



Medicaid Billing FAQs

If I want to know all “the rules” about billing Medicaid, where can I find them?

There are two Kansas Medicaid manuals that should be referenced:

- ◆ KMAP Early Childhood Intervention Manual
- ◆ KMAP General Benefits Manual: Covers all rules about billing fee-for-service
- ◆ Greenbush Medicaid Resources: More specific and helpful for ECI billing. updated versions at <http://www.greenbush.org/medicaidresources/>

What type of providers can bill for services?

Physical Therapist, Occupational Therapist, Nurses, Audiologists, Social Workers, Speech Therapist, ECSE Teachers, Dieticians, and those who have completed the training requirements for Family Service Coordination.

What are the training requirements to bill for Family Service Coordination?

Kansas Medicaid (KMAP) states the following:

Personnel must have the following qualifications to provide family service coordination for children and families eligible for Part C of the IDEA per the Kansas Infant Toddler Manual.

The FSC must have demonstrated knowledge and understanding about:

- ◆ Infants and toddlers who are eligible under Part C of the IDEA and the regulations of this part
- ◆ The nature/scope of services available under Kansas early intervention program, the system of payments for services in Kansas, and other pertinent information [34 CFR 303.22(d)]
- ◆ Each early intervention local program must ensure family service coordination personnel meet the previous qualifications. This may be accomplished by requiring family service coordinators to demonstrate certain core competencies. Some examples of these competencies can include, but are not limited to: infant/child development, family centered care, Part C law/regulations, IFSP process/development, advocacy, legal issues, medical issues, service coordination, community resources, professional development

It is recommended that each family service coordinator participate in at least six hours of training, in any of the previous areas each year, to remain qualified to receive Medicaid reimbursement for family service coordination activities. So, if you have met the requirements of KDHE, then you can bill for the service. One other thing to think about, during a KMAP audit, it is important to have a service line stating who will be providing family service coordination.

What activities can I bill for Family Service Coordination?

Family Service Coordination is an active, ongoing process that involves:

- ◆ Assisting families of eligible children in gaining access to early intervention services and other services identified in the IFSP
- ◆ Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic/evaluation purposes) the child needs or being provided
- ◆ Facilitating the timely delivery of available services
- ◆ Continuously seeking appropriate services/situations necessary to benefit the development of each child being served for the duration of the child's eligibility
- ◆ Specific family service coordination activities include:
 - ✓ Coordinating the performance of evaluations and assessments
 - ✓ Facilitating and participating in the development, review, and evaluation of IFSPs
 - ✓ Assisting families in identifying available service providers
 - ✓ Coordinating and monitoring the delivery of available services
 - ✓ Informing families of the availability of advocacy services
 - ✓ Coordinating with medical and health providers
 - ✓ Facilitating the development of a transition plan to preschool services, if appropriate
 - ✓ Maintaining a record of case management activities in each child's record (34 CFR 303.22)

What is specialized instruction?

According to the most recent ECI Manual from KMAP:

- ◆ ECI programs are allowed to bill for Developmental Intervention Services.
- ◆ Services include activities that promote the child's functional independence through acquisition of daily living, social-emotional, and cognitive skills.
- ◆ Information and skills training to the family to enable them to enhance the health and development of the child
- ◆ Initial evaluation to determine eligibility
- ◆ On-going assessment of the child's developmental status, if ECI eligible
- ◆ Re-evaluation, as necessary, of ECI-eligible children
- ◆ Covered services include only those services referred by an IFSP team and included on an IFSP, or in determination of eligibility for Part C of IDEA services.
- ◆ Examples of billable activities include:
 - ✓ Providing an initial evaluation to determine eligibility
 - ✓ Providing an on-going assessment of the child's overall development, if ECI eligible
 - ✓ Re-evaluation, as necessary, of ECI-eligible children
 - ✓ Providing families with information, skills, and support related to enhancing the skill development of the child
 - ✓ Working with the child to enhance the child's development

How long do I have to submit my information?

Check with your coordinator regarding internal expectations. It is best practice to log on the date of service.

