioner's signature, title and date of signature must be included on the nursing treatment log. The nursing treatment log should be included with the supporting documentation required for continuous monitoring of a medically necessary specialized physical health care service.</u></b></p>

**Service Limitations: Annual**

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

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

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

**Service Limitations: Daily**

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

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

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

**Treatment Services Billed Using 15-Minute Increments**

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



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

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

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

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
T1001 TL (IFSP)	Initial IFSP health assessment	One per lifetime per provider
T1001 TM (IEP)	Initial or triennial IEP health assessment	One every <b>third state fiscal year</b> per provider
T1001 52 TL (IFSP) or T1001 52 TM (IEP)	Annual IEP/IFSP health assessment	One every <b>state fiscal year</b> 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 <b>30 days</b> per provider
<b>Non-IEP/IFSP Assessments</b>		
96150 TD	Health/nutrition assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per <b>state fiscal year</b>
96151 TD	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day 24 services (assessment, treatment or transportation services) per <b>state fiscal year</b>
99401 TD	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per <b>state fiscal year</b>
99173 TD	Vision assessment	One per day 24 services (assessment, treatment or transportation services) per <b>state fiscal year</b>

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

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

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

**Occupational Therapy**

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

**Covered Services**

Occupational therapy services include:

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

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Rendering Practitioners:  
Reimbursable Services

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

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

**Prescriptions**

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

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

**Supervision Requirements**

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

**Service Limitations: Annual**

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

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

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

**Service Limitations: Daily**

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

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

**Initial and Additional Treatment Services**

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

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

**Procedure Codes/Service Limitations Chart: Occupational Therapy Services**

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

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

<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>LEA Limitations (Per Student)</b>
<b>IEP/IFSP Assessments</b>		
<b><u>97167 TL (IFSP)</u></b>	Initial IFSP occupational therapy assessment	One per lifetime per provider
<b><u>97167 TM (IEP)</u></b>	Initial or triennial IEP occupational therapy assessment	One every third state fiscal year per provider
<b><u>97167 52 TL (IFSP)</u> or <u>97167 52 TM (IEP)</u></b>	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
<b><u>97168 TL (IFSP)</u> or <u>97168 TM (IEP)</u></b>	Amended IEP/IFSP occupational therapy assessment	One every 30 days per provider
<b>Non-IEP/IFSP Assessments</b>		
96110 GO	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day  24 services (assessment, treatment or transportation services) per state fiscal year
<b>Treatments</b>		
97110 GO TL (IFSP) or 97110 GO TM (IEP) or 97110 GO (non-IEP/IFSP)	Occupational therapy initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day  See “Service Limitations: Annual” for additional information
97110 22 GO TL (IFSP) or 97110 22 GO TM (IEP) or 97110 22 GO (non-IEP/IFSP)	Occupational therapy service, additional 15-minute increment	21 units per day  See “Service Limitations: Annual” for additional information

# Local Educational Agency (LEA) Service: Physical Therapy

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

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

## Physical Therapy

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

## Covered Services

Physical therapy services include:

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

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Rendering Practitioners:  
Reimbursable Services

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

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

**Prescriptions**

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

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

**Supervision Requirements**

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



**Service Limitations: Annual**

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

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

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

**Service Limitations: Daily**

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

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

**Initial and Additional Treatment Services**

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

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

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**Procedure Codes/Service  
Limitations Chart:  
Physical Therapy  
Services**

