



Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

**MEMORANDUM**

**HEALTHCHOICE AND ACUTE CARE ADMINISTRATION**

**To:** School Health Providers (Provider Type 91- IEP/IFSP Services)  
**From:** Staff Specialist, Division of Children's Services  
**Subject:** Maryland Medicaid Enrollment  
**Date:** August, 2000

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Thank you for your interest in participating with the Maryland Medicaid Program. Maryland Medicaid requires that school providers who provide medically necessary health related services in accordance with an Individualized Education Plan(IEP) or Individual Family Services Plan (IFSP) be an agency within the State that:

- a. Operates programs with special education and related services for children with disabilities, in accordance with COMAR 13A.05.01
- b. Is eligible to receive, through MSDE, funding from Assistance to States for the Education of Children with Disabilities under Part B of the Individuals with Disabilities Education Act
- c. Convene or participate on an ARD Committee or Committees in accordance with COMAR 13A.05.01.08
- d. Employ or have under contract qualified personnel to meet the Medicaid Program's criteria

In addition to the traditional enrollment forms that must be completed and returned to the Medicaid Program for review, a Memorandum of Understanding(MOU) between the Department of Health and Mental Hygiene(DHMH), Maryland State Department of Education(MSDE) and the Provider must be established prior to enrollment into the Medicaid Program. An MOU between DHMH, MSDE and the local lead agency must be established for those agencies providing IFSP services. (There must also be an interagency agreement between MSDE and the local health department(LHD) if LHD is the lead agency providing IFSP services.) A copy of the MOU(s) must be forwarded with the traditional enrollment forms.

On the opposite side of this memo are forms and information that should be included with your enrollment packet to provide IEP/IFSP services.

Following is the information that should be included in this enrollment packet for providers of IEP/IFSP services:

- ◆ Provider Application Form and Instructions
- ◆ General Medical Assistance Provider Participation Criteria (COMAR 10.09.36)
- ◆ EPSDT School Health-Related Services or Health-Related Early Intervention Services (COMAR 10.09.50)
- ◆ Service Coordination for Children with Disabilities (COMAR 10.09.52)
- ◆ Transportation Services Under the Individuals with Disabilities Education Act(IDEA) (COMAR 10.09.25)
- ◆ Provider Handbook
- ◆ Addendum Billing Instructions for IEP/IFSP Services
- ◆ General Medicaid Billing Instructions - HCFA 1500
- ◆ Maryland Medicaid Remittance Advice Description
- ◆ Maryland Medicaid's Most Frequently Requested Telephone Numbers

Notify the Provider Masterfile Unit at (410)767-5340 if any of this information has not been included in your enrollment application packet.

**It is important to remember that all traditional enrollment forms be completed appropriately *and have an original signature*. A copy of the MOU *must* be included with your enrollment packet. Incomplete or omitted forms will delay the review process of your application.**

Contact the Division of Children's Services at (410)767-1485 or 1-800-685-5861 if you have any questions regarding Maryland Medicaid's coverage or regulations for IEP/IFSP services. Again, thank you for your interest in participating with the Maryland Medicaid Program.

# BILLING PROCEDURES FOR EPSDT SCHOOL HEALTH RELATED SERVICES AND HEALTH RELATED EARLY INTERVENTION SERVICES (COMAR 10.09.50)

(INCLUDING SERVICE COORDINATION(10.09.52) AND TRANSPORTATION  
SERVICES(10.09.25)

## OVERVIEW

The following billing instructions are to be used for Medical Assistance recipients who are eligible for and receive school health-related services identified in an Individualized Education Program(IEP) or Health-Related Early Intervention service identified in an Individualized Family Service Plan (IFSP). The services must be medically necessary and appropriate to evaluate the need for, develop, or implement a child's IEP, or IFSP. Health related services or health-related early intervention services(including transportation) outlined in the IEP or IFSP, must be approved by the multidisciplinary team which develops the recipient's IEP or IFSP for continued treatment.

IEP or IFSP services are to be billed under the assigned Medicaid provider number. Local lead agencies must utilize the assigned Medicaid provider number to bill for IFSP services. Additionally, the local lead agencies can bill for targeted case management services under the assigned Childrens Medical Services (CMS) provider number.

## LIMITATIONS

COMAR 10.09.50 regulations prohibit billing for:

- services rendered by mail or telephone or in which the participant(or participant's parent/guardian on the participant's behalf) is not present,
- completion of forms or reports,
- broken or missed appointments, or
- services which duplicate a service that a recipient is receiving under another medical care program.

