



COLORADO
School Health Services Program

SCHOOL HEALTH SERVICES PROGRAM PROGRAM MANUAL

Section 2

Covered Services

The School Health Services Program is a joint effort between the Colorado Department of Education and Department of Health Care Policy and Financing.
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Section 2: Covered Services

Covered health services are available to a Medicaid-eligible beneficiary under the age of 21 for whom the service is medically necessary and documented in an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). An assessment, diagnostic or evaluation service can be submitted for Medicaid reimbursement when it is conducted by the appropriate qualified medical provider and leads to an appropriate covered service prescribed in the IEP or IFSP. If an assessment, diagnostic or evaluation service is provided as part of the eligibility determination process, it will be covered if the member is indeed determined to be eligible and receives a related Medicaid covered service. If the member is not determined to be eligible, or the evaluation results in a service that is not covered under Medicaid, the assessment, diagnostic or evaluation service will not be covered.

The School Health Services (SHS) Program adheres to the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) to identify Medicaid services and the *Physicians' Current Procedural Terminology* (CPT) manual for procedure codes. Some codes represent a treatment session without regard to its length of time, so each code is correctly billed as one session or one billable unit. Billing greater than one unit is incorrect. Other codes that specify a unit of time should be billed incrementally as timed units; service times are based on the time it generally takes to provide the service. If the procedure code specifies "up to 15 minutes", the service may be billed in a unit of time from 8 to 15 minutes. If the procedure code specifies a unit of time "per 15 minutes", the code may be billed when the service time equals the specified unit of time. Bill a single 15-minute unit for a service greater than or equal to 8 minutes through and including 22 minutes. If the duration is greater than or equal to 23 minutes through and including 37 minutes, then 2 units should be billed. Time intervals are list below. Do not bill for a service if its duration was less than 8 minutes.

Units	Number of Minutes
1 unit:	≥ 8 minutes through 22 minutes
2 units:	≥ 23 minutes through 37 minutes
3 units:	≥ 38 minutes through 52 minutes
4 units:	≥ 53 minutes through 67 minutes
5 units:	≥ 68 minutes through 82 minutes
6 units:	≥ 83 minutes through 97 minutes
7 units:	≥ 98 minutes through 112 minutes
8 units:	≥ 113 minutes through 127 minutes

2.1 Physician

Definition: Physician services are intended to diagnose, identify or determine the nature and extent of a student’s medical or other health related condition to include the following:

1. Evaluation and consultation with providers of covered services for diagnostic and prescriptive services including participation in a multidisciplinary team assessment.
2. Record review for diagnostic and prescriptive services.
3. Diagnostic and evaluation services to determine a beneficiary’s medically related condition that results in the beneficiary’s need for Medicaid services.

Provider Qualifications:

Physician services may be reimbursed when provided by a:

- Colorado - licensed Physician [Medical Doctor (MD) or Doctor of Osteopathy (DO)]
- Colorado - licensed Psychiatrist

Procedure Codes:

Code	Description
99201	New Patient Evaluation and Management - MD/DO (10 minutes)
99202	New Patient Evaluation and Management - MD/DO (20 minutes - expanded)
99203	New Patient Evaluation and Management - MD/DO (30 minutes - detailed)
99204	New Patient Evaluation and Management - MD/DO (45 minutes comprehensive)
99205	New Patient Evaluation and Management - MD/DO (60 minutes high complexity)
99212	Established Patient Evaluation and Management - MD/DO (10 minutes straightforward)
99213	Established Patient Evaluation and Management - MD/DO (15 minutes low complexity)
99214	Established Patient Evaluation and Management - MD/DO (25 minutes moderate complexity)
99215	Established Patient Evaluation and Management - MD/DO (40 minutes high complexity)

Additional Billing Guidelines:

- Physician services must be provided on an individual basis in an individual setting.