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

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

<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>LEA Limitations (Per Student)</b>
<b>IEP/IFSP Assessments</b>		
<b><u>97163 TL (IFSP)</u></b>	Initial IFSP physical therapy assessment	One per lifetime per provider
<b><u>97163 TM (IEP)</u></b>	Initial or triennial IEP physical therapy assessment	One every third state fiscal year per provider
<b><u>97163 52 TL (IFSP)</u> or <u>97163 52 TM (IEP)</u></b>	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
<b><u>97164 TL (IFSP) or</u> <u>97164 TM (IEP)</u></b>	Amended IEP/IFSP physical therapy assessment	One every 30 days per provider
<b>Non-IEP/IFSP Assessments</b>		
96110 GP	Developmental assessment, each completed 15-minute increment (applies to initial assessment and re-assessment)	4 units per day  24 services (assessment, treatment or transportation services) per state fiscal year
<b>Treatments</b>		
97110 GP TL (IFSP) or 97110 GP TM (IEP) or 97110 GP (non-IEP/IFSP)	Physical therapy initial service, 15 – 45 continuous minutes (bill 1 unit per 15-minute increment)	3 units per day  See “Service Limitations: Annual” for additional information
97110 22 GP TL (IFSP) or 97110 22 GP TM (IEP) or 97110 22 GP (non-IEP/IFSP)	Physical therapy service, additional 15-minute increment	21 units per day  See “Service Limitations: Annual” for additional information

# Local Educational Agency (LEA) Service: Physician Billable Procedures

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

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

## Physician/Psychiatrist Services

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

### Covered Services

Physician/psychiatrist services include:

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

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Rendering Practitioners:  
Reimbursable Services

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

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

**Recommendations**

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

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

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

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

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

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

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

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

**Service Limitations: Daily**

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

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

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

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

**Initial and Additional Treatment Services**

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

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

**Procedure Codes/Service  
Limitations Chart:  
Physician Services**

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

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

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

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



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

# Local Educational Agency (LEA) Service: Psychology/Counseling

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

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

## Psychology and Counseling Services

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

## Covered Services

Psychology and counseling services include:

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

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Rendering Practitioners:  
Reimbursable Services

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

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

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**Recommendations**

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

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

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

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

**Supervision Requirements**

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

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

**Service Limitations: Annual**

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

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

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

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**Service Limitations: Daily**

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

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

**Initial and Additional Treatment Services**

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

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided (*California Code of Regulations* [CCR], Title 22, Sections 51507[b][5] and 51507.1[b][4]). Additional LEA services must be billed in conjunction with an initial service treatment CPT 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 Practitioner”* text in italics indicates that an additional modifier (beyond those already indicated in the “Procedure Code/Modifier” column) must be entered on the claim to identify the type of practitioner who rendered the service. Service limitations also are included.

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

<b>Procedure Code/ Modifier</b>	<b>LEA Program Usage</b>	<b>LEA Limitations (Per Student)</b>
<b>IEP/IFSP Assessments</b>		
Psychological Assessment <i>Qualified Practitioners (Modifier): Licensed psychologist (no modifier) Licensed educational psychologist (no modifier) Credentialed school psychologist (no modifier)</i>		
<b>96130</b> TL (IFSP)	Initial IFSP psychological assessment	One per lifetime per provider
<b>96130</b> TM (IEP)	Initial or triennial IEP psychological assessment	One every third state fiscal year per provider
<b>96130</b> 52 TL (IFSP) or <b>96130</b> 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
<b>96130</b> TS TL (IFSP) or <b>96130</b> TS TM (IEP)	Amended IEP/IFSP psychological assessment	One every 30 days per provider

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



Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>Non-IEP/IFSP Assessments</b>		
Psychosocial Status Assessment <i>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 &amp; family therapist (no modifier)            Credentialed school counselor (no modifier)</i>		
96150	Psychosocial status assessment, each completed 15-minute increment	4 units per day  24 services (assessment, treatment or transportation services) per <b><u>state fiscal year</u></b>
96151	Psychosocial status re-assessment, each completed 15-minute increment	4 units per day  24 services (assessment, treatment or transportation services) per <b><u>state fiscal year</u></b>
Health Education/Anticipatory Guidance <i>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 &amp; family therapist (no modifier)            Credentialed school counselor (no modifier)            Licensed physician/psychiatrist (AG)            Registered credentialed school nurse (TD)</i>		
99401	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	4 units per day  24 services (assessment, treatment or transportation services) per <b><u>state fiscal year</u></b>