## EVS

The Eligibility Verification System (EVS) is a telephone inquiry system that enables health care providers to verify quickly and efficiently a Medicaid recipient's current eligibility status. The EVS message is only applicable to the recipient's eligibility on the day of the call. Medicaid eligibility should be verified on EACH DATE OF SERVICE prior to rendering services.

Although you are not required to use EVS, it is to your advantage to do so to prevent the rejection of claims for services rendered to a canceled/non-eligible recipient.

## DEFINITIONS

ARD - Admission, Review and Dismissal

Case Management Services - Infant and Toddler Program services that will assist individuals eligible under the plan in gaining access to needed medical, social, educational, and other services as indicated on an IFSP. (Can only be billed under the CMS provider number)

CMS - Childrens Medical Services

EVS - Eligibility Verification System

IDEA - Individuals with Disabilities Education Act

IEP - Individualized Education Program

IFSP - Individualized Family Services Plan

LHD - Local Health Department

Local Lead Agency - the agency designated by the local governing authority in each county and Baltimore City to administer the interagency system of early intervention services under the direction of the State Department of Education in accordance with Education Article, §8-416. Annotated Code of Maryland.

MCO - Managed Care Organization

Multidisciplinary Team - a group convened and conducted by an eligible provider to develop a participant's IEP, which is composed of a child's parent or parents, the child's teacher, and relevant service providers.

Nursing Care Plan - an individualized health care plan written by a registered nurse which determines the course of action, including specific interventions and times that a nurse uses to meet the health needs of a child.

Participant - A Medical Assistance recipient who is eligible for and receives health-related services in an IEP or health-related early intervention services in an IFSP.

Provider - a local education agency, local lead agency, State-operated education agency, or State-supported education agency which meets the conditions for participation as defined in Regulation .03 of COMAR 10.09.50 to provide health-related services in an IEP or IFSP.

Service Coordination - case management services which assist participants in gaining access to the services recommended in the participant's IEP.

PROCEDURE CODES AND DEFINITIONS  
SERVICE COORDINATION FOR IEP

INITIAL IEP - W9930 - \$500.00\*

Unit of service = 1 initial service - billed once in a lifetime

The initial IEP consists of convening and conducting an Admission, Review, and Dismissal (ARD) Committee to perform a multidisciplinary assessment, and to develop an initial IEP for a participant.

The IEP is a written description of special education and health -related services developed by the multidisciplinary team to be implemented to meet the individual needs of a child. This requires at least one contact with the participant or the participant's family, on the participant's behalf.

ONGOING SERVICE COORDINATION - W9931 - \$150.00\*

Unit of service = one month of care coordination (cannot be billed if the initial or review IEP was already billed for the same month)

Service Coordination is a continuum of services during the month regardless of the number of contacts made to the individual and family. At least one(1) contact per month by the service coordinator. The contact may be in person, by telephone or in writing, with participant or parent/guardian, on the participant's behalf, relating to the child's ongoing service coordination.

NOTE: A SIGNED CONSENT FORM FOR SERVICE COORDINATION FROM THE PARTICIPANT'S PARENT MUST BE ON FILE PRIOR TO PROVIDING AND BILLING FOR THIS SERVICE. IT IS SUGGESTED THAT A SIGNED CONSENT BE ON FILE FOR ALL PARTICIPANTS(NON-M.A. & M.A.COVERED) RECEIVING THIS SERVICE. THAT WAY, WHEN A NON-MA COVERED PARTICIPANT GAINS M.A. ELIGIBILITY, BACKBILLING WOULD BE ABLE TO TAKE PLACE FOR SERVICES RENDERED DURING THE ELIGIBILITY CERTIFICATION PERIOD(if within the 9 month Statute of Limitation).

IEP INTERIM REVIEW - W9932 - \$275.00\*

This service is a completed initial 60-day, interim, or annual IEP review as evidenced by a signed revised IEP or, if a revised IEP was not done, ARD Committee records documenting a meeting in which there is participation by at least two different disciplines; and at least one contact by the service coordinator or ARD Committee in person, by telephone, or by written progress notes or log with the participant or the participant's parent, on the participant's behalf.

The interim review cannot be billed no more than three(3) times in a 12 month period (including emergency reviews). Cannot bill more than once in any given month; Cannot bill in conjunction with ongoing service coordination (both cannot be billed for the same month) unless a subsequent review is documented as an emergency (please see note).The covered services include convening and conducting an ARD Committee to:

- a. perform a multidisciplinary reassessment of the participant's status and service needs; and
- b. review and revise, as necessary, the participants IEP.

If an IEP review takes more than one meeting to complete, the Program will only make payment for the meeting during which the review was signed.