2.2 Nursing

Definition: Nursing services are professional services relevant to the medical needs of the student's provided through direct intervention. Direct interventions are medically-based services that are within the scope of a Registered Nurse (RN) or Licensed Practical Nurses (LPN's) professional practice and delivered in a face-to-face encounter; such services should prevent disease and promote physical health and efficiency as prescribed in the student's Individualized Education Program (IEP) or an Individualized Family Services Plan (IFSP).

Nursing services shall be provided or delegated in accordance with 42 CFR § 440.130(d) and according to the delegation clause in Section 12-38-132, C.R.S. of the Colorado Nurse Practice Act. A delegating nurse shall provide all training to the delegate for delegated activities and is solely responsible for determining the required degree of supervision the delegate shall need.

Services considered observational or stand-by in nature are not covered.

Provider Qualifications:

Nursing services may be reimbursed when provided by a:

- Colorado - licensed Registered Nurse (RN)
- Colorado - licensed Practical Nurse (LPN)

Nursing services may also be delegated to a:

- Colorado - qualified Nurse Aide or Health Technician

Procedure Codes:

Code	Description
T1001	Nursing Assessment/Evaluation - RN only (up to 15 minutes)
T1002	RN Services (up to 15 minutes)
T1002 (HQ)	RN Services, Group (up to 15 minutes)
T1003	LPN Services - delegated RN service (up to 15 minutes)
T1003 (HQ)	LPN Services, Group - delegated RN service (up to 15 minutes)
T1004	Qualified Nursing Aide/Health Technician - delegated RN service (up to 15 minutes)
T1004 (HQ)	Qualified Nursing Aide/Health Technician, Group - delegated RN service (up to 15 minutes)

Additional Billing Guidelines:

- Nursing services may be provided in an individual or group setting.

2.3 Personal Care

Definition: Personal care services are a range of human assistance services which enables a student to accomplish tasks that the student would normally do for themselves if they did not have a disability. Assistance may be in the form of hands on assistance, supervision or cueing.

Personal care services shall not be educational in focus, such as tutoring, preparation of educational materials or Braille interpretation. Personal care services are not nursing services delegated in accordance with the Nurse Practice Act.

Personal care services shall not be performed as a group service; however, one or more students may be served one-at-a-time sequentially. The only personal care service activity in which group services may be identified is for "safety monitoring".

Personal care services may include, but are not limited to, assistance with the following:

- Eating/Feeding
- Respiratory Assistance
- Toileting/Diapering/Maintaining Continence
- Personal Hygiene/Grooming
- Mobility/Positioning
- Self-Administered Medications
- Behavioral Redirection/Intervention
- Safety Monitoring

Provider Qualifications:

Personal care services may be reimbursed when provided by a:

- Colorado - licensed RN
- Colorado - licensed LPN
- Colorado - qualified Nurse Aide
- Qualified Health Technician
- Special Education Teacher
- Special Education Teacher's Aide
- Child Care/Group Leader
- Teaching Assistant
- Bus Aide

Procedure Codes:

Code	Description
T1019	Personal Care Services (per 15 minutes)
S5125	Personal Care Services, Group - <u>Safety Behavior Monitoring Only</u> (per 15 minutes)

Additional Billing Guidelines:

- Personal care services must be provided to one student at a time, but may be provided to multiple students sequentially.

2.4 Psychology, Counseling and Social Work

Definition: Psychology, counseling and social work services are health care, diagnostic, treatments and other measures to identify, correct or ameliorate any disability and/or chronic condition. These services are provided as health and behavior interventions to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical and mental health problems.

