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Decoding School Medicaid

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Diagnosis Codes, Procedure Codes and Modifiers

Webinar Team

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Session Objectives

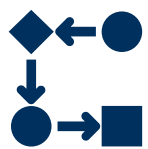
By the end of the session, participants will be able to



Describe the purpose and use of procedure codes, modifiers, and diagnosis codes in School-Based Health Services (SBHS) Medicaid billing.



Implement changes that reflect the updates to procedure codes and modifiers in the SBHS Medicaid program.



Outline the process to efficiently access and apply the codes relevant to specific roles.

Webinar Agenda

- SBHS Program Overview
- Diagnosis Codes, Procedure Codes and Modifiers
- New Procedure Codes and Modifiers
- Billing Code Process
- Technical Considerations
- Service Scenarios
- Questions and Answers
- Resources and Closing

Poll

- How much experience do you have with the SBHS program?
- How much experience do you have with coding for health services, for example, determining diagnosis or procedure codes?



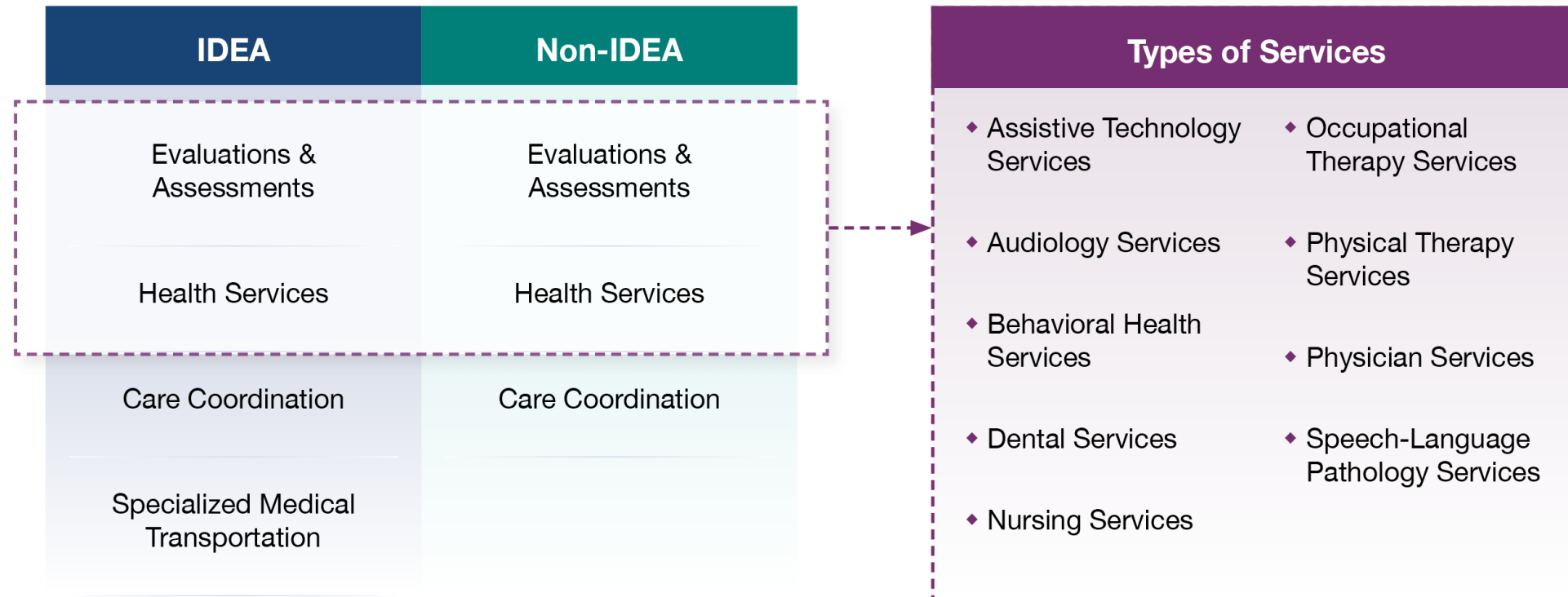
SBHS Program Overview



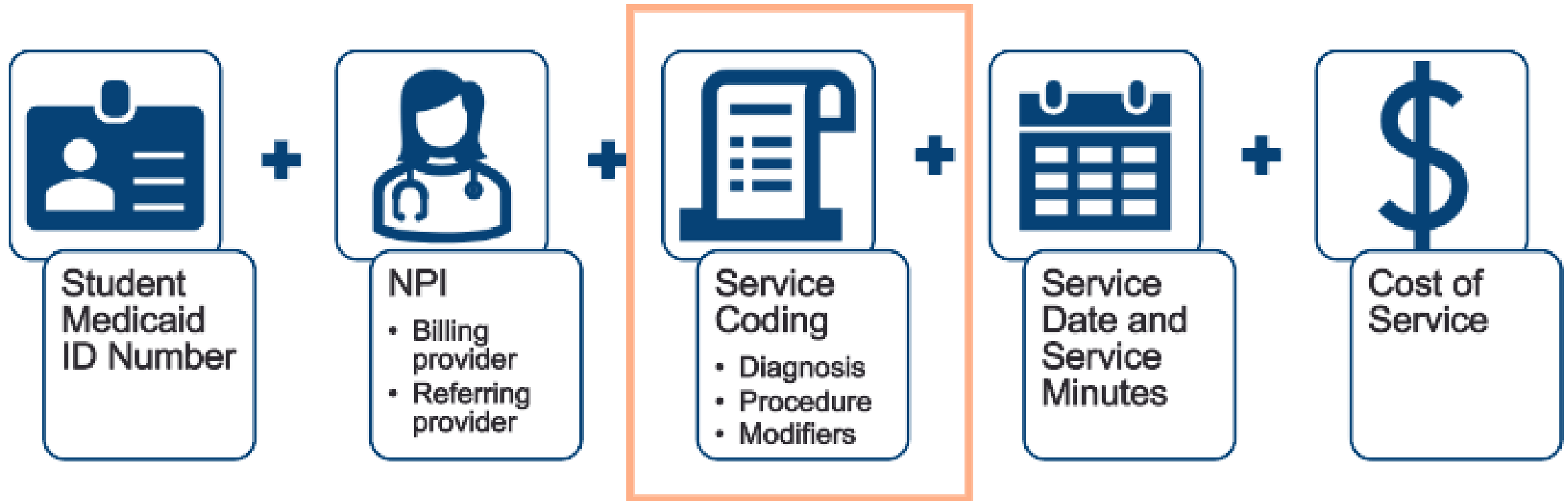
School Based Health Services

- Medicaid reimburses Education Agencies (EAs) for medically necessary and appropriate Medicaid-covered services provided to Medicaid-eligible children and young adults (birth–21) provided pursuant to an Individual Plan of Care (IPOC).