NOTE: IF A SUBSEQUENT REVIEW IS REQUIRED AFTER ONGOING SERVICE COORDINATION HAS ALREADY BEEN PROVIDED TO THE PARTICIPANT, DOCUMENTATION MUST BE ON FILE TO REFLECT THE EMERGENCY REVIEW. REGARDLESS OF THE NUMBER OF "EMERGENCIES", REIMBURSEMENT FOR THIS SERVICE IS LIMITED TO NO MORE THAN 3 REVIEWS IN 12 MONTHS.

PROCEDURE CODES AND DEFINITIONS (continued)

INFANT AND TODDLER PROGRAM CASE MANAGEMENT PROCEDURES  
(IFSP Case Management)

Initial Case Management-Early Intervention - W9105 -  
\$500.00\*

Billed once in a lifetime.

Ongoing Case Management - Early Intervention - W9106 -  
\$150.00\*

Can be billed one time each month. Cannot be billed in the same month that the initial or review case management service was conducted for the recipient.

Annual IFSP Review - W9107 - \$275.00\*

Can be billed once each year following the initial IFSP services eligibility year. Cannot be billed in conjunction with ongoing case management(i.e. can't bill both services in the same month).

## PROCEDURE CODES AND DEFINITIONS

### Psychological Services - W9918-\$82.00\*

- Psychological services delivered by a licensed or MSDE certified school psychologist in accordance with an IEP or IFSP which include the evaluation, diagnosis, and treatment of emotional or behavioral problems in order for a participant to benefit from an educational or early intervention program including the counseling of parents and parent training when the participant is present.

### Audiology - W9919 - \$82.00\*

Identification, evaluation, and treatment of auditory impairments necessary to develop and implement an IFSP or IEP.

### Speech Therapy - W9920 - \$82.00\*

Services delivered by a licensed or certified speech-language pathologist, including identification, evaluation, diagnosis, and treatment of communication disorders which are necessary to develop and implement an IEP or IFSP.

### Physical Therapy - W9921 - \$82.00\*

Physical therapy evaluations, treatments or consultations delivered by a licensed physical therapist, which are necessary to develop and implement an IEP or IFSP. One-on-one consultation w/teacher, parent, etc. showing/teaching therapeutic exercises as designated in the IEP/IFSP (child must be present). Checking the progress on a child with teacher, parent, etc. is not considered a consultation and is not a billable service.

### Occupational Therapy-W9922- \$82.00\*

Occupational therapy evaluations, treatments or consultations delivered by a licensed occupational therapist, which are necessary to develop and implement an IEP or IFSP. One-on-one consultation w/teacher, parent, etc. showing/teaching a program of activities as designated in the IEP/IFSP (child must be present). Checking the progress on a child with teacher, parent, etc. is not considered a consultation and is not a billable service.

### Nursing Services-W9923 - \$82.00\*

Skilled nursing services performed by a licensed nurse for a participant, which are medically necessary for the participant to benefit from educational or early intervention services.

PROCEDURE CODES AND DEFINITIONS

Nursing Services-W9923 - \$82.00

(continued)

Services must be related to an identified health problem, ordered by a licensed prescriber, indicated in the nursing care plan, which is reviewed at least every 60 days and more frequently when the child's medical condition changes, and require the judgement, knowledge, and skills of a licensed nurse. These services require the skills of a nurse equivalent to a home health nurse.

THESE SERVICES DO NOT INCLUDE:

- routine assessments of recipients whose medical condition is stable, unless the assessment is ordered and listed in the IEP/IFSP and leads to an intervention or change in the nursing care plan;
- administration of medications;
- supervision of interventions which the child is able to perform independently;
- health screens;
- health education, except one-on-one training regarding self-management of the child's medical condition;
- first aid interventions;
- services not deemed medically necessary at the initial assessment or the most recent nursing care plan review.

Social Work Ser.-W9924-\$82.00\*

- Social work services delivered by a licensed clinical social worker in accordance with an IEP or IFSP which include the assessment and evaluation of the participant's living conditions and the patterns of parent-child interaction, as well as the counseling necessary for the participant and the family to benefit from an educational or early intervention program.

Nutrition Services - W9925 - \$82.00\*

Services delivered by a licensed nutritionist or dietitian.

Services include:

- nutrition assessments and evaluations;
- developing and monitoring appropriate plans to address the nutritional needs of eligible children; and
- making referrals to appropriate community resources to carry out nutrition goals in an IEP or IFSP.



PROCEDURE CODES AND DEFINITIONS

Psychiatric Evaluation-W9926-\$82.00\*

- An evaluation recommended by the multidisciplinary team and performed by a qualified psychiatrist, which is necessary to develop and implement an IEP or IFSP.