Procedure Code/ Modifier	LEA Program <u>Usage</u>	LEA Limitations (Per Student)
<b>Treatments</b>		
<i>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 &amp; family therapist (no modifier)            Licensed physician/psychiatrist (AG)</i>		
96152 TL (IFSP) or 96152 TM (IEP) or 96152 (non-IEP/IFSP)	Psychology/counseling initial service, 15 – 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day  See “Service Limitations: Annual” for additional information
96152 22 TL (IFSP) or 96152 22 TM (IEP) or 96152 22 (non-IEP/IFSP)	Psychology/counseling additional 15-minute increment, individual	21 units per day  See “Service Limitations: Annual” for additional information
96153 TL (IFSP) or 96153 TM (IEP) or 96153 (non-IEP/IFSP)	Psychology/counseling initial service, 15 – 45 continuous minutes, group (bill 1 unit per 15-minute increment)	3 units per day  See “Service Limitations: Annual” for additional information
96153 22 TL (IFSP) or 96153 22 TM (IEP) or 96153 22 (non-IEP/IFSP)	Psychology/counseling additional 15-minute increment, group	21 units per day  See “Service Limitations: Annual” for additional information

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*	IEP/IFSP speech-language assessments
Speech-language pathologists*	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

\* 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 Practitioner	Supervision Requirement
Licensed speech-language pathologist  Speech-language pathologist with a valid preliminary or professional clear services credential	No supervision required to provide speech therapy services
Speech-language pathologist with a valid clinical or rehabilitative services credential with an authorization in language, speech and hearing or a valid credential <b><u>as provided in Education Code 49422(a)</u></b>	Requires supervision by a licensed speech-language pathologist or speech-language pathologist with a valid professional clear services credential to provide speech therapy services

Supervising  
Speech-Language  
Pathologist

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

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

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

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

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

**Service Limitations: Annual**

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

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

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

**Service Limitations: Daily**

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

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

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

**Initial and Additional Treatment Services**

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

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

**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 GT (service rendered via interactive audio and video telecommunications systems) and the appropriate CPT-4 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-4 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 GT.

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.



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

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Evaluation of Speech Fluency (92521) continued</u></b>		
<b><u>92521</u></b> <b><u>TS, GN, TL</u></b>	<b><u>Amended IFSP evaluation of speech fluency</u></b>	<b><u>One every 30 days per provider</u></b>
<b><u>92521</u></b> <b><u>TS, GN, TL, GT,</u></b> <b><u>(Telehealth)</u></b>	<b><u>Amended IFSP evaluation of speech fluency via telehealth</u></b>	
<b><u>92521</u></b> <b><u>TS, GN, TM</u></b>	<b><u>Amended IEP evaluation of speech fluency</u></b>	<b><u>One every 30 days per provider</u></b>
<b><u>92521</u></b> <b><u>TS, GN, TM, GT</u></b> <b><u>(Telehealth)</u></b>	<b><u>Amended IEP evaluation of speech fluency via telehealth</u></b>	
<b><u>Evaluation of Speech Sound Production (92522)</u></b>		
<b><u>92522</u></b> <b><u>GN, TL</u></b>	<b><u>Initial IFSP evaluation of speech sound production</u></b>	<b><u>One per lifetime per provider</u></b> <b><u>Cannot be reimbursed if 92523 is paid for same student on the same day.</u></b>
<b><u>92522</u></b> <b><u>GN, TL, GT (Telehealth)</u></b>	<b><u>Initial IFSP evaluation of speech sound production via telehealth</u></b>	
<b><u>92522</u></b> <b><u>GN, TM</u></b>	<b><u>Initial or triennial IEP evaluation of speech sound production</u></b>	<b><u>One every third state fiscal year per provider</u></b> <b><u>Cannot be reimbursed if 92523 is paid for same student on the same day.</u></b>
<b><u>92522</u></b> <b><u>GN, TM, GT (Telehealth)</u></b>	<b><u>Initial or triennial IEP evaluation of speech sound production via telehealth</u></b>	
<b><u>92522</u></b> <b><u>52, GN, TL</u></b>	<b><u>Annual IFSP evaluation of speech sound production</u></b>	<b><u>One every state fiscal year per provider when an initial IFSP evaluation of speech sound production (92522 GN, TL) is not billed</u></b> <b><u>Cannot be reimbursed if 92523 is paid for same student on the same day.</u></b>

