Local Education Agency
PART II
LOCAL EDUCATION AGENCY FEE-FOR-SERVICE PROVIDER MANUAL

Introduction

Section BILLING INSTRUCTIONS Page
7000 Local Education Agency Billing Instructions 7-1
7010 Local Education Agency Billing Information 7-2

BENEFITS AND LIMITATIONS

8100 Copayment 8-1
8300 Benefit Plans 8-2
8400 Medicaid 8-3

APPENDIX

Codes A-1

FORMS All forms pertaining to this provider manual can be found on the public website and on the secure website under Pricing and Limitations.

DISCLAIMER: This manual and all related materials are for the traditional Medicaid fee-for-service program only. For provider resources available through the KanCare managed care organizations, reference the KanCare website. Contact the specific health plan for managed care assistance.

CPT codes, descriptors, and other data only are copyright 2015 American Medical Association (or such other date of publication of CPT). All rights reserved. Applicable FARS/DFARS apply. Information is available on the American Medical Association website.
This is the provider specific section of the manual. This section (Part II) was designed to provide information and instructions specific to local education agency (LEA) providers. It is divided into three subsections: Billing Instructions, Benefits and Limitations, and Appendix.

The **Billing Instructions** subsection explains the method of billing applicable to LEA services.

The **Benefits and Limitations** subsection defines specific aspects of the scope of LEA services allowed within the Kansas Medical Assistance Program (KMAP).

The **Appendix** subsection contains information concerning codes. The appendix was developed to make finding and using codes easier for the biller.

**HIPAA Compliance**
As a participant in KMAP, providers are required to comply with compliance reviews and complaint investigations conducted by the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act (HIPAA) in accordance with section 45 of the code of regulations parts 160 and 164. Providers are required to furnish the Department of Health and Human Services all information required by the Department during its review and investigation. The provider is required to provide the same forms of access to records to the Medicaid Fraud and Abuse Division of the Kansas attorney general's office upon request from such office as required by K.S.A. 21-3853 and amendments thereto.

A provider who receives such a request for access to or inspection of documents and records must promptly and reasonably comply with access to the records and facility at reasonable times and places. A provider must not obstruct any audit, review or investigation, including the relevant questioning of employees of the provider. The provider shall not charge a fee for retrieving and copying documents and records related to compliance reviews and complaint investigations.
LEA providers must submit claims electronically. Refer to your Paperless Claim Manual for instructions.

Call the Electronic Media Services department at 1-800-472-6481 for the method that best fits your needs. Full training and support are provided.
7010. LOCAL EDUCATION AGENCY BILLING INFORMATION Updated 07/10

Place of Service Codes

The only allowable place of service values are 03-school or 12-home.

Nursing Attendant Codes

The only allowable place of service values are 03-school or 12-home.
BENEFITS AND LIMITATIONS

8100. COPAYMENT  Updated 08/08

LEA services are exempt from copayment requirements.
BENEFITS AND LIMITATIONS

8300. BENEFIT PLAN  Updated 10/13

KMAP beneficiaries will be assigned to one or more benefit plans. These benefit plans entitle the beneficiary to certain services. If there are questions about service coverage for a given benefit plan, refer to Section 2000 of the General Benefits Fee-for-Service Provider Manual for information on the plastic State of Kansas Medical Card and eligibility verification.
BENEFITS AND LIMITATIONS

8400. MEDICAID Updated 07/11

Medicaid reimburses LEAs for medically necessary services for the child to receive a free and appropriate public education, as documented on the child's individualized educational plan (IEP). Payment is made to LEAs approved by the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF) for services provided through KMAP as listed in Appendix I.

Only covered medically necessary services identified on the child’s IEP will be eligible for reimbursement.

Ongoing services can be addressed on the individual health plan (IHP), behavior intervention plan (BIP), and/or assisted technology plan. These plans must be identified in the IEP as well as attached to it.

Providers of Medicaid-reimbursable services in an LEA must have appropriate credentials as described in the Medicaid State Plan and as required by the Kansas State Department of Education (KSDE). Professionals are expected to supervise the work of same-type paraprofessionals and confine the scope of practice to the usual and customary for their profession/paraprofession.

KAN Be Healthy (KBH) screens may be provided and billed by an LEA for eligible Medicaid beneficiaries, including those without an IEP or an individualized family service plan (IFSP). In the LEA setting, registered nurses (RNs) may be used to provide and bill KBH screens under the LEA provider number. Please refer to Appendix I for a complete list of codes that may be used to bill KBH screens in the LEA setting.

Services delivered by an LEA do not require a referral from the child's Medicaid managed care provider (PCCM or HMO).

Services must be medically necessary and may be habilitative or rehabilitative for maximum reduction of disability and restoration to the best possible functional level. Services which are educationally necessary but not medically necessary will not be covered. Services must be approved and provided by an Early Childhood Intervention (ECI), Head Start, or LEA program.

Therapy should be provided only for individuals with a Physician Treatment Plan, an IEP or an IFSP. A physician’s order is required for physical, speech, occupational, and other therapies. Therapy codes must be billed as one unit equals one visit unless the description of the code specifies the unit.

Occupational therapy services must be provided by a registered occupational therapist or by a certified occupational therapy assistant working under the supervision of a registered occupational therapist.

Physical therapy services must be provided by a registered physical therapist or by a certified physical therapy assistant working under the supervision of a registered physical therapist.