Transportation - W0280 - \$12.50\*

Transportation services are covered when provided to a child:

- eligible for services under IDEA,
- who is an eligible Medicaid recipient,
- who was transported to or from a Medicaid covered service under IDEA, and
- whose transportation and Medicaid covered service or services are included on the child's IEP or IFSP.

Covered Services:

- transportation to or from a school where a Medicaid covered IDEA service is provided;
- transportation to or from a site where a Medicaid

Early

Intervention covered IDEA service is provided; and

- transportation between a school and a Medicaid

covered

IDEA service.

- transportation services can be charged when the

child

has been transported for service coordination/review services. Documentation must state that the

child was

present during the service coordination.

TRANSPORTATION SERVICES ARE ONLY BILLABLE WHEN PROVIDED TO THE RECIPIENT ON THE DAY OF THE IEP/IFSP DOCUMENTED HEALTH RELATED SERVICE.

Reimbursement: \$12.50 per one way trip\*

## IMPORTANT THINGS TO REMEMBER

- Effective 3/23/98, ongoing service coordination can be billed by either the public or non-public school. Both cannot bill for ongoing service coordination rendered during the same month. No more than one(1) ongoing service coordination service can be billed during the month, regardless of the number of recipient contacts during the month.
- Providers that convene or conduct an ARD Committee or Committees may bill the Program for all IEP related services contained in these instructions
- Providers that participate on, but do not convene or conduct, an ARD Committee or Committees, may only bill for ongoing service coordination solely for day students. These providers may not bill for ongoing service coordination for the residential students who reside in facilities that receive Medical Assistance reimbursement for residential services.
- The Program will not make payment for an initial IEP/IFSP, an IEP/IFSP interim review or an IEP/IFSP ongoing service coordination in the same month unless a review is documented as an emergency.
- If an IEP/IFSP review takes more than one meeting to complete, the Program will only make payment for the meeting during which the review was signed.
- A consent for service coordination from the parent must be on file prior to billing for service coordination services.
- School Health Related Services and Health Related Early Intervention services must have documentation in the IEP/IFSP indicating that the services are medically necessary and appropriate for the child pursuant to COMAR 10.09.50.04A(1)-(5).
- The child's record should document a disability or disorder.
- In order to bill for transportation reimbursement, the IEP/IFSP must reflect transportation services.
- Counseling Services have been broken down into two different procedure codes: W9918 - Psychological Services and W9924 - Social Work Services. Either one or the other can be used once per day. Do not bill both services with the same date of service - both are considered a counseling service; however, you may bill for two services if the psychologist and social worker are providing different types of service.
- Mental health services that appear on the IEP/IFSP must be billed through the school provider number, not MHAs, or not both for the same date of service.
- Billing records must document type and description of service. PT/OT treatments must be specified as such on these records. (i.e.- PT treatment; OT treatment. Treatment by itself would be an incomplete description.)

SUMMARY  
OF  
EPSDT HEALTH-RELATED IEP/IFSP  
BILLING PROCEDURE CODES

As a Maryland Medicaid provider, it is your responsibility to bill the Program appropriately for all school health related and health related early intervention services including service coordination and transportation services.

| Procedure<br>Code | Description | Maximum<br>Reimbursement |
|-------------------|-------------|--------------------------|
|-------------------|-------------|--------------------------|

IEP SERVICE COORDINATION

|                                      |        |
|--------------------------------------|--------|
| W9930 - INITIAL IEP                  | \$500* |
| W9931 - ONGOING SERVICE COORDINATION | \$150* |
| W9932 - IEP REVIEW                   | \$275* |

IFSP CASE MANAGEMENT (INFANT & TODDLER PROGRAM)  
(can only bill with CMS provider number)

|                                 |        |
|---------------------------------|--------|
| W9105 - INITIAL CASE MANAGEMENT | \$500* |
| W9106 - ONGOING CASE MANAGEMENT | \$150* |
| W9107 - ANNUAL IFSP REVIEW      | \$275* |

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IEP/IFSP SERVICES

|                                |           |
|--------------------------------|-----------|
| W9918 - PSYCHOLOGY SERVICES    | \$ 82*    |
| W9919 - AUDIOLOGY SERVICES     | \$ 82*    |
| W9920 - SPEECH THERAPY         | \$ 82*    |
| W9921 - PHYSICAL THERAPY       | \$ 82*    |
| W9922 - OCCUPATIONAL THERAPY   | \$ 82*    |
| W9923 - NURSING SERVICES       | \$ 82*    |
| W9924 - SOCIAL WORK SERVICES   | \$ 82*    |
| W9925 - NUTRITION SERVICES     | \$ 82*    |
| W9926 - PSYCHIATRIC EVALUATION | \$ 82*    |
| W0280 - TRANSPORTATION         | \$ 12.50* |

\*Local education agencies, local lead agencies, State-operated education agencies, or State-supported education agencies enrolled with Maryland Medicaid will receive the federal reimbursement share which is 50% of the listed fees; 65% for recipients eligible under the Children's Health Program.

