PART II

POLICIES AND PROCEDURES
for
CHILDREN'S INTERVENTION SCHOOL SERVICES PROGRAM

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

Version Date: April 1, 2025

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Policy Revision Record
from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
4/1/2025	AppendixD	Office of Child Health Resources	M	
4/1/2025	Chapter 600	Record Retention Requirements	M	
1/1/2025		No Changes		
10/1/2024	Chapter 1000	Appendix H Resource Links – contains information for Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation		
7/1/2024	Chapter 600	Record Retention Requirements	M	
4/1/2024	Chapter 1000	2024 HCPCS Codes	M	
1/1/2024	Appendix D	Office of Child Health Contact Information	M	
1/1/2024	Chapter 1000	Procedure 96112 & 96113 reimbursable for OT & PT	M	
1/1/2024	Chapter 600	CISS Quarterly Billing Requirement	M	

[1] The revisions outlined in this Table are from 2024 to current. For revisions prior to 2024, please see prior versions of the policy.

Part II: Children's Intervention School Services
Introduction

This manual describes the Medicaid Children's Intervention School Services (CISS) Program, services reimbursed under the program, provider qualifications, Medicaid-eligible student qualifications and general and specific service requirements. The purpose of this Manual is to provide information regarding the Federal and State Medicaid requirements for claiming Medicaid for children with an Individualized Education Program (IEP) under the CISS program.

There are 180 Local Education Agencies (LEAs) in Georgia. Each LEA is responsible for ensuring that students with disabilities receive the health care necessary to allow them to obtain a free appropriate education.

Chapter 600: Special Conditions of Participation

601. General Information

Medicaid, in the State of Georgia, is administered by the Georgia Department of Community Health, Division of Medical Assistance Plans. Policies and procedures are developed within Federal and State guidelines.

601.1. Purpose

The purpose of the Medicaid Children's Intervention School Services (CISS) Program is to provide reimbursement for medically-necessary services that are received in schools and provided by or arranged by an LEA for Medicaid-eligible students with an Individualized Education Program (IEP).

The Children's Intervention School Services (CISS) program includes covered rehabilitative services provided by or through the Georgia State Department of Education (DOE) or a Local Education Agency (LEA) to children with or suspected of having disabilities, who attend public school in Georgia, recommended by a physician or other licensed practitioners of the healing arts to EPSDT eligible special education students (from ages 3-20). These services are provided pursuant to an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

601.2. Medicaid Policy Manual

This manual is intended for use by LEA providers who are enrolled in the CISS program. Specific policies for each CISS service reimbursed by Medicaid are contained in service specific sections in Chapter 900 of this manual.

601.3. Options

The LEA must enroll as the provider for all schools in their system and must choose one of the following options:

601.3.1. Option 1: The LEA employs health professionals such as therapists and nurses and has direct supervision and control over those professionals' activities. The arrangement between the LEA and its providers governs how and by whom Medicaid is billed for services and to whom payment may be made. Where the LEA employs the staff that provides the health services, the LEA can enter into a provider agreement with the Medicaid program and receive Medicaid payments for the covered services provided.

601.3.2. Option 2: The LEA contracts with health practitioners or clinics to furnish services. Federal Medicaid requirements permit Medicaid providers to voluntarily reassign their right to payment to a governmental entity. Consequently, the LEA and the provider must work out an agreement under which the provider reassigns payment to the LEA; the LEA may both bill and receive payment directly from the State Medicaid agency. Under these circumstances, the provider must be separately qualified and meet all State licensing requirements for their discipline.

In addition, assignment to the LEA must be accomplished in a way that satisfies all applicable Federal requirements. The LEA is responsible for billing third party payers and Medicaid on behalf of the licensed providers.

601.3.3. Option 3: The LEA uses a combination of employed health professionals and contracted health professionals to furnish services. In general, where an LEA 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 LEA can still qualify as the provider and receive payment from the Medicaid agency for the services being provided by both the employed and contracted health staff. A key element in making the determination that the LEA is the provider is that the LEA itself provides the service through its own employees and includes certain contracted health professionals only to supplement that which it is already providing. For example, the LEA may employ one physical therapist and contract with other physical therapists to supplement the services provided. The LEA is responsible for billing third party payers and Medicaid on behalf of the licensed providers. In addition, the LEA and the provider must work out an agreement under which contracted providers agree to allow the LEA to bill Medicaid.

601.3.4. Option 4: This model is similar to Option 3, in which the LEA uses a mix of employed and contracted providers. This model is used where the LEA provides some services directly, but wishes to contract out entire service types without directly employing even a single practitioner in a service category. The LEA may establish itself as an organized health care delivery system under which it provides at least one service directly, such as physical therapy, but provides additional services solely under contract. Under this model, payment must be made to the LEA on behalf of those contracted providers who have voluntarily agreed to enter into this arrangement with the LEA. The LEA may use one or a combination of these options to bill for health care services for Medicaid-eligible students. If an LEA chooses to enroll as a Medicaid provider for any of the services included in this manual, it must be reimbursed under the policies for the CISS Program.

601.4. Overview

The CISS Program offers coverage for medically necessary restorative or rehabilitative services to eligible recipients in public schools. Services must be determined to be medically necessary and be recommended and documented as appropriate interventions by a physician.

A multidisciplinary team meeting must be held to develop the IEP. This meeting confirms the collaboration of the appropriate professionals to identify and meet the needs of the student with disabilities, and to determine the strategies and activities necessary to achieve the documented outcomes. (Refer to Section 801.1.1 for the applicable federal law governing authorization for each therapy type – Audiology, Counseling, Nursing, Nutrition, Occupational Therapy, Physical Therapy, and Speech

Language Pathology).

The CISS program is comprised of seven (7) intervention services which include: Audiology; Counseling provided by licensed Clinical Social Workers; Nursing; Nutrition provided by licensed Dietitians; Occupational Therapy; Physical Therapy; and Speech Therapy. Qualified providers must be currently licensed in the State of Georgia as Audiologists, Clinical Social Workers, Registered Nurses, Dietitians, Occupational Therapists, Occupational Therapist Assistants, Physical Therapists, Physical Therapist Assistants, Speech Language Pathologists, or Master's prepared Speech Language Pathologists certified by the State Department of Education and employed by an LEA.

602. Enrollment

In order to receive Medicaid reimbursement under the CISS program, the LEA must enroll as a provider and must agree to the statements below. Provider enrollment contact information and Georgia Health Partnership (GHP) information can be found in Appendix C.

602.1. The Memorandum of Understanding between DCH and the LEA must be signed by the LEA's superintendent or other designated official and received by the Division prior to the LEA billing Medicaid for school-based services. Failure to do so may result in the recoupment of funds.

All required enrollment documents must be uploaded with the provider application in the Medicaid web portal. The Memorandum of Understanding must be emailed to Tamara Wilson at twilson@dch.ga.gov. (Rev. 10/2022)

Note: See Appendix A for the Memorandum of Understanding that each LEA must sign.

602.2. The LEA must employ or contract with health care staff who meet the Medicaid provider qualifications to provide the specific services for which the LEA will bill Medicaid. The LEA must sign an agreement with Medicaid certifying that all of its health care staff meet the Medicaid provider qualifications. Note: See the service specific sections in Chapter 900 in this manual for the individual provider qualifications for specific services.

602.3. The LEA must maintain documentation that the continuing education requirements have been met for each practitioner.

602.4. The LEA is not required to assign the Department of Education as the payee on the "Power of Attorney for Payee" and Electronic Funds Transfer (EFT) forms in order to participate. The LEA may receive payments directly via EFT only.

602.5. LEAs may enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. The originating site is the actual location at which an eligible Medicaid member is receiving services via the telecommunications system. In order to enroll as a Health Check provider, the LEA will be required to submit a signed copy of the Attestation Form "For the Provision of Telehealth Services by Georgia's Local Education Agencies (LEAs)" which indicates that the LEA will comply with the telemedicine requirements as established in the current DCH Georgia Medicaid Telemedicine Handbook. The Attestation Form is located on the MMIS web portal

under the "Provider Information, Forms, Enrollment" tab. Please complete the form and fax it with the coversheet located under the "Provider Information, Forms" tab to Gainwell Technologies Provider Enrollment at 1-866-483-1044. See section 603.20 for claiming information.

603. Conditions of Participation

In addition to the General Conditions of Participation in the Medicaid program as outlined in Section 106 of the Part I Policies and Procedures for Medicaid and PeachCare for Kids®, LEAs enrolled in the CISS program must meet the following conditions:

603.1. Maintain a copy of their practitioners' professional licenses or certifications and continuing education credits on file on site for audit purposes.

603.2. Adhere to the service limitations stipulated in the written Individualized Education Program (IEP).

603.3. Maintain a copy of the written IEP in the child's confidential file or record.

603.4. Assure that there is no duplication of service(s) by the LEA's providers or duplication between the LEA's providers and the community providers enrolled in the Children's Intervention Services program.

603.5. Notify the fiscal agent's Provider Enrollment Unit in writing or via the GHP website (refer to Appendix C) should any change in enrollment status occur, such as new address and/or telephone number, additional practice locations, change in payee, or voluntary termination from the program. Each notice of change must include the date on which the change is to become effective.