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

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Evaluation of Speech Sound Production (92522) continued</u></b>		
<b><u>92522</u></b> <b><u>TS, GN, TM</u></b>	<b><u>Amended IEP evaluation of speech sound production</u></b>	<b><u>One every 30 days per provider</u></b>
<b><u>92522</u></b> <b><u>TS, GN, TM, GT</u></b> <b><u>(Telehealth)</u></b>	<b><u>Amended IEP evaluation of speech sound production via telehealth</u></b>	<b><u>Cannot be reimbursed if 92523 is paid for same student on the same day.</u></b>
<b><u>Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523)</u></b>		
<b><u>92523</u></b> <b><u>GN, TL</u></b>	<b><u>Initial IFSP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>One per lifetime per provider</u></b>
<b><u>92523</u></b> <b><u>GN, TL, GT (Telehealth)</u></b>	<b><u>Initial IFSP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>92523</u></b> <b><u>GN, TM</u></b>	<b><u>Initial or triennial IEP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>One every third state fiscal year per provider</u></b>
<b><u>92523</u></b> <b><u>GN, TM, GT (Telehealth)</u></b>	<b><u>Initial or triennial IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523) continued</u></b>		
<b><u>92523 52, GN, TL</u></b>	<b><u>Annual IFSP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>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</u></b>  <b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>92523 52, GN, TL, GT (Telehealth)</u></b>	<b><u>Annual IFSP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>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, GT) is not billed</u></b>  <b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>92523 52, GN, TM</u></b>	<b><u>Annual IEP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>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</u></b>  <b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Evaluation of Speech Sound Production with Evaluation of Language Comprehension/Expression (92523) continued</u></b>		
<b><u>92523</u> <u>52, GN, TM, GT</u> <u>(Telehealth)</u></b>	<b><u>Annual IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>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, GT) is not billed</u></b>  <b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>92523</u> <u>TS, GN, TL</u></b>	<b><u>Amended IFSP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>One every 30 days per provider</u></b>
<b><u>92523</u> <u>TS, GN, TL, GT</u> <u>(Telehealth)</u></b>	<b><u>Amended IFSP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>92523</u> <u>TS, GN, TM</u></b>	<b><u>Amended IEP evaluation of speech sound production with evaluation of language comprehension/expression</u></b>	<b><u>One every 30 days per provider</u></b>
<b><u>92523</u> <u>TS, GN, TM, GT</u> <u>(Telehealth)</u></b>	<b><u>Amended IEP evaluation of speech sound production with evaluation of language comprehension/expression via telehealth</u></b>	<b><u>Cannot be reimbursed if 92522 is paid for same student on the same day.</u></b>
<b><u>Behavioral and Qualitative Analysis of Voice and Resonance (92524)</u></b>		
<b><u>92524</u> <u>GN, TL</u></b>	<b><u>Initial IFSP behavioral and qualitative analysis of voice and resonance</u></b>	<b><u>One per lifetime per provider</u></b>
<b><u>92524</u> <u>GN, TL, GT (Telehealth)</u></b>	<b><u>Initial IFSP behavioral and qualitative analysis of voice and resonance via telehealth</u></b>	