Provider Qualifications:

Services may be reimbursed when provided by a:

- Colorado - licensed Psychologist (PSY) (Doctoral level)
- Colorado - licensed Psychiatrist (PSY)
- Colorado - licensed Physician (MD or DO)
- Colorado - licensed Professional Counselor (LPC)
- Colorado - licensed Marriage and Family Therapist (LMFT)
- Colorado - licensed Social Worker (SW) (Master’s level)
- Colorado - licensed Clinical Social Worker (SW) (Master’s level)

Procedure Codes:

Code	Description
96150	Mental Health/Behavioral Assessment – LPC/LMFT (each 15 minutes)
96150 (AH)	Mental Health/Behavioral Assessment – PSY (each 15 minutes)
96150 (AJ)	Mental Health/Behavioral Assessment – SW (each 15 minutes)
96151	Mental Health/Behavior Re-Assessment – LPC/LMFT (each 15 minutes)
96151 (AH)	Mental Health/Behavior Re-Assessment – PSY (each 15 minutes)
96151 (AJ)	Mental Health/Behavior Re-Assessment – SW (each 15 minutes)
H0004	Behavioral Health Counseling/Therapy Alcohol/Drug -LPC/LMFT (per 15 minutes)
H0004 (AH)	Behavioral Health Counseling/Therapy Alcohol/Drug – PSY (per 15 minutes)
H0004 (AJ)	Behavioral Health Counseling/Therapy Alcohol/Drug – SW (per 15 minutes)
H0004 (HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – LPC /LMFT (per 15 minutes)
H0004 (AH/HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group –PSY(per 15 minutes)
H0004 (AJ/HQ)	Behavioral Health Counseling/Therapy Alcohol/Drug, Group – SW (per 15 minutes)

Additional Billing Guidelines:

- Psychology, counseling and social work services may be provided in an individual or group setting.

2.5 Speech, Language and Hearing

Definition: Speech, language and hearing services (including necessary supplies and equipment) are diagnostic services, evaluations or treatments to correct or ameliorate specific speech, language and hearing disorders.

Services may also include direct assistance with the selection, acquisition, training or use of an Assistive Technology Device (ATD).

Provider Qualifications:

Speech, language and hearing services may be reimbursed when provided by:

- A qualified Speech Language Pathologist (SLP) possessing a current Certificate of Clinical Competence (CCC) certification from the [American Speech-Language-Hearing Association \(ASHA\)](#).
- A qualified audiologist with a master’s or doctoral degree in audiology and possessing a current CCC certification from ASHA or licensure from the [Colorado Department of Regulatory Agencies \(DORA\)](#).
- An appropriately supervised SLP and/or audiology candidate (i.e., in a clinical fellowship year or having completed all requirements but has not yet obtained a CCC). A SLP and/or audiology candidate may only deliver services under the direction of a qualified therapist (42 CFR § 440.110 (c)).
- A qualified teacher of students with speech and language impairment with current [Colorado Department of Education \(CDE\)](#) specialty endorsement for speech and language impairments when acting under the direction of a qualified SLP (42 CFR § 440.110(c)) and other applicable state/federal law.

Procedure Codes:

Code	Description
92507	Speech Language Therapy (1 unit per session)
92508	Speech Language Therapy, Group (1 unit per session)
V5008	Audiology Screening/Evaluation (1 unit per evaluation) – Audiologist only
V5299	Audiology Services – miscellaneous/specify (each 15 minutes)
V5299 (HQ)	Audiology Services, Group – miscellaneous/specify (each 15 minutes)
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance

Additional Billing Guidelines:

- Speech, language and hearing services may be provided in an individual or group setting.

2.6 Orientation and Mobility

Definition: Orientation and mobility services include evaluations, assistance, equipment preparation and trainings to alleviate movement deficiencies resulting from a loss or lack of vision.

Provider Qualifications:

Orientation and mobility services may be reimbursed when provided by an:

- Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP).

Procedure Codes:

Code	Description
T1023	Orientation & Mobility (O&M) Evaluation (1 unit per evaluation)
T1023 (52)	Orientation & Mobility Re-Evaluation (1 unit per re-evaluation)
97116	Gait Training for Orientation and Mobility (each 15 minutes)
97116 (HQ)	Gait Training, Group for O&M (each 15 minutes)
97533	Sensory Integration for O&M (each 15 minutes)
97533 (HQ)	Sensory Integration, Group for O&M (each 15 minutes)

Additional Billing Guidelines:

- Orientation and mobility services may be provided in an individual or group setting.