603.6. Submit the signed Memorandum of Understanding (See Appendix A).

603.7. Submit claims using the procedure code(s) and the appropriate modifier(s) which best describes the level and complexity of the service rendered (See Chapter 900).

603.8. Maintain and provide access to records which fully disclose the medical necessity for treatment and the extent of services provided to Medicaid recipients. These records must be available to the Division and its agents and to other state/federal agencies when requested.

603.9. Maintain member confidentiality at all times.

603.10. Maintain written documentation of all services provided to recipients for a minimum of 10 years after the date of service. (Rev. 04/2025)

603.11. Maintain on site all medical and fiscal records pertaining to Medicaid recipients for a period of 10 years. These records must be made available to the Division or its agents when requested. (Rev. 04/2025)

603.12. All LEA practitioners are required to maintain in their records, verification that they have obtained a minimum of one third of their required professional State Licensing Board Continuing Education Units (CEU's) in pediatrics every two years. Registered

nurses must obtain and submit verification of ten (10) clock hours or one CEU in pediatrics every two years. The certified speech language pathologist must meet the equivalent continuing education requirements as the licensed speech language pathologist.

603.13. Maintain and submit all records and reports required by the LEA to ensure compliance with the IEP.

603.14. Provide school health services as listed in the IEP.

603.15. Medicaid is the payor of first resort for IEP related health services.

Note: The Regional Educational Service Agency (**RESA)** cannot be enrolled in Medicaid as a provider and cannot bill for health-related services as the LEA in the CISS program.

603.16. Providers should not bill for services provided prior to the date that medical necessity was determined and documented. This documentation must include a physician's signature and signature date on the Letter of Medical Necessity or Plan of Care and either signed and dated document must be included in the child's IEP. Any change in the child's needs detected by the CISS provider must be documented in the Letter of Medical Necessity or Plan of Care and submitted to the child's PCP for review. If a child has been formally discharged from any Medicaid health related services and requires a restart of service(s) a new medical necessity document is required.

603.17. In order to bill Medicaid under the CISS program, the LEA's health care staff must be fully or partially state funded. They cannot be 100% federally funded.

603.18. LEAs participating in the Georgia Administrative Claiming for Education (ACE) program must submit CISS Program claims for the direct medical services provided within the school setting in order to submit ACE claims. For quarterly ACE payments to occur, corresponding CISS claims must be received by DCH during the same quarter and cover service delivery within the same quarter that the ACE claim covers. For example, if the LEA submits claims for the delivery of OT and PT services under the CISS program during the January through March quarter, they will be eligible to submit an ACE claim for relevant administrative activities that occurred during that same January through March quarter. If no CISS claim is submitted for the quarter, the LEA is not eligible to submit an ACE claim for that quarter. (Rev. 10/2020) (Rev. 01/2024)

603.19. LEAs participating in the CISS program or the CISS and ACE programs must adhere to the requirements outlined in the LEA's MOU with DCH. Failure to adhere to these requirements may: limit the LEA's ability to submit an ACE claim; result in a recoupment of funds under the CISS program; or result in suspension from participation in the ACE or CISS programs. Non-compliant LEAs will also be subject to the remedial actions identified in the MOU (found in Appendix A).

603.20. LEAs are allowed to enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. As a Health Check provider, the LEA serving as a telemedicine originating site will be allowed to bill only the telemedicine originating site facility fee (procedure code Q3014). The LEA should report procedure code Q3014 along with the EP and GT modifiers, Place of Service (POS) 03, and the

appropriate ICD-10 diagnosis code(s). The diagnosis code(s) should be the same diagnosis code(s) listed on the distant site (rendering) provider's claim. The rendering provider serving as the telemedicine distant site should report the evaluation and management (E/M) office visit code (992xx) along with the GT modifier (including any other applicable modifiers), the appropriate POS, and the ICD-10 diagnosis code(s). LEAs are reimbursed for procedure code Q3014 under the Health Check Program (COS 600). It is the responsibility of the LEA to contact the provider who rendered the distant site service to determine if the E/M visit was billed.

604. Cost Settlement Process

All LEAs participating in the CISS program must participate in an annual Cost Report and Cost Settlement process. In addition, participating LEAs must participate in CISS Cost Report and Cost Settlement process training conducted by DCH or its vendor to become well versed in these processes. Additional questions following training must be directed to DCH staff and/or the DCH contracted vendor managing the CISS Cost Report and Cost Settlement processes.

604.1. The Certification of Public Expenditures (CPE) form allows each LEA to certify their incurred total computable expenditures (funded from state/local funds) that are eligible for Federal matching funds for Medicaid school-based health services delivery. By signing the CPE form, the LEA's superintendent, CEO, or CFO is certifying that they incurred allowable expenditures during the period identified on the form that were funded from state/local funds in an amount equal to or greater than the total Medicaid CISS interim payment received for the same period.

604.2. The annual CPE form contains the Total Expenditures, Total Medicaid Expenditures, Medicaid Interim payments, and Medicaid Cost Settlement amounts. The LEA must identify the local account code(s) from which the expenditures identified were drawn. By signing the annual CPE form, the LEA official is certifying the public expenditures identified that were used to match the federal funds under the Medicaid program.

604.3. On an annual basis, the initial CISS cost settlement notifications are sent to the LEAs. The LEA will be allowed time to review the cost settlement notification and request an administrative review should questions arise regarding the cost settlement amount. Providers also have appeal rights. Please refer to the Part I Policies and Procedures for Medicaid/PeachCare for Kids for additional information on the administrative review and the appeals processes. Following the review period, the LEA will be sent a final cost settlement notification along with a request for the annual CISS CPE form to be certified in the financial information system designated for this program and process.

605. General Service Requirements

605.1. Medically necessary, medical necessity or medically necessary and appropriate means medical services or equipment based upon generally accepted medical practices in light of conditions at the time of treatment which are: appropriate and consistent with the diagnosis of the treating physician and the omission of which could adversely affect the eligible member's medical condition; compatible with the standards of acceptable medical practice in the United States; provided in a safe, appropriate and cost-effective setting given the nature of the diagnosis and the severity of the symptoms; not provided solely for the convenience of the member or the convenience of the health care provider or hospital; not primarily custodial care unless custodial care is a covered service or

benefit under the member's evidence of coverage; and there must be no other effective and more conservative or substantially less costly treatment, service and setting available.

605.2. Place of service: For Medicaid purposes, services may be provided at the school or in a community setting if services rendered are listed on the IEP from a school or in the Medicaid-eligible student's home if the student is classified as homebound and still requires the services in his or her IEP.

606. Parental/Guardian Consent

606.1. LEAs must obtain written permission/consent from the parent/guardian of the Medicaid-eligible student prior to billing Medicaid. Appendix B contains a suggested sample consent form. The parental/guardian's written permission/consent needs to be obtained only once. Parents/guardians must inform the LEA, in writing, if they no longer wish to allow Medicaid to be billed. The LEA must inform the parents/guardians of the procedure to withdraw consent. If the IEP is utilized as the consent form, the exact wording in Appendix B must be included on the IEP form and parental/guardian consent obtained. If the IEP option is chosen for parental consent to bill Medicaid, then parental consent must be obtained annually.

606.2. The consent form must be fully explained to the parent/guardian. Parents/guardians should be informed that Medicaid eligible children, who also have private insurance, are eligible to receive Medicaid covered services provided and billed by the LEA. Medical necessity and the child's IEP determine the services to be provided by the LEA. The LEA may remind the parents/guardians that Medicaid is the payor of first resort for IEP related health services.

606.3. Parents should also be informed that Medicaid eligible children may receive services through the Children's Intervention Services (CIS) program while receiving services through the CISS program if both programs are required to meet the child's medical needs. This information is to be explained at the time the LEA obtains parental/guardian consent.

606.4. This signed consent form must be retained in the Medicaid-eligible student's record.

607. Documentation Requirements

Each rendering provider delivering CISS services must maintain legible, accurate and complete charts and records in order to support and justify the services provided. Charting means a method of documenting the rendering provider's encounter with a member and the essential medical information about a member obtained during the encounter. Charting includes the signature of the rendering provider and the signature date. Electronic and fax signatures are acceptable under documentation requirements only if these documents are legible. When a fax document or signature is included in the medical record, the document with the original signature must be retrievable from the original source. Records of service must be entered in chronological order by the practitioner who rendered the service.

In accordance with Centers for Medicare and Medicaid Services (CMS) requirements, each LEA must keep organized and confidential records that detail member information regarding all specific services provided for each member and retain those records in a centralized designated area for

review.

607.1. Medical Necessity Documentation

Documentation is needed to support an audit trail and the medical necessity of the service. The basic minimum elements to be documented are: date of service; name of member; person providing the service (manuscript); signature (electronic signature is acceptable) of person providing the service; time of visit; units of service; and medical justification of the service. Initial justification of medical necessity for any Medicaid paid service to be provided must include, at a minimum: an initial evaluation; a plan of care to include a summary of the services to be provided; and the goal(s) for treatment. These services must be recommended and documented as appropriate interventions by the child's primary care practitioner (PCP) or other prescribing practitioner at the request of the PCP. The documentation of medical necessity, as previously described, must be included in the child's IEP. Just as the IEP must be updated on an annual basis, so must documentation of medical necessity.