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Behavioral and Qualitative Analysis of Voice and Resonance (92524) continued</u></b>		
<b><u>92524 GN, TM</u></b>	<b><u>Initial or triennial IEP behavioral and qualitative analysis of voice and resonance</u></b>	<b><u>One every third state fiscal year per provider</u></b>
<b><u>92524 GN, TM, GT (Telehealth)</u></b>	<b><u>Initial or triennial IEP behavioral and qualitative analysis of voice and resonance via telehealth</u></b>	
<b><u>92524 52, GN, TL</u></b>	<b><u>Annual IFSP behavioral and qualitative analysis of voice and resonance</u></b>	<b><u>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</u></b>
<b><u>92524 52, GN, TL, GT (Telehealth)</u></b>	<b><u>Annual IFSP behavioral and qualitative analysis of voice and resonance via telehealth</u></b>	<b><u>One every state fiscal year per provider when an initial IFSP behavioral and qualitative analysis of voice and resonance via telehealth (92524 GN, TL, GT) is not billed</u></b>
<b><u>92524 52, GN, TM</u></b>	<b><u>Annual IEP behavioral and qualitative analysis of voice and resonance</u></b>	<b><u>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</u></b>
<b><u>92524 52, GN, TM, GT (Telehealth)</u></b>	<b><u>Annual IEP behavioral and qualitative analysis of voice and resonance via telehealth</u></b>	<b><u>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, GT) is not billed</u></b>

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>IEP/IFSP Assessments</b>		
<b><u>Behavioral and Qualitative Analysis of Voice and Resonance (92524) continued</u></b>		
<u>92524</u> <u>TS, GN, TL</u>	<u>Amended IFSP behavioral and qualitative analysis of voice and resonance</u>	<u>One every 30 days per provider</u>
<u>92524</u> <u>TS, GN, TL, GT</u> <u>(Telehealth)</u>	<u>Amended IFSP behavioral and qualitative analysis of voice and resonance via telehealth</u>	
<u>92524</u> <u>TS, GN, TM</u>	<u>Amended IEP behavioral and qualitative analysis of voice and resonance</u>	<u>One every 30 days per provider</u>
<u>92524</u> <u>TS, GN, TM, GT</u> <u>(Telehealth)</u>	<u>Amended IEP behavioral and qualitative analysis of voice and resonance via telehealth</u>	
<b><u>Speech Therapy Treatments (1 Unit = 15 Minutes)</u></b>		
<u>92507</u> <u>GN, TL</u>	<u>IFSP individual speech therapy initial service, 15 – 45 minutes</u>	<u>3 units per day per provider</u>
<u>92507</u> <u>GN, TL, GT (Telehealth)</u>	<u>IFSP individual speech therapy initial service, 15 – 45 minutes, via telehealth</u>	
<u>92507</u> <u>GN, TM</u>	<u>IEP individual speech therapy initial service, 15 – 45 minutes</u>	<u>3 units per day per provider</u>
<u>92507</u> <u>GN, TM, GT</u> <u>(Telehealth)</u>	<u>IEP individual speech therapy initial service, 15 – 45 minutes, via telehealth</u>	
<u>92507</u> <u>22, GN, TL</u>	<u>IFSP individual speech therapy service, additional 15 minute increment</u>	<u>21 units per day per provider</u>
<u>92507</u> <u>22, GN, TL, GT</u> <u>(Telehealth)</u>	<u>IFSP individual speech therapy service, additional 15 minute increment, via telehealth</u>	



Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b><u>Speech Therapy Treatments (1 Unit = 15 Minutes) continued</u></b>		
<u>92507</u> <u>22, GN, TM</u>	<u>IEP individual speech therapy service, additional 15 minute increment</u>	<u>21 units per day per provider</u>
<u>92507</u> <u>22, GN, TM, GT (Telehealth)</u>	<u>IEP individual speech therapy service, additional 15 minute increment, via telehealth</u>	
<u>92508</u> <u>GN, TL</u>	<u>IFSP group speech therapy initial service, 15 – 45 minutes</u>	<u>3 units per day per provider</u>
<u>92508</u> <u>GN, TL, GT (Telehealth)</u>	<u>IFSP group speech therapy initial service, 15 – 45 minutes via telehealth</u>	
<u>92508</u> <u>GN, TM</u>	<u>IEP group speech therapy initial service, 15 – 45 minutes</u>	<u>3 units per day per provider</u>
<u>92508</u> <u>GN, TM, GT (Telehealth)</u>	<u>IEP group speech therapy initial service, 15 – 45 minutes via telehealth</u>	
<u>92508</u> <u>22, GN, TL</u>	<u>IFSP group speech therapy service, additional 15 minute increment</u>	<u>21 units per day per provider</u>
<u>92508</u> <u>22, GN, TL, GT (Telehealth)</u>	<u>IFSP group speech therapy service, additional 15 minute increment via telehealth</u>	
<u>92508</u> <u>22, GN, TM</u>	<u>IEP group speech therapy service, additional 15 minute increment</u>	<u>21 units per day per provider</u>
<u>92508</u> <u>22, GN, TM, GT (Telehealth)</u>	<u>IEP group speech therapy service, additional 15 minute increment via telehealth</u>	