- School-based Medicaid is a flexible funding stream that may be used to increase access to comprehensive school health and behavioral health services.
- SBHS services can cover Individualized Educational Program (IEP) and non-IEP related services, as long as those services are provided by a medically qualified practitioner.

Covered Services



Required Elements for Submitting Claims





Diagnosis Codes, Procedure Codes and Modifiers



Why are these codes important?

- Codes and modifiers are necessary for submitting reimbursement claims.
- Codes and modifiers can be a data source to show how services are delivered and utilized.
- Codes can also be a way to track and coordinate care provided to students.

Diagnosis Codes

- The ICD-10 codes are a standardized set of codes that represent a patient's health condition or diagnosis.
- Two types of ICD-10 codes are used in school settings.
 - Primary diagnosis codes
 - Signs and symptoms codes

Types of ICD-10 Codes

- Primary Diagnosis Codes
 - Typically obtained from the student's doctor or primary care provider
 - Examples:
 - F84.0 Autism spectrum disorder
 - F84.2 Rett's Syndrome
 - G80.4 Ataxic cerebral palsy
- Signs and Symptoms Codes
 - Used to identify the reason for service provision by medically qualified individuals when a primary diagnosis is not available
 - Examples:
 - F41.1 Generalized anxiety disorder
 - F80.2 Mixed receptive-expressive language disorder
 - F80.81 Childhood onset stuttering and stammering [fluency disorder]