**PLEASE NOTE:**

**MONITORING OF PROVIDER BILLING  
PRACTICES WILL BE CONDUCTED ON A REGULAR  
BASIS. INAPPROPRIATE REIMBURSEMENT WILL  
BE RECOVERED FROM FUTURE PAYMENTS.**

SCHOOL HEALTH RELATED  
AND  
HEALTH RELATED EARLY INTERVENTION SERVICES

COMPLETING THE BILLING FORM  
(HCFA 1500)

- PURPOSE:** These instructions are to be used by school health related and health related early intervention service providers.
- PARTICIPANT ELIGIBILITY:** A Medical Assistance recipient is only eligible for these services if the requirements for "Participant" in Regulation .01B of COMAR 10.09.50 are met. Two of the requirements are that the Federally qualified recipient be:
- 1) under 21 years of age (eligibility ends on the 21st birthday)
  - 2) that the services are necessary to evaluate the need for, develop, or implement a child's IEP or IFSP
- BILLING TIME LIMITATION:** Maryland Medicaid currently has a 9 month Statute of Limitation from the date of service for all claims.
- THIRD PARTY INSURANCE:** If the Medicaid recipient has other insurance in addition to Medicaid, do not bill Medicaid. IEP service coordination and transportation services are an exception to this requirement.
- MEDICAID ELIGIBILITY VERIFICATION:** A recipient's Medicaid eligibility should be verified on each date of service prior to rendering services by calling the Eligibility Verification System (EVS). EVS is a telephone inquiry system that enables health care providers to verify quickly and efficiently a Medicaid recipient's current eligibility status. The EVS message is only applicable to the recipient's eligibility on the day of the call.
- EVS is available 24 hours a day, 7 days a week. It is to your advantage to utilize this automated eligibility system.

Metropolitan Baltimore 410-333-3020  
Outside of Baltimore 1-800-492-2134

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Completing the HCFA 1500  
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ELIGIBILITY: If the MA number is not available on the date  
(continued) of service, EVS can identify the number by  
using the recipient's social security  
number and the first two letters of the last name.  
Additionally, Provider Relations may be  
able to assist you in acquiring eligibility  
information.

You must have your provider number as well as  
pertinent recipient information in order to  
obtain assistance from Provider Relations.  
They can be reached by calling, Monday-

Friday,

8:30 a.m. - 4:30 p.m.:

(410)767-5503 or  
1-800-445-1159

MCO

A recipient who is enrolled with a Managed  
Care Organization (MCO) under HealthChoice is  
eligible for school health related or health  
related early intervention services that are  
documented on an IEP or an IFSP. These  
services are billed directly to Medicaid and  
not to the MCO. If unavailable, the  
recipient's Medicaid number can be obtained by  
calling Provider Relation's (number listed  
above) or the Patient advocate Unit at the MCO  
where the recipient is enrolled.

ELECTRONIC  
BILLING:

Contact the Medical Care Operations  
Administration with electronic billing issues  
at(410)767-5410. Questions regarding the  
billing service agreement should be directed  
to(410)767-6940.

MAILING ADDRESS: Completed HCFA 1500's should be mailed to the  
following address:

State of Maryland  
Department of Health and Mental Hygiene  
Medical Care Operations Administration  
P.O. Box 1935  
Baltimore, MD 21203-1935

MARYLAND MEDICAID  
SCHOOL HEALTH RELATED  
AND  
HEALTH RELATED EARLY INTERVENTION SERVICES  
HCFA 1500 BILLING INSTRUCTIONS

It is the provider's responsibility to verify a recipient's current eligibility each time service is provided.

Items with an "o" in front are required to be completed. Bills submitted without this information will be rejected. Items with an "\*" in front are to be completed when appropriate. Other items do not need to be filled in.

o Block 1 - Check Medicaid if the child has a current Medical Assistance card. Also, indicate all other health insurance coverage applicable to this claim by checking the appropriate box(es).

\* Block 1a - Enter the Medicare claim number if appropriate.

o Block 2 - Patient's Name - (Last Name, First Name, Middle Initial) - Enter the patient's name as it appears on the Medical Assistance card.

Block 3 - Optional.

\* Block 4 - Insured's Name - Enter name (last name, first name, and middle initial) of the person in whose name the third-party coverage is listed, when applicable.