607.1.1. A PCP's prescription for services alone, does not serve as documentation of medical necessity. As previously stated, the PCP must prepare a Letter of Medical Necessity, sign and date it or review the treating provider's Plan of Care, included in the treatment section of the child's IEP, sign and date it in order to document medical necessity for the CISS service (audiology, counseling, nursing, nutrition, occupational therapy, physical therapy, or speech therapy) to be rendered to the member and reimbursed by Medicaid or PeachCare for Kids. The LMN or POC must identify the rehabilitation potential, set realistic goals and outline when and how progress will be measured. At the time the LEA obtains the PCP's signature on the medical necessity documentation, The LEA should also obtain the PCP's NPI number for Medicaid billing purposes. All claims submitted by the LEA must contain the NPI number of the PCP ordering or prescribing the CISS service.

607.1.2. The signed and dated Letter of Medical Necessity or Plan of Care must also contain, at a minimum, and as applicable for the type of service to be provided: the member's full name, Medicaid number, date of birth, type of modalities and procedures, effective dates and frequency of visits, estimated duration, location of services, diagnosis/ or condition requiring treatment, functional goals and recovery potential, current level of function, child's progress to date and goals to be achieved as well. With the exception of group speech therapy services, all CISS-related services are provided to the child on an individual basis and billed as such by the LEA. When the child's PCP determines that group speech therapy is medically necessary, the PCP must specifically document this service type in the Letter of Medical Necessity or Plan of Care.

607.1.3. For CISS services rendered during the 2011-2012 school year, the LEAs may utilize documents allowed prior to the establishment of the October 2011 requirements as documentation of medical necessity. If this documentation is in place and supports CISS service delivery for the entire school year, no additional medical necessity documentation will be required for CISS service delivery and Medicaid billing during the 2011-

2012 school year. If the documentation expired prior to the end of the 2011 – 2012 school year, the LEA needed to comply with the requirements set forth in the then current CISS manuals for all services rendered and for Medicaid billing. If no medical necessity documentation was in place as of October 2011, the LEA must comply with the policies outlined in the October 2011 CISS Manual.

607.1.4. For group speech therapy services rendered during the 2012-2013 school year, the LEA may utilize documents allowed prior to the establishment of the April 1, 2013, requirements as documentation of medical necessity if this documentation was in place and supported group speech therapy service delivery for the entire school year. If the documentation expired prior to the end of the 2012-2013 school year, the LEA needed to comply with the CISS Policies and Procedure pertinent to the time period in question.

607.1.5. Documentation of school-based medical services presents further unique challenges for the following reasons: (1) one service type – speech therapy - may be provided within a group setting or on an individual basis; (2) speech therapy services specifically may be provided in a classroom setting where a provider is serving/attending one or more children at the same time, or in a separate, distinct room/part of the school; and (3) some CISS services may be provided by the same provider to the same child at different times during the day. Thus, in addition to meeting the basic minimum documentation requirements discussed in the paragraphs above, the school-based provider must also document: whether the service is group or individual; the number of children in the group (Speech Therapy is the only service that can bill for group therapy); the setting (classroom or distinct treatment area); and cumulative time of services if the service is provided several times during the same day.

607.1.6. If group speech therapy is provided, this should be noted in the provider's documentation for each child receiving services in the group. For Speech Language Pathologists conducting inclusion services for children with an IEP) in a classroom setting or who provide a service several times during the course of a single school day, the documentation should reflect the inclusion services and the duration of services noted in the chart should accurately reflect how much time the provider spent with the child during the day. Such documentation ensures that an adequate audit trail exists and that Medicaid claims are accurate.

607.1.7. The student's IEP, which is generally only revised once a year, does not serve as documentation sufficient to: demonstrate that a service was actually provided; justify its ongoing medical need (unless it is updated whenever medical necessity changes, reviewed and signed by the child's PCP); or develop a Medicaid claim. The IEP identifies what services are to be provided and at what frequency. It does not document the provision of these services.

607.2. Duplication of Services

When Medicaid eligible school-aged children are deemed to need medically necessary services in both the school and community settings, CIS and CISS providers must collaborate and share the medical necessity documentation to ensure the services will not be duplicative in these settings. Duplicated services are defined as medically necessary therapy services that: provide the same general areas of treatment, treatment goals, or ranges of specific treatment or processing codes, notwithstanding a difference in the setting, intensity, or modalities of skilled services and; address the same types and degrees of disability as other concurrently provided services (via other community, school or hospital-based providers).

607.3. Student Records

In order to support the Medicaid claim, each LEA should prepare and preserve the following information in the suggested format for each claim for Medicaid reimbursement.

Required Information	Documentation Format
Date and location of service	Treatment Record or Provider Logbook
Student's name and date of birth	IEP, Treatment Record
Medical Condition, Diagnosis, Medical Necessity, Rehabilitation Potential, Goals	IEP, Letter of Medical Necessity, Plan of Care signed by the physician and rendering provider
Type of Service	IEP, Treatment Record
Who provided the service and their qualifications	Treatment Record or Provider Logbook
Length of time the service was performed for each encounter, specific location of where service was provided	Treatment Record, Provider logbook
Progress in treatment toward stated objective(s)	Standard progress grading period (not to exceed 9 weeks)
Test and results	IEP, Treatment Record

607.3.1. Note: Practitioners/Clinicians are encouraged to keep their own records of each encounter, including the treatment or therapy methods used, progress achieved, and any additional notes required by the needs of the student. The format of these personal notes/records will not be mandated but should be retained for future review by State or Federal Medicaid reviewers.

607.3.2. If checklists or other charts are used, they must contain, at a minimum, the information listed in Section 607.1 above and a narrative note summarizing the treatment done at least once during the standard progress grading period. Modifications/recommendations for additional treatments, procedures or consultations should be addressed in the narrative note.

607.4. Additional Requirements

Annual reports that document the IEP services and the progress of the child should be shared with the parents so they can share these with the member's Primary Care

Provider.

607.4.1. The annual report is a summary that documents the student's progress or lack of progress and plan of treatment or other recommendation(s).

607.4.2. Records must be available to the Division of Medical Assistance Plans and its agents and to the U. S. Department of Health & Human Services, Centers for Medicare and Medicaid Services, upon request.

607.4.3. Lack of appropriate medical justification may be grounds for denial, reduction or recoupment of reimbursement.

608. Medical Services Under the Individuals with Disabilities Education Act (IDEA)

Medical Services under the Individuals with Disabilities Education Act (IDEA) (Medicaid and School Health: A Technical Assistance Guide, HCFA, 1997)

IDEA, formerly called the Education of the Handicapped Act, authorized Federal funding to states for programs that impact Medicaid payment for services provided in schools. This permits Medicaid payment for medical services provided to children under IDEA through a child's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

Part B of IDEA was designed to ensure that children with special education needs receive a free appropriate public education. As LEAs are aware, under Part B of IDEA, LEAs must prepare an IEP that specifies all special education and "related services" needed by each child. Medicaid reimbursement may be requested for some of the "health related services" required by Part B of IDEA in an IEP that are provided to Medicaid eligible children. Most services included in an IFSP are reimbursed by the Children's Intervention Services (CIS) program, not the CISS program.

608.1. In addition, if medical evaluations or assessments are conducted to determine a child's health-related needs for purposes of the IEP/IFSP, payment for some or all of the costs may be available under Medicaid. However, if the evaluations or assessments are for educational purposes only, Medicaid reimbursement is not available.

608.2. In summary, the policy of the Centers for Medicare and Medicaid Services (CMS) is that health related services included in a child's IEP or IFSP can be covered under Medicaid as long as:

608.2.1. the services are medically necessary and coverable under Medicaid, i.e. physical therapy, occupational therapy, etc.

608.2.2. all other Federal and state regulations are followed, including those for provider qualifications, comparability of services and the amount, duration and scope provisions; and

608.2.3. the services are included in the state's Medicaid plan.

608.3. Effective March 18, 2013, IDEA 2004 Regulations Section 300.154 (d) (2) (iv) (Federal regulations published by the U.S. Department of Education):

608.3.1. The Department of Education clarifies the parental consent a public agency must obtain prior to accessing a child's or parent's public benefits or insurance for the first time. §300.154(d) (2) (iv)

608.3.2. The Department of Education requires "that the public agency provide written notification to the child's parents both prior to accessing a child's or parent's public benefits or insurance for the first time, and annually thereafter." §300.154(d) (2) (v)

608.4. Free Care Rule

In light of the Departmental Appeals Board (DAB) Decision No. 1924 (2004) ruling, CMS withdrew its prior guidance on the "free care" policy as expressed in the School-Based Administrative Claiming Guide and other CMS guidance in December 2014. Under the new guidance, Medicaid reimbursement is available for covered services under the approved state plan that are provided to Medicaid beneficiaries, regardless of whether there is any charge for the service to the beneficiary or the community at large.

608.4.1. The Medicaid statute contains an exception at section 1903(c) of the Act, which requires that Medicaid serve as the primary payer to schools and providers of services in an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) under the IDEA. Likewise, IDEA sections 612(e) and 640(c), codified in 20 U.S.C. 1412(e) and 1440(c), provide that nothing in the IDEA permits a state to reduce medical or other assistance available, or to alter eligibility, under Titles V (relating to maternal and child health) and XIX of the Social Security Act (relating to Medicaid for infants and toddlers with disabilities and to the provision of a free appropriate public education to children with disabilities) in the state.