There are several parts to this answer:

- ◆ KMAP allows for claims to be submitted up to a year from Date of Service.

- ◆ KMAP requires that documentation of a complete medical record (see below) be completed the **Date of Service**. The documentation fields in the CompuClaim system are a complete medical record.
- ◆ So, if you are **not** entering your information into CompuClaim on the **Date of Service**, you should have paper back up to support a complete medical record. That means all parts—one record for one service.

There are several components to a complete medical record. At audit, a utilization nurse will review time in/time out, date of service, CPT code, progress toward goal (not IFSP), provider licensure, the IFSP, home visit information, provider signature and credentials and other indicators.

Note:

Please check with your coordinator for questions about your existing home visit note and if it meets the definition of a complete medical record, or call us at (888) 654-8701.

What are “good comments”?

Good comments contain detailed information regarding the intervention and response of the student. Answer what you did with the student and how they responded. The audience, in case of an audit, is a utilization nurse who is reviewing the medical necessity of the service for habilitative or rehabilitative services as it relates to the IFSP goals and authorized by a physician's script. The bottom line...document what you do. Please note: the “comments” are only used in the case of an audit and the CompuClaim system does not review the quality of your comments.

How long do I need to keep written documentation related to the claim?

Your network should keep information for a minimum of six years.

Why do I need to sign an Electronic Signature Form?

Your signature is required to document that you provided the services billed. Because this is an electronic billing system, the electronic signature form verifies your name, login name, and your provider type. If you haven't filled one out, you can find it at [here](#). Keep this on file at your network office.

Can I bill if the child is sleeping?

There is nothing specifically mentioned in the manual about this. We know the nature of ECI work is different from most Medicaid settings, and until there is an audit specifically on this topic, we cannot be sure. The best practice is to not bill direct therapy codes, but if you are working with mom on Specialized Instruction or Family Service Coordination, then bill if you think it is appropriate. Otherwise, use a “non billable” entry to document your activities.

How do I document a joint visit?

Another multi-part answer. KMAP allows for ECIs to access two “pots” of Medicaid dollars.

The first is Fee for Service. This means you provide a direct service such as OT, PT, Specialized Instruction, or SLP services and there is a set fee for the level of service chosen by the provider. This is the same process schools use with the exception of Specialized Instruction.

The second “pot” that is not allowed in schools is “Targeted Case Management”. This includes one code, Family Service Coordination (see information above for more details). If a joint visit includes one code from Fee for Service and one from Targeted Case Management, then the times can overlap:

Example: An OT and an ECSE do a joint one-hour visit. The OT would choose the appropriate code from her Fee for Service codes and the ECSE would choose Family Service Coordination for the same time. Two codes, two services, same kid, same time.

Example: An OT and an SLP do a joint one hour visit. The OT would choose the appropriate code from her Fee for Service codes and the SLP would do the same, but they would need to split the time during the one hour visit. The OT could bill for 9:00-9:30 and the SLP could bill for 9:31-10:00. In some networks, the coordinator will ask the provider to document their “non billable time” with a non billable entry. Two codes, two services, same kid, different times.

Example: During an initial evaluation, there is an FSC and a SLP seeing the child. The entire visit is billable. The FSC can document the entire visit under Family Service Coordination and the SLP can document appropriate SLP evaluation codes. Or the SLP can document both entries for maximum reimbursement.

Example: An OT who serves as FSC and Primary Service Provider (PSP) sees a family for an hour—30 minutes of the visit is direct therapy and 30 minutes is family service coordination. The OT would choose the appropriate direct service code for 30 minutes and the family service coordination code for 30 minutes. Two codes, two services, same kid, different times.

Example: In some networks, there are dedicated FSCs but PSPs are not listed under family service coordination on the Service Page. An OT does several phone calls to access durable medical equipment for the family. This is not a billable service since the OT is not listed under family service coordination.

Who can I call if I have questions?

Your coordinator is the first person to call. If you need further assistance or just want to talk through scenarios, contact:

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