Procedure Codes

- Codes that represent services provided by Medicaid-enrolled medically qualified individuals
- Five-character code
- Examples
 - T1004: Services of a qualified nursing aide
 - 90832: Psychotherapy, 30 minutes with patient

Modifiers

- Modifiers are used to provide additional claim detail about a service, including
 - Referring service provider type (i.e., SLP, OT, PT, RN, Audiologist)
 - IPOC type
 - Whether the service was provided via telehealth

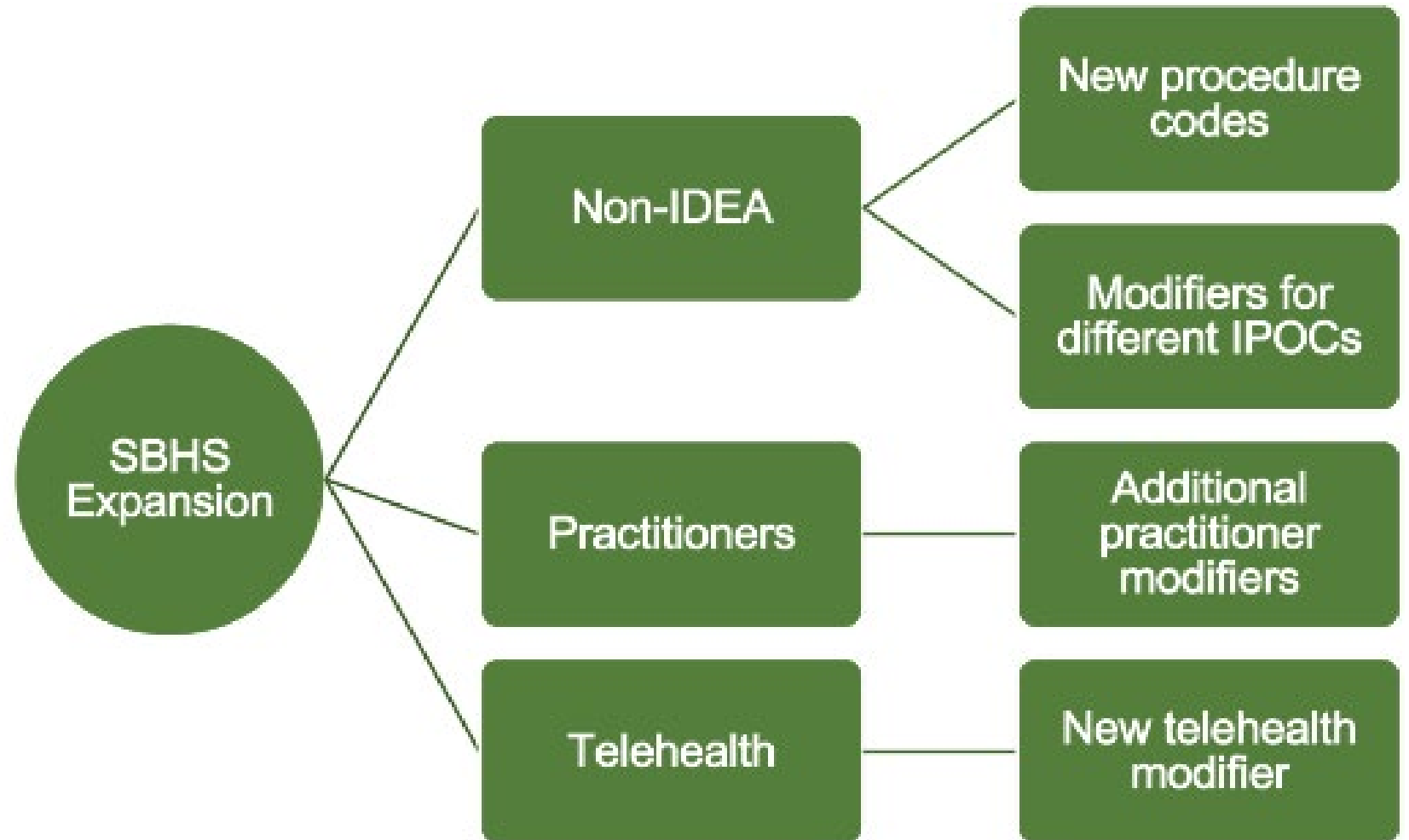
Putting It All Together



New Procedure Codes and Modifiers

SBHS Program Expansion

Expanding the SBHS program to include non-IDEA services and additional practitioners, requires the addition of more procedure codes and new modifiers.