Chapter 700: Special Eligibility Conditions

701. Eligibility

Children's Intervention School Services (CISS) are provided to Medicaid-eligible recipients ages three through twenty (20) years with physical disabilities or a developmental delay, who have been recommended for rehabilitative or restorative intervention services by the child's primary care practitioner (PCP) or other prescribing practitioner at the request of the PCP, within the scope of his or her practice under State Law.

701.1. To be qualified under the Medicaid Children's Intervention School Services Program described in this manual, a Medicaid-eligible student must meet the following criteria:

701.1.1. Be Medicaid-eligible on the date of service

701.1.2. Be under 21 years of age

701.1.3. Be considered disabled under LEA definitions

701.1.4. Have Medicaid reimbursable services documented in the Letter of Medical Necessity or Plan of Care and included in his or her IEP.

701.2. Students with specified disabilities, as defined in Georgia's Special Education Rules and are eligible under the Individuals with Disabilities Education Act (IDEA Part B) and have an authorized Individualized Education Program (IEP).

701.2.1. The term "child with a disability" means a child (i) having an intellectual disability, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (hereinafter referred to as "emotional disturbance"), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who, by reason thereof, needs special education and related services.

701.3. Eligible students may receive medically necessary services through the CISS program and the Children's Intervention Services (CIS) program simultaneously when the services have been deemed medically necessary and not duplicative. See Section 606.2)

Chapter 800: Individualized Education Programs and Non-IEP Written Referrals

801. Individualized Education Programs

801.1. Individualized Education Programs – IEP

The Letter of Medical Necessity or the Plan of Care included in the Medicaid-eligible student's IEP, which is generally revised annually, must identify the rehabilitation potential, set realistic goals and measure progress. The plan must contain the type of modalities and procedures, frequency of visits, estimated duration, diagnosis, functional goals and recovery potential.

An IEP is required for recipients with specified disabilities, as defined in Georgia's Special Education Rules. It is developed by the school, the child's teacher, parent and the appropriate licensed practitioner(s). It details the specific health-related services required in order to assist the student with a disability to benefit from his/her special education, along with the amount, frequency, duration and method of delivering the services.

801.1.1. Therapy Services Identified in Federal Regulations

801.1.1.1. Physical Therapy – Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law, and provided to a member by a qualified physical therapist. (42 CFR 440.110)

801.1.1.2. Occupational Therapy – Services prescribed by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law, and provided to a member by a qualified occupational therapist. (42 CFR 440.110)

801.1.1.3. Services for Individuals with Speech, Hearing, and Language Disorders Diagnostic, screening, preventive, or corrective services provided by or under direction of a speech pathologist or audiologists, for which a member is referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. (42 CFR 440.110)

801.1.2. Other CISS Therapy Services not mentioned in 42 CFR 440.110

Counseling, Nursing, and Nutrition- Medical care or any other type of remedial care provided by licensed practitioners means any medical or remedial care or services, other than physicians' services, provided by licensed practitioners within the scope of practice as defined under State law.

Note: Reimbursement for health-related services provided by a CISS provider is allowed after the appropriate prescribing practitioner has determined the medical necessity for the service and documents such.

Prescribing Practitioner is defined as a licensed primary care practitioner (PCP)/or other prescribing practitioner at the request of the PCP.

801.2. PCP's Written Referral for Non-IEP Services

Audiologists may provide non-IEP identified medically necessary services to children with an IEP. These services include testing a child for suspected hearing loss. A PCP's written referral to the audiologist following the child's face-to-face visit with the PCP will serve as the medical necessity document for the evaluation of a child for suspected hearing loss.

801.3. Prior Approval is not required for the CISS program.

Chapter 900: Scope of Services

901. General Services

In addition to the services listed in this section, an LEA must meet the CISS Program's general Medicaid record keeping requirements and understand the process of submission and resubmission of claims listed in Part I Policies and Procedures for Medicaid/PeachCare for Kids and Part II Policies and Procedures for the Children's Intervention School Services Program.

901.1. Audiology

This section describes Audiology services under the Medicaid CISS Program, the provider qualifications, and the covered services.

901.1.1. Audiology Services identify children with hearing loss, determine the range, nature and degree of hearing loss, and include the referral for medical or other professional attention for restoration or rehabilitation due to hearing disorders.

901.1.2. Audiologist Provider Qualifications: Audiological services must be provided by a professional who holds a valid Georgia license as an audiologist.

901.1.3. Covered Services:

901.1.3.1. Auditory acuity (including pure tone air and bone conduction), speech detection and speech reception threshold

901.1.3.2. Auditory discrimination in quiet and noise

901.1.3.3. Impedance audiometry, including tympanometry and acoustic reflex

901.1.3.4. Central auditory function

901.1.3.5. Testing to determine the child's need for individual amplification

901.1.3.6. Auditory training

901.1.3.7. Speech reading

901.1.3.8. Augmentative communication

901.2. Counseling Services

This section describes Counseling services under the Medicaid CISS Program, the provider qualifications, and the covered services.

901.2.1. Counseling Services involve assisting children and/or their parents in

understanding the nature of their illness or disability, special needs of the child, and the child's development.

901.2.2. Clinical Social Worker Provider Qualifications: Counseling must be provided by a professional who holds a valid Georgia license as a clinical social worker.

901.2.3. Covered Services:

901.2.3.1. Assessment of the family resources, including the social and emotional impact of the child's physical disability or developmental delay on the child and family, and its effect on the child's response to treatment and adjustment to medical care.

901.2.3.2. Provision of counseling services to resolve social and emotional barriers to effective treatment of the child's physical disability or developmental delay.

901.3. Nursing Services

This section describes Nursing services under the Medicaid CISS Program, the provider qualifications, and the covered services.

901.3.1. Nursing services include the administration of physician ordered medications and treatments to any children with medical problems who require these services during the school day. Safe, efficient and effective nursing care delivery, and appropriate monitoring of the child in school for ongoing problems related to the treatment or medication administered is expected. In addition, teaching the child, teacher or other caretaker nursing self-care related to the medication or treatment administration may be billed.

901.3.1.1. A flow sheet or equivalent documentation may be used by the registered nurse for daily medication administration. The documentation must show the nurse's full name and title. The nurse's initials must be written or typed after each medication given. Note: The initial entry on each page should have the nurse's full name, credentials and initials. With all subsequent entries the nurse may use initials only. Electronic or pen in hand signatures are also acceptable. A narrative note summarizing the medication administered should be completed monthly or when a new medication is administered. (This note may document progress or lack of progress to goal, side effects of medication, medication monitoring notes or exacerbation of symptoms, physical condition, etc.).

901.3.1.2. The IEP must clearly state the need for nursing services to receive reimbursement.

901.3.2. Nursing Provider Qualifications: Nursing services must be provided by a professional who holds a valid Georgia license as a registered professional nurse.

901.3.3. Covered Services:

901.3.3.1. Skilled, intermittent nursing care (e.g., suctioning, dressing changes, and catheterization)

901.3.3.2. Administration of medication during the school day as prescribed by the child's physician

901.3.3.3. Administration of treatment regimens during the school day as prescribed by the child's physician

901.3.3.4. Assessment of the capabilities of the child, his family, and other caretakers to carry out nursing care, medication administration or monitoring, and specific physician ordered treatments

901.3.3.5. Teaching nursing self-care to the child and family or caretaker.

901.4. Nutrition

This section describes Nutrition services under the Medicaid CISS Program, the provider qualifications and the covered services.

901.4.1. Nutrition Services include the management and counseling for students on special diets for genetic metabolic disorders, prolonged illness, deficiency disorders or other complicated medical problems. Nutritional support through assessment and monitoring of the nutritional status and teaching related to the dietary regimen.

901.4.2. Dietitian Provider Qualifications: Nutrition services must be provided by a professional who holds a valid Georgia license as a dietitian.

901.4.3. Covered Services:

901.4.3.1. Nutritional history

901.4.3.2. Dietary intake

901.4.3.3. Anthropometric measurements

901.4.3.4. Evaluation of laboratory work

901.4.3.5. Evaluation of feeding behavior and environment

901.4.3.6. Biochemical and clinical variables

901.4.3.7. Food habits and preferences

901.5. Occupational Therapy

This section describes Occupational Therapy services under the Medicaid CISS Program, the provider qualifications and the covered services.

901.5.1. Occupational Therapy Services include assessing, improving, developing, or restoring functions impaired or lost through illness, injury or deprivation, improving ability to perform tasks for independent functioning when functions are lost or impaired; and preventing through early intervention, initial or further impairment or loss of function.

901.5.1.1. The therapist can bill for time spent in "hands on" activities with the student. This includes time spent assisting the student to use adaptive equipment and assistive technology. Time spent in training teachers or aides to work with the student (unless the therapist is working directly with the student during the training time), and time spent on actually manipulating or modifying the adaptive equipment is not billable.

901.5.2. Occupational Therapist Provider Qualifications: Occupational therapy services must be provided by a professional who holds a valid Georgia license as an occupational therapist or as an occupational therapist assistant.