Block 5 - Optional

\* Block 4 - Insured's Name - Enter name (last name, first name, and middle initial) of the person in whose name the third-party coverage is listed, when applicable.

Block 5 - Optional.

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\* Block 6 - Patient's Relationship to Insured - For patients with third-party health insurance coverage besides Medicare/Medicaid, enter the appropriate relationship.

\* Block 7 - Insured's Address - Enter insured's address and telephone number, when applicable.

Block 8 - Optional

Block 9 - Optional

o Block 9a - Other Insured's Policy or Group Number  
- Enter the patient's ELEVEN DIGIT MARYLAND MEDICAL ASSISTANCE NUMBER exactly as it appears on the Medical Assistance card. Check for transposition of numbers. The MA number should appear here regardless of whether or not a patient has other insurance. A patient's Medicaid eligibility should be verified on each date of service, prior to rendering service, by calling the Eligibility Verification System (EVS).

Block 9b - Optional

Block 9c - Optional

\* Block 9d - Enter the insured's group name and group number if the patient has health insurance besides Medicare/Medicaid.

o Block 10a thru 10c - Check "Yes" or "No" to indicate whether employment, auto liability or other accident involvement applies to one or more of the services described in Item 24.

Block 10d - Leave Blank

\* Block 11 - Insured's Policy Group or FECA Number  
- If the patient has other third-party insurance and the claim has been rejected, enter the appropriate rejection code listed below.

- \* K Services Not Covered
- \* L Coverage Lapsed
- \* M Coverage Not in Effect on Service Date
- \* N Individual Not Covered
- \* Q Services Not Medically Necessary  
(Requires documentation e.g., a statement indicating a claims submission but no response)
- \* S Other Rejection Reasons Not Defined  
Above (Requires documentation e.g., a statement on the claim indicating that payment was applied to the deductible)

Blocks 11a - 16 - Optional

Block 17 - Leave Blank

Block 17a - Leave Blank

Block 18 - Optional

Block 19 - Leave Blank

\* Block 20 - Outside Lab - Check "no"

o Block 21 - Diagnosis or Nature of the Illness or Injury - Enter the 3 character code from the International Classification of Diseases Ninth Edition, Clinical Modification (ICD-9-CM) relating to the procedures, services or supplies listed in Block 24 D. (Detail beyond the third position need not be supplied). List the primary diagnosis on line 1 and the secondary diagnosis on line 2. Additional diagnoses are optional, but may be listed on lines 3 and 4.

Block 22 - Optional



Block 23 - Leave Blank

- o Block 24a - Date of Service - Enter each separate dates of service as a six(6) digit numeric date (e.g. 03/31/98) under the "FROM" heading. Leave the space under the "TO" heading blank. Each date of service on which a service was rendered must be listed on a separate line. No range of dates will be accepted.

If more than one type of billable service was rendered on a given day, each service should be billed on a separate line. Thus, one date of service may be used on more than one line.

W9930 Initial IEP - enter the date that the IEP was completed and signed. No more than one unit of service may be reimbursed per child.

W9931 IEP Service Coordination - enter the 1st day of the month(whole or partial month) for which reimbursement is being claimed (e.g.07/01/98) Ongoing IEP service coordination may only be claimed upon completion of Initial IEP service coordination and if at least one contact was made with the participant or the participant's parent during the month. For example, if the Initial IEP Case Management date of service was on July 15, 1998, the first date that Ongoing IEP Service Coordination services could be billed is 08/01/98.

W9932-IEP Review- enter the date that the review of the IEP was completed.

- o Block 24b. - Place of Service - Enter 99 for School Health Related or Health Related Early Intervention Services.

- o Block 24c. - Type of Professional - Use the code for the type of professional rendering the service from those listed below. If the type of professional providing the service is not included in those listed, use the number "09".

| <u>Code</u> |                          | <u>Code</u> |                                   |
|-------------|--------------------------|-------------|-----------------------------------|
| 01          | -Physician (M.D.)        | 06          | -Registered Physician's Assistant |
| 02          | -Registered Nurse (R.N.) |             |                                   |
| 03          | -Certified Nurse Midwife | 07          | -Certified Social Worker          |
| 04          | -Certified Psychologist  | 09          | -Other                            |
| 05          | -Nurse Practitioner      |             |                                   |