IDEA Services

Medically qualified individuals may continue to use universal procedure codes specific to IDEA services found in a child's IEP or Individualized Family Service Plan (IFSP).

- T1004 Services of a qualified nursing aide
- T1018 School-based individualized education program (IEP) services
- T1024 Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children
- T2003 Non-emergency transportation
- G9005 Coordinated care
- G9007 Coordinated care through a scheduled team conference
- G9012 Other specified case management service not elsewhere classified

Procedure Code Changes

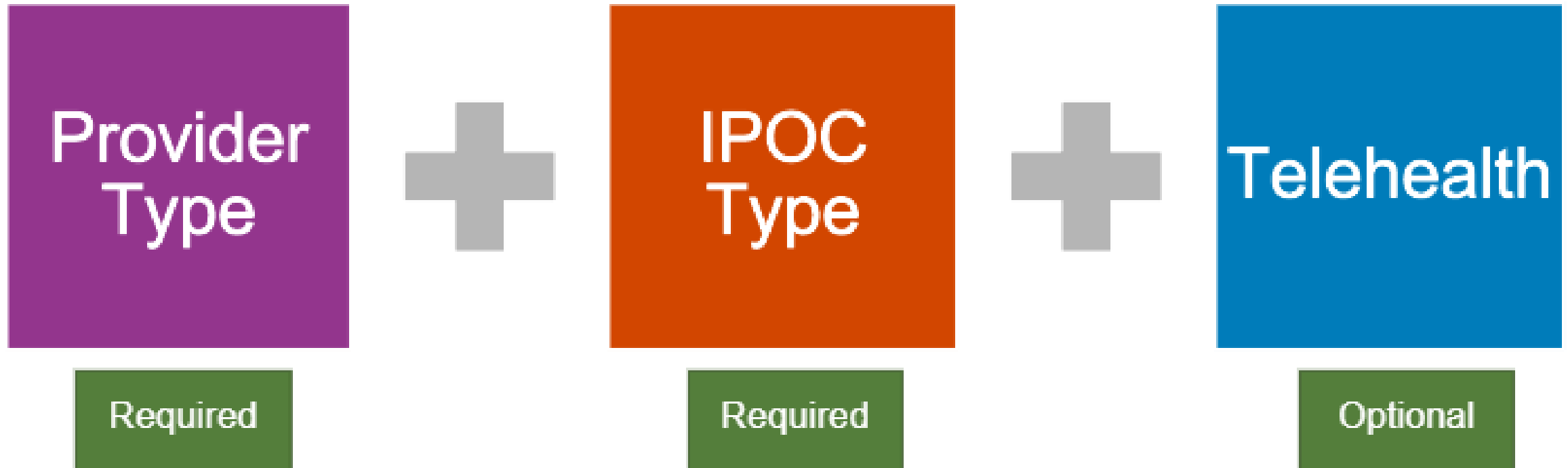
27
Procedure
Codes



185
Procedure
Codes

- Behavioral Health Services
- Motor Therapy Services
- Medical Services (Nursing and/or Physician)
- Speech and Audiology Services
- Specialized Transportation Services
- Coordination, Consultation, Case Management Services
- Dental Services
- IEP/IFSP Evaluation and Bundled Services
- Screenings and Other