Note: Services rendered by Occupational Therapy Assistants (OTAs) can be billed to Medicaid through the CISS program. The OTA must be working under the supervision of a State of Georgia licensed Occupational Therapist (OT). The OTA is permitted to provide services based on the medical necessity documentation from the student's PCP or other qualified healthcare professional. All documentation and continuing education requirements applied to other CISS service providers will apply to the OTAs. (§ 43-28-3.7)

901.5.2.1. Supervision shall mean personal involvement of the licensed occupational therapist in the supervisee's professional experience which includes evaluation of his or her performance. Further, supervision shall mean personal supervision with weekly verbal contact and consultation, monthly review of patient care documentation, and specific delineation of tasks and responsibilities by the licensed occupational therapist and shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the licensed occupational therapist to ensure that the supervisee does not perform duties for which he or she is not trained. (§ 671-2-02)

901.5.3. Covered Services:

901.5.3.1. Activities of daily living;

901.5.3.2. Sensory or perceptual motor development and integration;

901.5.3.3. Neuromuscular and musculo-skeletal status (muscle strength and tone, reflex, joint range of motion, postural control, endurance);

901.5.3.4. Gross and fine motor development;

901.5.3.5. Feeding or oral motor function;

901.5.3.6. Adaptive equipment assessment;

901.5.3.7. Adaptive behavior and play development;

901.5.3.8. Prosthetic or orthotic training;

901.5.3.9. Fabrication or observation of orthotic devices;

901.5.3.10. Neuromotor or neurodevelopmental assessment;

901.5.3.11. Gait, balance and coordination skills; and

901.5.3.12. Postural control.

901.6. Physical Therapy

This section describes Physical Therapy services under the Medicaid CISS Program, the provider qualifications, and the covered services.

901.6.1. Physical Therapy Services involve assessing, preventing or alleviating movement dysfunction and related functional problems, obtaining, interpreting and integrating information relative to the student.

901.6.1.1. The therapist can bill for time spent in "hands on" activities with the student. This includes time spent assisting the student to use adaptive equipment and assistive technology. Time spent in training teachers or aides to work with the student (unless the therapist is working directly with the student during the training time) is not billable.

901.6.2. Physical Therapist Provider Qualifications: Physical therapy services must be provided by a professional who holds a valid Georgia license as a physical therapist or as a physical therapist assistant.

Note: Services rendered by Physical Therapy Assistants (PTAs) can be billed to Medicaid through the CISS program. The PTA must be working under the supervision of a State of Georgia licensed Physical Therapist

(PT). The PTA is permitted to provide services based on the medical necessity documentation from the student's PCP or other qualified healthcare professional. All documentation and continuing education requirements applied to other CISS service providers will apply to the PTAs.

901.6.2.1. Supervision shall mean personal involvement of the licensed physical therapist in the supervisee's professional experience which includes evaluation of his or her performance. Further, supervision shall mean personal supervision with weekly verbal contact and consultation, monthly review of patient care documentation, and specific delineation of tasks and responsibilities by the licensed physical therapist and shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the licensed physical therapist to ensure that the supervisee does not perform duties for which he or she is not trained.

901.6.3. Covered Services:

901.6.3.1. Neuromotor or neurodevelopmental assessment

901.6.3.2. Musculo-skeletal status (including muscle strength and tone posture, joint range of motion)

901.6.3.3. Gait, balance and coordination skills

901.6.3.4. Postural control

901.6.3.5. Cardio-pulmonary function

901.6.3.6. Activities of daily living

901.6.3.7. Sensory motor and related central nervous system function

901.6.3.8. Oral motor assessment

901.6.3.9. Adaptive equipment assessment

901.6.3.10. Gross and fine motor development

901.6.3.11. Observation and fabrication of orthotic devices

901.6.3.12. Prosthetic training

901.7. Speech Therapy

This section describes Speech Therapy services under the Medicaid CISS Program, the

provider qualifications and the covered services.

901.7.1. Speech Language Pathology Services involve the identification of children with speech and/or language disorders, diagnosis and appraisal of specific speech and/or language disorders, referral for medical and other professional attention necessary for the rehabilitation of speech and/or language disorders, provision of speech or language services for the prevention of communicative disorders. The speech language pathologist must bill for time spent in hands on activities or via telehealth services with the student. This includes time spent assisting the student with learning to use adaptive equipment and assistive technology.

901.7.2. Speech Language Pathologist Provider Qualifications: Speech-language therapy services must be provided by a professional who holds a valid Georgia license as a speech-language pathologist; or the professional meets one of the State of Georgia Department of Education's requirements for Speech Language Pathologist that align with the Georgia Professional Standards Commission. According to the Georgia Professional Standards Commission the requirements are as follows:

901.7.2.1. Completion of a state approved certification preparation program in Speech and Language Pathology at the Master's Degree level (level 5) or higher; or

901.7.2.2. Completion of a master's degree or higher program approved by the American Speech Language and Hearing Association (ASHA); or

901.7.2.3. Submission of a valid ASHA Certification of Clinical Competence in Speech and Language Pathology (CCC-SLP)

This information can be found at http://www.gapsc.com/Rules/Current/Certification/505-2-.206.pdf.

901.7.3. Covered Services:

901.7.3.1. Expressive language

901.7.3.2. Receptive language

901.7.3.3. Auditory processing, discrimination, perception and memory

901.7.3.4. Vocal quality

901.7.3.5. Resonance patterns

901.7.3.6. Phonological

901.7.3.7. Pragmatic language

901.7.3.8. Rhythm or fluency

901.7.3.9. Feeding and swallowing assessment

901.7.3.10. Articulation Therapy

CHAPTER 1000: Basis For Reimbursement

1001. Reimbursement Methodology

The Division will pay the lesser of the lowest price regularly and routinely offered to any segment of the general public for the same service or items on the same date(s) of service, the lowest price charged to other third party payers, or "effective with dates of service July 1, 2003, the statewide maximum allowable reimbursement which is 84.645% of Medicare's Resource Based Relative Value Scale (RBRVS) for 2000 for Region IV (Atlanta). All procedure codes recognized and adopted after the 2000 RBRVS are subject to the statewide maximum allowable reimbursement - 84.645% of the Region IV Medicare RBRVS in effect at the time the procedure code was adopted. As of October 1, 2010, these reimbursements are considered as Interim Payments. LEAs must participate in an annual cost settlement process for the CISS program. Cost settlement documents must be submitted to DCH and/or its agent as of September 15 of each Calendar Year unless otherwise specified by DCH. Reimbursement rates adjusted as of October 1, 2011.

Note: When billing procedure codes, 1 unit equals a minimum of 15 minutes unless otherwise specified. Please refer to CMS for the codes that may not be billed in combination per NCCI edits and the medically unlikely edits (MUEs). These codes and MUEs may change each quarter. An LEA who wishes to appeal a claim that denied for an NCCI edit or the MUE units must follow the appeals process outlined in the Part I Policies and Procedures for Medicaid/PeachCare for Kids. The National Provider Identifier (NPI) number of the child's PCP is required on all CISS claims submitted to DCH. Please consult the latest version of the Current Procedural Terminology for the procedure code descriptions.

1001.1. Audiology Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
92507	UC	TM	$65.64
92550		TM	$19.00
92552		TM	$30.47
92555		TM	$23.58
92557		TM	$42.04
92567	UC	TM	$18.46
92568		TM	$13.38
92579		TM	$38.57
92582		TM	$70.43
92587		TM	$52.51

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
92588		TM	$70.52
92601	UC	TM	$138.15
92602	UC	TM	$87.48
92603	UC	TM	$129.52
92604	UC	TM	$78.29
92622		TM	$65.60
92623		TM	$16.90

1001.2. Counseling Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
96156		TM	$84.57
96158		TM	$57.70
96159		TM	$20.15
96164		TM	$8.55
96165		TM	$3.97
96167		TM	$61.98
96168		TM	$21.98

1001.3. Nursing Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
T1502	TD	TM	$5.78/unit

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
T1002		TM	$5.78/unit
T1003		TM	$5.78/unit

1001.4. Nutrition Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
97802		TM	$28.09
97803	TS	TM	$23.94
97804		TM	$13.00

1001.5. Occupational Therapy Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
96112	GO	TM	$110.42
96113	GO	TM	$50.48
97165	GO	TM	$86.35
97166	GO	TM	$86.35
97167	GO	TM	$86.35
97168	GO	TM	$59.59
97113	GO	TM	$31.65
97129	GO	TM	$20.76
97130	GO	TM	$19.84
97140	GO	TM	$23.32

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
97530	GO	TM	$31.94
97533	GO	TM	$54.66
97535		TM	$28.20
97537		TM	$27.34
97542	GO	TM	$27.34
97750	GO	TM	$29.06
97760		TM	$41.72
97761	GO	TM	$35.96
97763	GO	TM	$45.74

1001.6. Physical Therapy Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
96112	GP	TM	$110.42
96113	GP	TM	$50.48
97161	GP	TM	$86.35
97162	GP	TM	$86.35
97163	GP	TM	$86.35
97164	GP	TM	$59.87
97022		TM	$14.68
97024		TM	$9.22
97032		TM	$14.50
97035		TM	$12.38
97110		TM	$25.33
97112		TM	$29.07

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
97113	GP	TM	$31.65
97116		TM	$25.33
97124		TM	$25.90
97140	GP	TM	$23.32
97530	GP	TM	$31.94
97542	GP	TM	$27.34
97750	GP	TM	$29.06
97761	GP	TM	$35.96
97763	GP	TM	$45.74

1001.7. Speech-Language Pathology Services

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
92507	GN	TM	$65.64
92508		TM	$26.35
92521		TM	$113.99
92522		TM	$95.30
92523		TM	$195.47
92524		TM	$94.15
92526		TM	$72.83
92567	GN	TM	$18.46
92597		TM	$85.57
92601	GN	TM	$138.15
92602	GN	TM	$87.48
92603	GN	TM	$129.52

HIPAA Compliant CPT Code	1st Modifier	2nd Modifier	Maximum Allowable
92604	GN	TM	$78.29
92607	TM	U1	$109.28
92609	TM	U1	$88.65
92610		TM	$117.54
96105		TM	$62.10
96110		TM	$11.77
96112	GN	TM	$110.42
96113	GN	TM	$50.48
97129	GN	TM	$20.76
97130	GN	TM	$19.84
97533	GN	TM	$54.66

1001.8. Group Speech Therapy 92508 TM - limited to 2 to 5 students per group and each session must last a minimum of 30 minutes. Group Speech Therapy should be identified in the IEP but must be included in the POC/LMN signed by the child's primary care physician.