- o Block 24d. - Procedures, Services or Supplies - List the appropriate five (5) character procedure code:

|         |  |        |
|---------|--|--------|
| - W9918 | - Psychology Services                                      | \$82*  |
| - W9919 | - Audiology  | \$82*  |
| - W9920 | - Speech Therapy   | \$82*  |
| - W9921 | - Physical Therapy   | \$82*  |
| - W9922 | - Occupational Therapy                                     | \$82*  |
| - W9923 | - Nursing Services   | \$82*  |
| - W9924 | - Social Work Services                                     | \$82*  |
| - W9925 | - Nutrition Services                                       | \$82*  |
| - W9926 | - Psychiatric Evaluation                                   | \$82*  |
| - W0280 | - Transportation   | \$82*  |
| - W9930 | - <u>Initial</u> IEP Service Coordination                  | \$500* |
| - W9931 | - <u>Ongoing</u> IEP Service Coordination                  | \$150* |
| - W9932 | - IEP <u>REVIEW</u> (no more than 3x in a 12 month period) | \$275* |

THE CMS PROVIDER NUMBER IS USED FOR THE FOLLOWING IFSP CASE MANAGEMENT SERVICES:

|         |                                       |        |
|---------|---------------------------------------|--------|
| - W9105 | - <u>Initial</u> IFSP Case Management | \$500* |
| - W9106 | - <u>Ongoing</u> IFSP Case Management | \$150* |
| - W9107 | - <u>Annual</u> IFSP REVIEW           | \$275* |

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Block 24e. - Leave Blank

- o Block 24f.- Charges - Enter the Medicaid fee allowed for the procedure code indicated in block 24d.
- o Block 24g. - Days or Units of Service - Enter "1" for each line billed.

Block 24h. - Leave Blank

Block 24i. - Leave Blank

Block 24j. - Leave Blank

Block 24k. - Leave Blank

Block 25 - Leave Blank

- \* Block 26 - Patient Account No. - If you wish to identify the specific unit or agency that provided the service, up to eleven letters and/or numbers may be placed in this block.

Block 27 - Leave Blank

- o Block 28 - Total Charge - Enter the sum of the charges shown on all lines of Block 24f.

- \* Block 29 - Amount Paid - Enter the amount of any collections received from any third party payer, except Medicare. If the Medical Assistance patient has other third-party insurance and the claim has been rejected, the appropriate rejection code should be placed in Block 11. Collections from patients are not appropriate and are against Program regulations.

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HCFA BILLING INSTRUCTIONS  
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Block 30 - Leave Blank

Block 31 - Leave Blank

Block 32 - Leave Blank

- o Block 33 - Physician's, Supplier's Billing Name,  
- Address, and Zip Code - Enter your provider name  
and address.

The nine(9) digit Maryland Medical Assistance provider number to which payment is to be made must be entered in the lower right hand section of this block. Errors in this area are likely to result in denied or misdirected payment.

COMPLETED HCFA 1500'S ARE  
TO BE MAILED TO THE FOLLOWING  
ADDRESS:

STATE OF MARYLAND  
DEPT OF HEALTH & MENTAL HYGIENE  
MEDICAL CARE OPERATIONS  
ADMINISTRATION  
P.O. BOX 1935  
BALTIMORE MD 21203-1935

Reimbursement for school health related services, health related early intervention services, service coordination and transportation services are paid via a voucher system. The Program generates a monthly computer printout of paid claims each month to MSDE. MSDE disburses a copy of the paid claims to each respective school system. Based on this monthly report of paid claims, the Medicaid Program transfers federal funds to MSDE for distribution to the appropriate provider of service.

HCFA 1500 BILLING INSTRUCTION SUMMARY

To ensure prompt payment, please make sure that the following procedures have been completed prior to submitting HCFA 1500 claims to the Program.

- Medicaid must be checked off in Block 1.
- Enter the patient's correct 11 digit MA number in Block 9a.
- Call the Eligibility Verification System(EVS) to verify the patient's Medicaid eligibility on each date of service prior to rendering services.
  - Metropolitan Baltimore 410-333-3020
  - Rest of Maryland 1-800-492-2134
- If there is a third party insurance involved in the claim, enter the insured's I.D. number, relationship, group name and group number in the appropriate blocks, even if the services are not covered by the third party insurer.
- Enter the correct and appropriate five character procedure code for the service(s) rendered in block 24d.
- The provider name and address should appear in Block 33. The nine(9) digit Maryland Medical Assistance provider number to which payment is to be made must be entered in the lower right-hand section of this block.