Supervision must be clearly documented. This may include, but is not limited to, the registered occupational or physical therapist initializing each treatment note written by the certified occupational or physical therapy assistant, or the registered occupational or physical therapist writing “Treatment was supervised” followed by his or her signature.
Nursing attendant care services may be billed by LEAs for students with those services in their IEPs. Specific services allowed include S9123 (by RN, per hour) and S9124 (by LPN, per hour).

The LEA may use its own employees or contracted staff from another agency to provide these services.

Physician-selected ICD-9-CM diagnosis codes must identify the condition for which the beneficiary is receiving services. An appropriate diagnosis code would be 783.40.

Social work services must be provided by or under the direction of a licensed social worker in accordance with 42 CFR 440.60 (a). The services must be provided by a school social worker who holds a current and valid license issued by the Behavioral Sciences Regulatory Board, at the licensed master social worker (LMSW), licensed specialist clinical social worker (LSCSW), or temporary licensed master’s social worker (TLMSW or LMSWT) level. (This criteria mirrors current KSDE requirements.)

Psychological services must be provided by or under the direction of a licensed psychologist in accordance with 42 CFR 440.60 (a). The psychologist must be licensed by the Behavioral Sciences Regulatory Board and/or licensed and endorsed by KSDE as a “school psychologist”. (This criteria mirrors current KSDE requirements.)

Social work and psychology services limitations include the following:

- Individual counseling reimbursement is limited to a combined total of two hours (four units) per calendar week.
- Group counseling reimbursement is limited to a combined total of one hour (two units) per calendar week.
- Psychological testing reimbursement is limited to a total of three hours per school year.
- Reimbursement is one hour equals one unit. For those individuals that cannot participate in a full hour of testing, the testing can be broken out into 15-minute increments as follows:
  - 0-15 minutes equals .25 units.
  - 16-30 minutes equals .5 units.
  - 31-45 minutes equals .75 units.
  - 46-60 minutes equals 1 unit.
- Development testing reimbursement is limited to one session per school year.

Documentation of all services performed is required and must include:

- Date, time, and description of each service delivered and by whom (name, designation of profession or paraprofession)
- Assessment and response to intervention/service
- Progress toward achieving individualized long- and short-term goals

The Kansas Medicaid Fraud Control Act (K.S.A. 2004 Supp. 21-3844 to 21-3855) requires that providers keep records for five years from the date of payment or, if the claim does not pay, the date when the provider submitted the claim.
Services provided by LEA providers are by law at no cost to the family. Because the services are at no charge to the family, most insurance companies consider these services as not covered by their policies. Therefore, KMAP does not require LEA providers to seek payment from private insurance companies to be eligible to receive Medicaid reimbursement. Similarly, KMAP will not seek reimbursement from the insurance companies.

However, KMAP does require all Medicaid providers to report insurance resources of which they become aware. This reporting assists KMAP in billing for other services that the other insurance company covers, such as hospitalization.

This policy does not prevent LEA providers from billing and collecting from insurance companies which do cover these services. If a provider anticipates that an insurance company will cover the services and the parents give the provider permission to bill the insurance, this private resource should be accessed prior to accessing taxpayer-funded Medicaid.
APPENDIX
CODES

Updated 01/15

The following codes represent an all-inclusive list of LEA services billable to KMAP. Procedures not listed here are considered noncovered.

Please use the following resources to determine coverage and pricing information. For accuracy, use your provider type and specialty as well as the beneficiary ID number or benefit plan.

- Information from the public website
- Information from the secure website under Pricing and Limitations

A chart has been developed to assist providers in understanding how KMAP will handle specific modifiers. The Coding Modifiers Table is available on both the public and secure websites. It can be accessed from the Reference Codes link under the Interactive Tools heading on the Provider page and Pricing and Limitations on the secure portion. Information is also available on the American Medical Association website.

### AUDIOLOGY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>92551</td>
<td>92552</td>
<td>92553</td>
<td>92555</td>
<td>92556</td>
<td></td>
</tr>
<tr>
<td>92557</td>
<td>92567</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### KBH CODES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99173</td>
<td>99202</td>
<td>99203</td>
<td>99204</td>
<td>99205</td>
<td></td>
</tr>
<tr>
<td>99213</td>
<td>99214</td>
<td>99215</td>
<td>92551</td>
<td>99383</td>
<td></td>
</tr>
<tr>
<td>99384</td>
<td>99385</td>
<td>99393</td>
<td>99394</td>
<td>99395</td>
<td></td>
</tr>
</tbody>
</table>

### NURSING

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9123</td>
<td>S9124</td>
<td>T1001</td>
<td>T1002</td>
<td>T1003</td>
</tr>
</tbody>
</table>

### OCC/PHYSICAL/SPEECH THERAPY

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>92507</td>
<td>92508</td>
<td>92521</td>
<td>92522</td>
<td>92523</td>
<td></td>
</tr>
<tr>
<td>92524</td>
<td>97001</td>
<td>97002</td>
<td>97003</td>
<td>97004</td>
<td></td>
</tr>
<tr>
<td>97110</td>
<td>97112</td>
<td>97113</td>
<td>97116</td>
<td>97150</td>
<td></td>
</tr>
<tr>
<td>97530</td>
<td>97532</td>
<td>97533</td>
<td>97535</td>
<td>97537</td>
<td></td>
</tr>
</tbody>
</table>

### PSYCHOLOGY THERAPY

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96101</td>
<td>96110</td>
<td>96127</td>
<td>99402</td>
<td>99411</td>
</tr>
</tbody>
</table>

### SOCIAL WORK THERAPY

<table>
<thead>
<tr>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>96110</td>
<td>96127</td>
<td>99402</td>
<td>99411</td>
<td></td>
</tr>
</tbody>
</table>