1001.9. Providers cannot use code 92609 unless the child has had an evaluation for a speech-generating device.

1001.10. The U1 modifier must be added to procedure codes 92607 and 92609 to indicate the services are related to a mobile SGD (92607) and the use of the mobile SGD with (AAC) software/application (92609).

1001.11. Note: Any two or more therapists cannot bill Medicaid for health-related services rendered to a student at the same time on the same date of service. For example, an Occupational Therapist and a Physical Therapist serve a student at the same time to help with positioning and therapeutic procedures. Both therapists cannot bill Medicaid for health-related services provided at the same time for the same child.

1001.12. Claims will suspend to GMCF to be manually priced at half the rate for reduced services when the 52 modifier (along with the HA modifier) is placed on the claim for procedure code 92523.

1001.13. In response to COVID-19 and the public health emergency declaration, the Department of Community Health (DCH) will allow therapy services to be rendered via telehealth. Each billed procedure code must be submitted with the usual program modifier(s). Place of service code 02 must be submitted on the claim to indicate the services are delivered through

telehealth. (Rev. 04/2020)

Appendix A
Memorandum of Understanding

This Memorandum of Understanding is between the Georgia Department of Community Health (DCH) and the Georgia Local Education Agency (LEA).

The Medicare Catastrophic Coverage Act of 1988 contains provisions permitting Medicaid reimbursement to be available to qualified providers for certain health related services provided to Medicaid-eligible children in special education. The Act became effective in January 1989. As a result, Local Education Agencies have been able to present claims to Medicaid for covered medical, health and health-related services.

Local Education Agencies provide the payments for school-based health services rendered to Medicaid-eligible children through the use of existing state and local education allocations. LEAs submit claims to DCH in order to receive the federal share of those payments. To the extent LEAs already provide these services, no new state or local funding is required to receive the additional federal funding.

Purpose: The purpose of this memorandum is to outline the roles and responsibilities of: the Local Education Agencies (LEA) in their pursuit of Medicaid reimbursement for school-based health services; the DCH Division of Medicaid in its administration of the Medicaid program pursuant to the State Plan for Medicaid; and Public Consulting Group (PCG) and DCH in their implementation of the requirements of this program**.** PCG and DCH will work together on the Administrative Claiming for Education (ACE) and the Children's Intervention School Services (CISS) Cost Settlement processes.

A. Roles and Responsibilities of the LEA

i. The LEA agrees that:

1. It will only bill for Medicaid reimbursable services delineated in the policy and procedures manual for the Children's Intervention School Services (CISS) Program and provided by health care providers who meet DCH requirements;

2. The Individualized Education Program (IEP) for eligible clients aged 3 to 20, as specified under IDEA, will not serve as the basis for the provision of services that, if covered, are appropriate for payment under Title XIX and are in accordance with the applicable state and federal requirements for each documented service unless it includes a Letter of Medical Necessity or Plan of Care that has been signed and dated by the child's primary care provider;

3. A signed and dated Letter of Medical Necessity (LMN) or Plan of Care (POC) is **required** for the provision of services that, if covered, are appropriate for payment under Title XIX and are in accordance with the applicable state and federal requirements for each documented service if a Treatment Plan, signed and dated by the primary care provider, is not included in the IEP;

4. The DCH requirements must be met at the time services are rendered to a Medicaid-eligible child who meets the criteria set forth in the Individuals with Disabilities Education Act (IDEA);

5. It will only file administrative claims for those eligible activities that are related to, or in

support of, services that are included in the State's Title XIX Medicaid State Plan and in accordance with the Centers for Medicare and Medicaid Services (CMS) approved administrative claiming protocol for Georgia Local Education Agencies;

6. If the LEA is not participating or chooses not to bill Medicaid for school-based health services rendered to Medicaid eligible children, those school based health services cannot be reimbursed and the administrative expenditures related to those service are also not reimbursable. As an example, Speech Language Pathology services are provided in the LEA, but the school provider decides not to bill Medicaid for those services. As a result, the Speech Language Pathologist(s) cannot be included on the Administrative Claiming for Education Staff Pool List;

7. It will maintain the necessary documentation required for school based health-related services/activities as defined by DCH policy manuals and procedures, and agreements;

8. It will provide DCH with the information necessary to request federal funds;

9. It will maintain the confidentiality of members' records and eligibility information received from DCH and its agents and will use that information only in the administration and coordination of health-related services/activities pursuant to DCH policy manuals, procedures and agreements;

10. It will provide to DCH on an annual basis, a complete list of total students with an IEP receiving direct medical services in the LEA in order to obtain the IEP Ratio;

11. It will provide to DCH on an annual basis through the Certification of Public Expenditures form, certification that it has sufficient state/local funds available to cover the total computable costs (state and federal share) for service delivery. This certification will allow DCH to draw down any and all federal revenue reimbursement for health-related services in the Children's Intervention School Services program;

12. It will provide to DCH on a quarterly basis through the Certification of Public Expenditures form, certification that it has sufficient state/local funds available to cover the total computable costs (state and federal share) for the ACE program. This certification will allow DCH to draw down any and all federal revenue reimbursement for health-related services and activities in the Administrative Claiming for Education (ACE) program;

13. It will submit to an audit of all records related to the claims for which it receives Medicaid reimbursement at intervals deemed appropriate by DCH;

14. It will reimburse DCH for disallowances identified through audits, with interest if applicable, as defined in the DCH policy manuals and DCH will remit a portion to the Centers for Medicaid and Medicare Services (CMS);

15. It will consult with DCH on issues arising out of this agreement;

16. It will conduct all functions recognizing the authority of DCH in the administration of state plan issues;

17. It will share policy updates with its health care providers to ensure they are aware of the

policies and procedures;

18. It agrees that DCH will assist the LEA in submitting and/or reconciling Medicaid claims and obtaining technical assistance in securing reimbursement for eligible services provided to eligible children;

19. It is fiscally liable for reimbursing DCH for disallowed claims;

20. It has the legal obligation to provide access to records to appropriate state and federal agencies (including but not limited to DCH, CMS, Office of Inspector General (OIG), and General Accounting Office (GAO);

21. It will comply with all federal and state laws, regulations, and guidelines regarding Medicaid reimbursement;

22. In order to bill Medicaid under the CISS and ACE programs, the LEA's health care staff must be fully or partially state funded. They cannot be 100% federally funded.

23. It will submit all required documentation and respond to questions sent by DCH or DCH's contractor via email, fax, or mail by the due date.

B. Roles and Responsibilities of DCH

i. DCH agrees that:

1. A PCP signed and dated Letter of Medical Necessity (LMN) or Plan of Care (POC) is acceptable documentation for the provision of services that, if covered, are appropriate for payment under Title XIX and are in accordance with the applicable state and federal requirements for each documented service **if** a Treatment Plan, signed and dated by the student's primary care provider, is not included in the IEP;

2. Other Medicaid covered services may be provided by the LEA in accordance with DCH policy and procedures;

3. It will provide policy and procedures and technical assistance to the LEA;

4. It will provide the LEA with regular program updates;

5. It will process all Medicaid CISS claims and make payments directly to the participating LEA for Medicaid;

6. It will process all approved Administrative Claiming for Education claims and make quarterly Administrative Claiming for Education payments to the participating LEA after withholding eight percent (8%) of the total claimable amount as an administrative fee;

7. It will remit a portion of the funds to CMS for disallowances identified through audits, with interest if applicable, from the LEA;

8. It will assist the LEA to become enrolled as a Medicaid provider;

9. It agrees to provide oversight for all services and activities reimbursed to the LEA, including but not limited to desk and on-site audits;

10. It will review, revise, finalize, submit and resolve federal school-based reimbursement issues as they relate to all claims and payments;

11. It will assist in the development of uniform procedures, protocols, and standard statistical methodologies for the CISS program;

12. It or its contractor will calculate the number of Medicaid eligible students with an IEP and direct medical service from claims and eligibility data from the Medicaid Management Information System (MMIS).

13. It will work with the Georgia Department of Education (DOE) to obtain the student data from the October and March student count collection processes and match those data with the Medicaid eligibility data, based on the DOE collection date, to determine the ACE Medicaid Eligibility Rate.