**PLEASE NOTE: MONITORING OF PROVIDER BILLING PRACTICES WILL BE CONDUCTED ON A REGULAR BASIS. INAPPROPRIATE REIMBURSEMENT WILL BE RECOVERED FROM FUTURE PAYMENTS.**

**BILLING INSTRUCTIONS**

**MARYLAND MEDICAID**

**EARLY & PERIODIC SCREENING,  
DIAGNOSIS & TREATMENT  
(EPSDT)**

**SCHOOL HEALTH RELATED**

**AND**

**HEALTH RELATED**

**EARLY INTERVENTION SERVICES**

**(IEP/IFSP SERVICES)**

**(INCLUDES SERVICE COORDINATION AND TRANSPORTATION SERVICES)**

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## **AUDIT REQUIREMENTS**

### **Billing Records:**

1. Name of Medicaid Recipient
2. Name of Provider
3. Qualifications of Provider
4. Date of Service
5. Type and Description of Service

### **Maintenance of Records for six years:**

The following records must be maintained:

- ◆ The IEP or IFSP
- ◆ Notes of an ARD Meeting if a child is found not to be eligible under IDEA
- ◆ Notes of the meeting with the multidisciplinary team and family if an infant or toddler is found not eligible under Part H of IDEA
- ◆ Monthly Medicaid Report Form
- ◆ Record/copy of Provider Qualifications
- ◆ Notes of an emergency meeting when billing for an emergency IEP review and ongoing care coordination during the same monthly period of time

**Medicaid Coordinator or Administrator needs to be able to access records that may be requested for an audit.**

**CONSENT FOR SERVICE COORDINATION FOR CHILDREN WITH DISABILITIES  
UNDER THE MARYLAND MEDICAL ASSISTANCE PROGRAM**

I choose to accept Service Coordination for Children with Disabilities Case Management. I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services. I understand that continuation of this service depends on meeting the eligibility requirements for Service Coordination for Children with Disabilities, COMAR 10.09.52.

I understand that this service does not restrict or otherwise affect a participant's eligibility for other Medical Assistance benefits. However, I also understand that a participant may not receive a similar type of case management service under the Medical Assistance Program if he or she qualifies for more than one type.

\_\_\_\_\_

Print Child's Name

\_\_\_\_\_

Medicaid Number

\_\_\_\_\_

Authorized Signature \*

\_\_\_\_\_

Date

I understand that I am free to choose a case manager for my child. At this time, I accept the following case manager: \_\_\_\_\_

I understand that if I wish to change the case manager in the future, I can call the school system to make the change.

\_\_\_\_\_

Print Child's Name

\_\_\_\_\_

Medicaid Number

\_\_\_\_\_

Authorized Signature \*

\_\_\_\_\_

Date

\* **The consent form must be signed by the parent or another individual legally authorized to represent the participant.**

### **Transportation**

HCFA's policy concerning Medicaid payment for transporting Medicaid-eligible IDEA children to and from schools is described in the Medicaid and School Health Technical Assistance Guide. The Guide indicates that transportation to and from school may be claimed as a Medicaid service when the child receives a medical service in school on a particular day and when transportation is specifically listed in the IEP as a required service.

It is our understanding that an IEP should include only specialized services that a child would not otherwise receive in the course of attending school. Therefore, HCFA would like to clarify that a child with special education needs under IDEA who rides the regular school bus to school with the other non-disabled children in his/her neighborhood should not have transportation listed in his IEP and the cost of that bus ride should not be billed to Medicaid.

If a child requires transportation in a vehicle adapted to serve the needs of the disabled, including a specially adapted school bus, that transportation may be billed to Medicaid if the need for that specialized transportation is identified in the IEP. In addition, if a child resides in an area that does not have school bus transportation (such as those areas in close proximity to a school) but has a medical need for transportation that is noted in the IEP, that transportation may also be billed to Medicaid. As always, transportation from the school to a provider in the community also may be billed to Medicaid. These policies apply whether the State is claiming FFP for transportation under Medicaid as medical assistance or administration.

When a State claims FFP under the Medicaid program for transportation services as medical assistance under an approved reimbursement rate, the requirements for documentation of each service must be maintained for purposes of an audit trail. This usually takes the form of a trip log maintained by the provider of the specialized transportation service. The methodology used to establish the transportation rate should also be described in the State plan.

When FFP for the costs of transportation services is claimed as administration, the requirements of the Office of Management and Budget Circular A-87 for determining allowable costs, as well as any other applicable requirements for claiming administration under Medicaid, must be met. This includes the development of a cost allocation methodology to ensure that Medicaid only pays for that portion of the specialized mode of transportation allocable to Medicaid beneficiaries.

Effective July 1, 1999, FFP will only be available for Medicaid school-based transportation cost as administrative activities in accordance with the policies described above. Similarly, FFP for IEP related transportation services will only be available for services provided on or after July 1, 1999 as specified in this letter. HCFA's regional offices will provide technical assistance to States to assist them in properly claiming FFP for school-related transportation.