2.7 Physical Therapy

Definition: Physical therapy services (including necessary supplies and equipment) are diagnostic services, treatments and other measures to correct, prevent or alleviate a movement dysfunction and related functional problems.

Services may also include direct assistance with the selection, acquisition, training or use of an ATD or orthotic/prosthetic devices.

Provider Qualifications:

Physical therapy services may be reimbursed when provided by a:

- Colorado - licensed Physical Therapist (PT) as defined in 12-41-103(5) C.R.S.
- Appropriately supervised Physical Therapist Assistant (PTA) as defined in 12-41-113(1) C.R.S.

Procedure Codes:

Code	Description
97161	Physical Therapy Evaluation (1 unit per evaluation up to 20 minutes)
97162	Physical Therapy Evaluation (1 unit per evaluation up to 30 minutes)
97163	Physical Therapy Evaluation (1 unit per evaluation up to 45 minutes)
97164	Physical Therapy Re-Evaluation (1 unit per evaluation typically up to 20 minutes)
97110 (GP)	Physical Therapy – PT (each 15 minutes)
97110 (HM)	Physical Therapy – PTA (each 15 minutes)
97150 (GP)	Physical Therapy, Group – PT (each 15 minutes)
97150 (HM)	Physical Therapy, Group – PTA (each 15 minutes)

Additional Billing Guidelines:

- Physical therapy services may be provided in an individual or group setting.

2.8 Occupational Therapy

Definition: Occupational therapy services are rehabilitative, active or restorative therapies to correct or compensate for a medical problem that prevents the child from functioning at an age-appropriate level, including any necessary supplies and equipment.

Services may also include direct assistance with the selection, acquisition, training or use of an ATD.

Provider Qualifications:

Occupational therapy services may be reimbursed when provided by a:

- Colorado - licensed OTR as defined in 12-40.5-106(2)(b) C.R.S. (effective January 1, 2009)
- Colorado – licensed Occupational Therapist Assistant (OTA) (effective June 1, 2014)

Procedure Codes:

Code	Description
97165	Occupational Therapy Evaluation (1 unit per evaluation up to 30 minutes)
97166	Occupational Therapy Evaluation (1 unit per evaluation up to 45 minutes)
97167	Occupational Therapy Evaluation (1 unit per evaluation up to 60 minutes)
97168	Occupational Therapy Re-Evaluation (1 unit per evaluation typically up to 30 minutes)
97530 (GO)	Occupational Therapy – OT (each 15 minutes)
97530 (HM)	Occupational Therapy – COTA (each 15 minutes)

Code	Description
97139 (GO)	Occupational Therapy, Group – OT (each 15 minutes)
97139 (HM)	Occupational Therapy, Group – COTA (each 15 minutes)

Additional Billing Guidelines:

- Occupational therapy services may be provided in an individual or group setting.

2.9 Specialized Transportation

Definition: Specialized transportation may be provided to a student if the transportation is provided on a specially adapted school bus to and from the student’s place of residence and the school or the site of the school health service, if the school health service is not provided in the school setting. Specialized transportation may also be provided on a regular school bus if an Aide for the transported student(s) is present and is required by the student’s IEP or IFSP. Specialized transportation services are only reimbursable when a billable Medicaid school health service is provided to the student on the same day and the services are medically necessary and required by the student’s IEP/IFSP.

Provider Qualifications:

N/A

Procedure Codes:

Code	Description
T2001	Non-Emergency Transportation- Patient Attendant/Escort/Aide (per 15 minutes)
T2001 (HQ)	Non-Emergency Transportation, Group - Patient Attendant/Escort/ Aide (per 15 minutes)
T2003	Non-Emergency Transportation- Encounter (per one-way trip)

Additional Billing Guidelines:

- All transportation services provided must be documented in a transportation log.
- If a district intends to participate in receiving specialized transportation reimbursement, the district must bill for eligible trips, procedure code T2003. Note, the numerator of the One-Way Trip Ratio use on the Annual Cost Report is calculated according to a district’s total units billed for procedure code T2003.