Procedure Code/ Modifier	LEA Program Usage	LEA Limitations (Per Student)
<b>Non-IEP/IFSP Assessments</b>		
92551 GN	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day 24 services (assessment, treatment or transportation services) per state fiscal year
92552 GN	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day 24 services (assessment, treatment or transportation services) per state fiscal year
96110 GN	Developmental assessment, each completed 15 minute increment (applies to initial assessment and re-assessment)	4 units per day 24 services (assessment, treatment or transportation services) per state fiscal year

# Local Educational Agency (LEA) Service: Targeted Case Management

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

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

## Targeted Case Management Services

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

## Components

The components of TCM include:

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

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### **Coordinating TCM**

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

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

### **Supervision Requirements**

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

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

**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 should meet 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 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 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 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.

**TCM Services Billed  
Using 15-Minute  
Increments**

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

**TCM Labor Survey**

Effective July 1, 2015, TCM claims with dates of service on or after July 1, 2015, will be suspended until a rate methodology has been approved by the Centers for Medicare and Medicaid Services (CMS). In addition, the TCM Labor Survey will no longer be valid effective July 1, 2015. The LEA Medi-Cal Billing Option Program is preparing to submit a new rate methodology to CMS that will include TCM services. TCM claims under the new rate methodology may be retroactive to July 1, 2015.

**Procedure Codes/Service Limitations Chart:  
Targeted Case Management**

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

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

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

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

This section contains information about 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.

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

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

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

**Optometry Services**

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

**Covered Services**

Optometry services include:

- Non-IEP/IFSP vision assessments

**Rendering Practitioners:  
Reimbursable Services**

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

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

**Recommendations**

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

**Supervision Requirements**

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

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

**Service Limitations: Annual**

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

**Service Limitations: Daily**

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

**Procedure Codes/Service Limitations Chart:  
Vision Assessments**

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

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

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

## Local Educational Agency (LEA): Telehealth

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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 care while the patient is at the originating site and the health care provider is at the distant site. 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-4 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-4 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	<p>An “originating site” is where the student is located at the time health care services are provided via a telecommunications system.</p> <p>A “distant site” is where the health care provider is located while providing services via a telecommunication system.</p>
Modifier GT	<p>Qualified services provided by interactive telehealth must be billed with modifier GT (service rendered via interactive audio and video telecommunications systems). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier GT.</p> <p>Qualified services provided at the originating site (in-person with the student) during a telehealth transmission are billed according to standard Medi-Cal practices (without modifier GT).</p> <p>The use of modifier GT does not alter reimbursement for the CPT-4 code billed.</p>
Required Documentation	<p>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 GT.</p> <p>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.</p> <p>Documentation and records retention requirements are described in the <i>Local Educational Agency (LEA): A Provider’s Guide</i> section of this manual.</p>
<b>Interactive Telemedicine Reimbursable Services</b>	<p>Speech therapy services are reimbursable when performed according to telemedicine guidelines and billed with modifier GT and the appropriate CPT-4 code.</p> <p>Facility fee and transmission costs incurred while providing telehealth services via audio/video communication are not reimbursable.</p> <p>Refer to the <i>Local Educational Agency (LEA) Service: Speech Therapy</i> section of this provider manual for CPT-4 codes and descriptions.</p>