14. It will develop and implement its quality control and assurance components, establish that the LEAs are complying with all CMS and state requirements and regulations and report outcomes for final review;

15. The DCH Accounting Unit will also maintain records identifying the source of funds used for the State match in order to validate the certification of funds process and ensure that an adequate amount of State and local funds are expended to obtain federal match.

C. Notices

The LEA agrees that the DCH Provider Policies and Procedures manuals and other DCH policy informational materials, such as Banner Page Messages and Provider letters/bulletins, will be the official transmittals from DCH to inform it of Medicaid services and record keeping policies.

D. Remedial Actions

The Parties agree that DCH may pursue remedial action if the LEA fails to meet the ACE and CISS programs' requirements or fails to correct problems identified during audits. Examples of actions that will cause implementation of sanctions include, but are not limited to:

i. Repeated and/or uncorrected errors in financial reporting, including failure to use the financial reporting worksheets provided by DCH or its vendor

ii. Failure to cooperate with state, federal, or the DCH vendor's staff during reviews or other requests for information

iii. Failure to maintain adequate documentation

iv. Failure to provide accurate and timely information to DCH or its vendor as required

Remedial action may include the suspension of payments to the LEA for ACE and CISS claims, more frequent auditing of the LEA's records by DCH, and the recoupment of funds from the LEA. Once an LEA has been notified of the need for remedial action, the LEA will be given thirty (30) days to submit a corrective action plan to the state, and the state will have an

additional thirty (30) days to approve or amend the corrective action plan.

The LEA agrees that DCH's acceptance of the plan will not: (1) excuse the LEA's prior substandard performance or (2) relieve the LEA of its obligation to comply with the terms of this Agreement.

E. Term & Termination

This Agreement shall become effective on the date that it is executed by DCH and shall automatically renew annually unless otherwise terminated as provided for in this Agreement. After that time, this Memorandum of Understanding will remain in effect until either party terminates the agreement with 30 days written notice.

F. Parties Bound

This Agreement is binding upon all employees, agents and third-party vendors of DCH and the LEA and will bind the respective heirs, executors, administrators, legal representatives, successors and assigns of each party.

G. Entire Agreement

This Memorandum of Understanding constitutes the entire agreement between the Parties with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representatives, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding or of effect between the Parties.

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party have hereunto affixed their signatures on the day and year indicated below.

Signature of Local Education Official:

_____

Typed Name: _____

County Name and Code: _____ Date: _____

Signature of Department of Community Health:

_____

Typed Name: _____Date: _____

Appendix B
Parental/Guardian Consent Form

Special Education Department
Parental/Guardian
Medicaid or PeachCare for Kids® Consent Form

Student Name:_____ Date of Birth_____
(Last, First)

Identification Number:_____ Social Security Number:_____

Street Address:_____

City _____ State_____Zip_____

DR. NAME (student's physician):_____
DR. PHONE NUMBER: _____
DR. ADDRESS:_____CITY:_____

Your Local Education Agency (LEA) is providing health-related services that are medically necessary for your child. These services are identified in his/her Individualized Education Program (IEP), the Letter of Medical Necessity (LMN), or the Plan of Care (POC) that your child's doctor signed. The Medicaid or PeachCare for Kids® program is required to cover the cost of certain services.

Your LEA cannot bill Medicaid or PeachCare for Kids® without your consent. If you will allow your LEA to bill Medicaid or PeachCare for Kids® for these medically necessary services, please check the "YES" Box and sign below.

To comply with the requirements of the Family Educational Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR §99.30), I further consent to the release of my child's education records that contain information about the health-related services provided at school and billed to the Georgia Department of Community Health (DCH). I understand these records may be used, as necessary, to make sure the health services received at school are not an exact copy of health services provided by other healthcare providers. I also understand these records will allow DCH (or its agents) to perform reviews of the Medicaid payments made to the school. I understand that I may request a copy of the records disclosed pursuant to this consent.

☐ **YES** I authorize my LEA to bill Medicaid or PeachCare for Kids® for the health-related services listed in my child's IEP, the Plan of Care, or the Letter of Medical Necessity.

☐ **NO** I do not want Medicaid or PeachCare for Kids® billed for the health-related services my child is receiving.

Parent/Guardian Name (Please print):_____

Parent/Guardian Signature:_____

Date:_____

It is my responsibility as a parent to notify the LEA's Special Education Department in writing if I ever decide to withdraw this consent allowing the LEA to seek reimbursement from Medicaid or PeachCare for Kids®. I understand this consent is for the school lifetime of my child.

If you have any questions, please call: PERSONALIZE THIS SECTION FOR YOUR SCHOOL SYSTEM.

Appendix C
Georgia Health Partnership (GHP)

A. Provider Correspondence
P.O. Box 105200
Tucker, Georgia 30085-5200

B. Electronic Data Interchange (EDI)
1-877-261-8785 or 770-325-9590

i. Asynchronous

ii. Web Portal

iii. Physical Media

iv. Network Data Mover (NDM)

v. Systems Network Architecture (SNA)

vi. Transmission Control Protocol (TCP/IP)

C. Provider Contact Center

800-766-4456 (Toll free) or 770-325-9590

The web contact address is **http://www.mmis.georgia.gov**

Appendix D:
Office Of Child Health Resources

A. The link below allows families to find resources in their area related to Babies Can't Wait, Children 1st, and Children's Medical Services (CMS) among many other programs.

Women and Children | Georgia Department of Public Health

Instructions – Select Child Health, then Babies Can't Wait. Under the Women and Children Services Finder, click the Locate Services feature.

Appendix E:
Other Related Medicaid Programs Which Provide Services to Children

A. Related Medicaid Programs

i. Durable Medical Equipment includes reimbursement for the purchase or rental of certain medical equipment and accessories and the purchase of certain medical supplies for a member's use in a non-institutional setting. It includes such items as prescribed hospital beds, wheelchairs, oxygen equipment, ventilators, and ambulation devices such as crutches and walkers. The equipment must be used by the member in their residence or that of a relative and must have been prescribed by a physician. The equipment remains the property of the state throughout its useful life.

ii. Early Intervention Service Coordination (Case Management) is an active, on-going process consisting of specific activities which are aimed at assisting parents in gaining access to the early intervention services designed to meet the developmental needs of each eligible child from birth up to age three (3) and the needs of the family related to enhancing the child's development.

iii. Emergency Ambulance Services are for the emergency transportation of those eligible recipients whose lives or immediate health are in danger and who require the supplies, equipment or personnel provided in an emergency vehicle.

iv. Health Check Services (EPSDT) is a program of comprehensive health screening, diagnosis referral and treatment services provided under the Medicaid program to eligible children under twenty-one (21) years of age. Treatment for abnormalities detected through such screening includes any needed medical services, dental services, prescription lenses and frames, and hearing aids.

v. Non-Emergency Medical Transportation Services and related expenses such as meals and lodging are reimbursed to providers who transport recipients in order to obtain medical treatment or examination under non-emergency circumstances.

vi. Orthotics and Prosthetics include devices such as artificial limbs, hearing aids, braces, etc. which assist or replace physical impairments. For Medicaid patients under twenty-one (21) years of age, hearing aid coverage determinations are made on a case-by-case basis through the prior approval process.

vii. Physician Services are those services provided by or under the immediate supervision of an enrolled individual licensed under Georgia law to practice medicine or osteopathy.

viii. Psychology Services include diagnosis and evaluation, and individual and group therapy services that must be provided by enrolled licensed psychologists. Psychology services are available only to Medicaid recipients under twenty-one (21) years of age.

ix. Vision Care Services are those refractive or medical services provided by enrolled licensed optometrists, licensed dispensing opticians or ophthalmologists within their scope of practice as set out in the applicable to recipients under twenty-one (21) years of age for refraction. Diagnosis and treatment services are available for recipients under the age of twenty-one (21).

Appendix F
Ordering, Prescribing, and Referring (OPR) Update

A. Ordering, Prescribing, and Referring (OPR)

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18) C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, **the claim cannot be paid**.