2.10 Targeted Case Management

Definition: Targeted Case Management (TCM) identifies special health problems and addresses needs that affect a student’s ability to learn, assists the student to gain and

coordinate access to a broad range of medically necessary services covered under the Medicaid program and ensures that the student receives effective and timely services appropriate to their needs. TCM services include the following:

- Comprehensive Needs Assessment and Reassessment
 - Review of the student's current and potential strengths, resources and deficits to identify the need for medical, social, educational and other services that are related to Medicaid covered services.
 - Information gathered from other sources, such as family members, medical providers, social workers and educators to form a complete assessment of the student, if necessary.
 - Review the results of the assessments and/or evaluations during a meeting with the student, his or her parent(s) or legal guardian, and the case manager to determine whether services are needed and, if so, to develop a specific care plan.
 - At minimum, an annual face-to-face reassessment to determine if the student's needs or preferences have changed.
- Development and Revision of Care Plan
 - Development of a specific written care plan based on an assessment of the student's strength and needs.
 - The care plan shall be a distinct component of the student's IEP or IFSP and shall identify the health-related activities and assistance needed to accomplish the goals collaboratively developed by the student, his or her parent(s) or legal guardian and the case manager.
 - The care plan shall describe the amount, duration and scope of the proposed TCM activities.
 - Care planning activities may include acquainting the student, his or her parent(s) or legal guardian with resources in the community and providing information for obtaining services through community programs.
- Referrals and Related Activities
 - Facilitate the student's access to the care, services and resources needed through linkage, coordination, referral and consultation.
 - Facilitate the student's physical accessibility to services such as arranging transportation to medical, social, educational and other services that are related to Medicaid covered services.
 - Facilitate communication between the student, his or her parent(s) or legal guardian and the case manager or other service providers, or arranging for translation or another mode of communication.
 - Advocate for the student in matters regarding access, appropriateness and proper utilization of services.
 - Evaluate, coordinate and arrange immediate services or treatment needed in situations that appear to be emergent in nature or which

require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation for the student.

- Activities may occur through in-person and telephone contacts with the student, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the student.
- Monitoring and Follow-up Activities
 - Conduct monitoring and follow-up activities with the student, his or her parent(s) or legal guardian at least annually or as needed.
 - Monitor the care plan to ensure it is effectively implemented and adequately addresses the needs of the student.
 - Care plan reviews may result in revision or continuation of the plan, or termination of case management services if they are no longer appropriate.
 - Document results of the monitoring and follow-up in the care plan.
 - Activities may occur through in-person or telephone contacts with the student, his or her parent(s) or legal guardian, and with service providers and other collaterals on behalf of the student.
- Case Record Documentation
 - Maintain case records for all students receiving TCM. Documentation must include: the dates of service; the nature, content and units of TCM activities received; status of goals specified in the care plan; whether the student declined services in the care plan; the need for and coordination with other case managers; a timeline for obtaining needed services and a timeline for reevaluation of the care plan.
 - Case record documentation for TCM services outlined above can be included as a case management activity.

Provider Qualifications:

TCM services may be reimbursed when provided by:

- A Qualified Health Care Professional
- An individual who meets the qualifications established by CDE to develop and/or implement an IEP, IFSP or services under the federal IDEA.

Procedure Codes:

Code	Description
T1017	Targeted Case Management (each 15 minutes)

Additional Billing Guidelines:

- A TCM unit of service is defined as each completed 15-minute increment that meets the description of a targeted case management activity with or on behalf of the student, his or her parent(s) or legal guardian.

- TCM should not be billed for activities that are components of direct medical or health-related services or components of IDEA.
- TCM should not be billed for activities related to the development, implementation, annual review and triennial review of IEP documents that are the inherent responsibility of the CDE.

Targeted case managers who also provide direct medical or health-related services shall not self-refer for the provision of those direct school health services.