Effective 4/1/2014, DCH will begin editing claims submitted through the web, EDI and on CMS-1500 forms for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

i. For the NEW CMS-1500 claim form:
   1. Enter qualifiers to indicate if the claim has an ordering, referring, or prescribing provider to the left of the dotted line in box 17 (Ordering = DK; Referring = DN or Supervising = DQ).

ii. For claims entered via the web:
   1. Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

iii. For claims transmitted via EDI:
   1. The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

Appendix G
Resource Links

A. Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation

For information on the Georgia Families, Georgia Families 360, or Non-Emergency Medical Transportation program, please access the overview document at the following link:

i. **Georgia Families Overview:**

https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

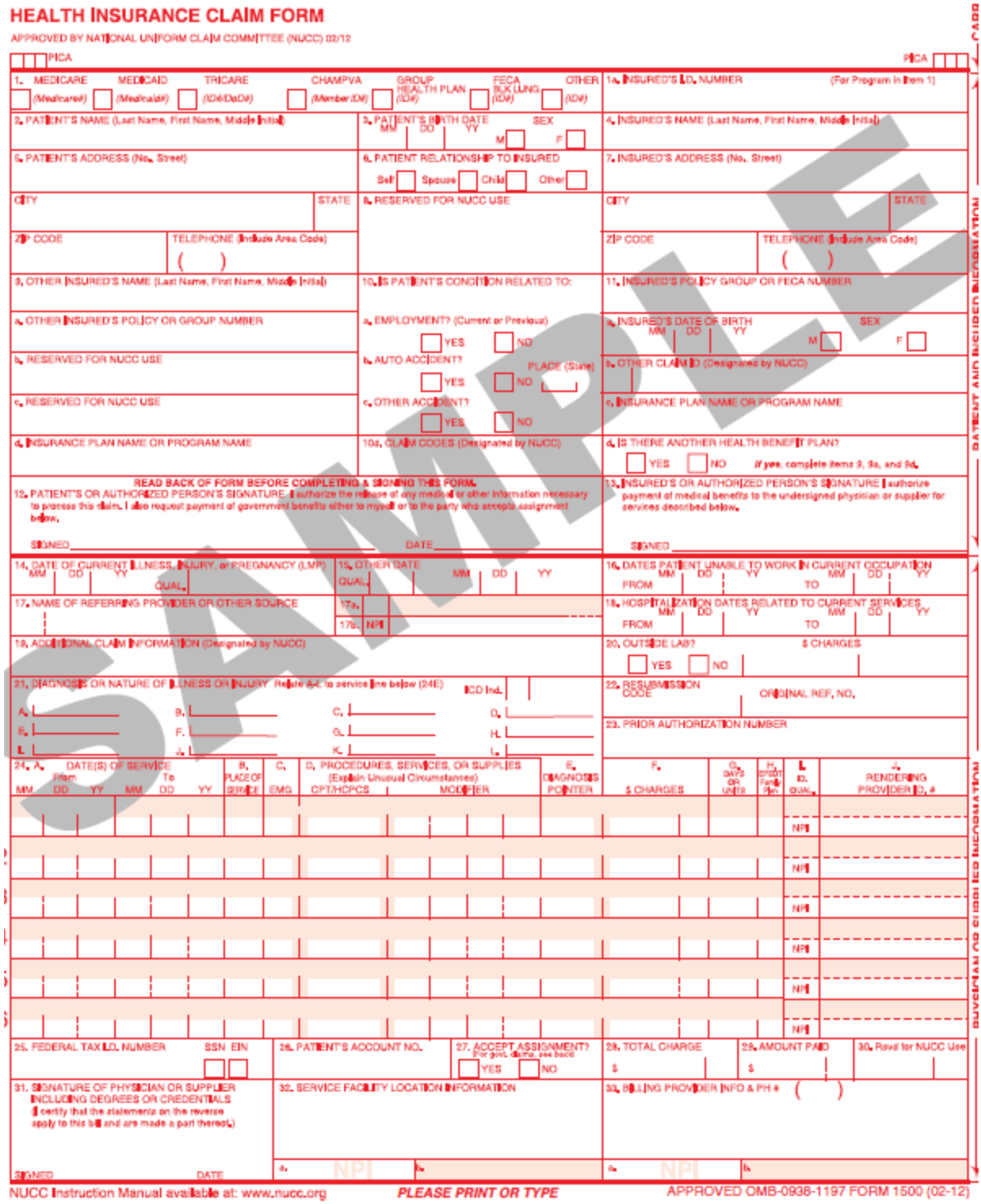
ii. **Georga Families 360 Overview:**

https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

iii. **Non-Emergency Medical Transportation Overview:**

https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx

Appendix H
CMS-1500 Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Appendix I
Children's Intervention School Services Program Staff

Tamara Wilson
Compliance Specialist 3
Division of Medical Assistance Plans
Georgia Department of Community Health
2 Martin Luther King Jr Dr SE
East Tower 19th Floor
Atlanta, GA 30334
twilson@dch.ga.gov

Appendix J
Expanded Nursing Services

A. Introduction

The Department of Community Health (DCH) has expanded the scope of nursing services provided to eligible Medicaid and PeachCare for Kids members through its Children's Intervention School Services (CISS) program. The expansion will allow additional claiming for Medicaid-enrolled children from the general student population for medically necessary services. The expansion is limited to nursing services only. The goal of the nursing expansion is to increase access to health care for children and enhance care coordination.

i. Nursing Services

DCH will reimburse Local Education Agencies (LEAs) for medically necessary nursing services provided to children with an Individualized Education Program (IEP), as well as currently enrolled Medicaid and PeachCare for Kids members who do not have an IEP. For children not served under an IEP, nursing services must be those services documented in the student's Care Plan based on a written order by the child's primary care practitioner (PCP) or other prescribing practitioner at the request of the PCP, within the scope of his or her practice under State Law. The term Care Plan is defined as an Individualized Health Plan (IHP), diabetes plan, or other standard document that identifies the student's medical need. Collaboration between the school and the community healthcare providers is necessary to coordinate treatment and to prevent duplication of services.

Covered nursing services may include, but are not limited to:

1. Enteral (tube) feedings
2. Medication administration
2. Breathing treatments
3. Diabetes management
4. Health counseling and health education as ordered by the child's PCP or other prescribing practitioner
5. Routine health screenings in collaboration with public health departments, pediatric practices, FQHCs or other entities participating in the Health Check Program
6. Example: hearing, vision, scoliosis, and dental screens

In order to receive reimbursement, the LEA must be an enrolled Medicaid provider. Enrollment in both the CISS and ACE programs is mandatory to receive reimbursement for direct nursing services rendered to eligible non-IEP Medicaid and PeachCare for Kids members. The LEA must submit a letter to the DCH attesting enrollment in both programs. See sample attestation form attached.

ii. Interim Billing & Service Documentation

Medicaid reimbursement requires that all claims include a clinically appropriate ICD-10 diagnosis consistent with the treatment or service provided. All claims must be submitted with an ICD-10 code provided by a medical practitioner licensed to diagnose. The LEA is responsible for submitting interim claims on a timely basis. Interim claims must be submitted within six months from the date of service via the Georgia Medicaid Management Information System (GAMMIS).

When billing procedure codes, 1 unit equals 15 minutes unless otherwise specified. Billable procedure codes are listed below and in Chapter 1000 – Basis of Reimbursement of this manual.

1. T1002 – RN services

2. T1003 - LPN services

3. T1502 – Medication Administration

4. Rounding Rules

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

All nursing services must be documented in accordance with standard clinical practices. Each encounter must include the basic minimum elements: member's name, member's date of birth, date of service, duration of service, name and signature of person providing the service, medical justification of the service, and any additional notes required by the needs of the student. The LEA must retain this information in the child's confidential file or record.

iii. Provider Qualifications

Nursing services must be provided by registered nurses (RNs) or licensed practical nurses (LPNs). LPNs must deliver nursing services under the supervision of a physician practicing medicine, a dentist practicing dentistry, a podiatrist practicing podiatry, or a registered nurse practicing nursing in accordance with applicable provisions of law. O.C.G.A. Title 43 Chapter 26 Article 2. Licensed practitioners must provide services within their scope of practice and must comply with all supervision requirements of the practitioners' licensing body.

iv. Parental Consent

LEAs must obtain written permission/consent from the parent/guardian of the Medicaid-eligible student (with or without an IEP) prior to billing Medicaid. Appendix B contains a suggested sample consent form. The parental/ guardian's written permission/consent needs to be obtained annually. Parents/guardians must inform the LEA, in writing, if they no longer wish to allow Medicaid to be billed. The LEA must inform the parents/guardians of the procedure to withdraw consent. If the IEP is utilized as the consent form, the exact wording in Appendix B must be included on the IEP form and parental/guardian consent obtained. If the IEP option is chosen for parental consent to bill Medicaid, then parental consent must be obtained annually.

v. Medicaid Eligibility Verification

Student Medicaid eligibility information can be obtained by logging into the Georgia Medicaid Management Information System (GAMMIS) portal. The member Eligibility Verification Request panel allows providers and billing agents to request individual student eligibility information for Georgia Medicaid members.

Department of Community Health

Attestation for Children's Intervention School Services (CISS) for Expanded Nursing Services

To be completed by the *designated Local Education Official*

Name of LEA _____ Provider ID# _____

The Georgia Department of Community Health (DCH) has expanded the scope of nursing services provided to eligible Medicaid and PeachCare for Kids members through its Children's Intervention School Services (CISS) program. The expansion will allow additional claiming for Medicaid-enrolled children from the general student population for medically necessary services. The expansion is limited to nursing services only. The goal of the nursing expansion is to increase access to health care for children and enhance care coordination. In order to provide the expanded nursing services to enrolled Medicaid members and receive reimbursement, providers must complete and submit this "*Attestation for Children's Intervention School Services (CISS) for Expanded Nursing Services."*

I hereby attest to the following:

- I am a LEA and enrolled in both the CISS and ACE programs and wish to participate in the expansion.
- I have completed the Free Care Nursing Services Webinar.

By signing this attestation, I acknowledge that I am qualified to render the expanded nursing services and that I have reviewed the terms and conditions outlined in the Part II, Policies and Procedures manual for CISS. I agree to stay abreast of Policies and Procedures related to the program(s) in which I am enrolled.

Printed Name of Signer _____ Signature _____ Date _____

NOTE: Upon completion of this form, please forward to the school nursing mailbox at ciss.schoolnursingservices@dch.ga.gov