Modifier Changes



Provider Type

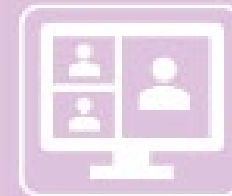
- First position identifies the provider and service type
- New first position modifiers
 - Dietitians
 - Nurse practitioners or physician assistants
 - Oral health assessments by a licensed health professional other than a dentist
 - Physician or dentist
 - Teacher standards and practices commission (TSPC), licensed professional counselor (LPC) or licensed marriage and family therapist (LMFT)



Provider Type



IPOC Type



Telehealth

IPOC Type

- Second position identifies the IPOC type
 - IEP
 - IFSP
 - 504
 - SBHS established and documented individualized health or behavioral health plan



Provider Type



IPOC Type



Telehealth

Telehealth

- Third position identifies telehealth
 - New code for audio-only telecommunications



Provider Type



IPOC Type



Telehealth



Billing Code Process



Roles for Determining Appropriate Codes



Medically Qualified Individual

- ICD-10 and Procedure Codes
- Modifiers
- Billing systems cannot restrict access to codes



Billing Coordinator

- Quality assurance for ICD-10 codes, procedure codes, and selected modifiers



Billing Vendor

- Role varies
- May help set up system with appropriate codes in consultation with EA and practitioners

Example Documentation Process



Example Coding Process





Technical Considerations



ICD-10 Codes: Specificity

Background: The Oregon Health Plan uses the Prioritized List as a factor in determining coverage for services.

What does this mean for schools?

- Medically necessary services for students must be covered by Medicaid, regardless of position on the Prioritized List.
- The more specific you are when selecting ICD-10 (diagnosis) codes, the more likely the claim will not get denied or delayed.
 - Use a primary diagnosis
 - Or the most specific signs and symptoms code possible
- If the claim gets suspended for K–12 services, EAs will receive a letter from OHA and will have 14 days to send in the practitioner recommendation from the medically qualified individual saying the service meets medical necessity.

Procedure Codes: Units

- Procedure codes are traditionally defined by one of the following increments:
 - Minutes (i.e., 15 minutes, 30 minutes)
 - Visits
 - Per diem
 - Per hour

Minutes = H0004, Behavioral health counseling and therapy, per 15 minutes

Visit = T1001, nursing assessment/evaluation

Per diem = S9131, Physical therapy; in the home

Per hour = 92607, Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

Units: For Rates

- Regardless of the increments used in a procedure code, all services in the SBHS Medicaid program are billed by the actual time spent on the procedure.
- **No minimum amount of time** spent on a service is required!

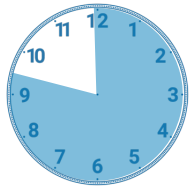
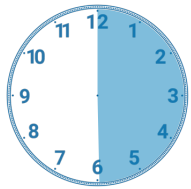
Units: For Claims

- When submitting claims, EAs will need to include the number of units of a procedure code aligned with the covered school health service.
- Any fractional unit will round up to the next whole unit.

Example:

Hour	<ul style="list-style-type: none">• Up to 60 minutes = 1 unit• 61–120 minutes = 2 units
15-minute	<ul style="list-style-type: none">• Up to 15 minutes = 1 unit• 16–30 minutes = 2 units
30-minute	<ul style="list-style-type: none">• Up to 30 minutes = 1 unit• 31–60 minutes = 2 units

Units: Examples



Procedure Code	Description	Increments	Billable Amount	Units on Claim
H0004	Behavioral health counseling and therapy, per 15 minutes	15 minutes	30 mins	2
H0004	Behavioral health counseling and therapy, per 15 minutes	15 minutes	47 mins	4
T1001	Nursing assessment	Per visit	25 mins	1
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder	Per visit	35 mins	1

Procedure Code: Limitations

- Some procedure codes have limitations or caps on the amount of units or minutes allowed to be billed per visit or day.

Example:

T1004, Unregulated Assistive Person (UAP) performing delegated RN services	Limit: 36 units 36 x 15-minute units = 540 minutes daily
T1024, IDEA evaluation by a medically qualified individual	Limit: 300 minutes per visit (per evaluation) Minutes spent on an evaluation can occur on the same or multiple days
T2003, IDEA transportation	Limit: 2 trips per day From home to school (place of service) and school to home



Service Scenarios

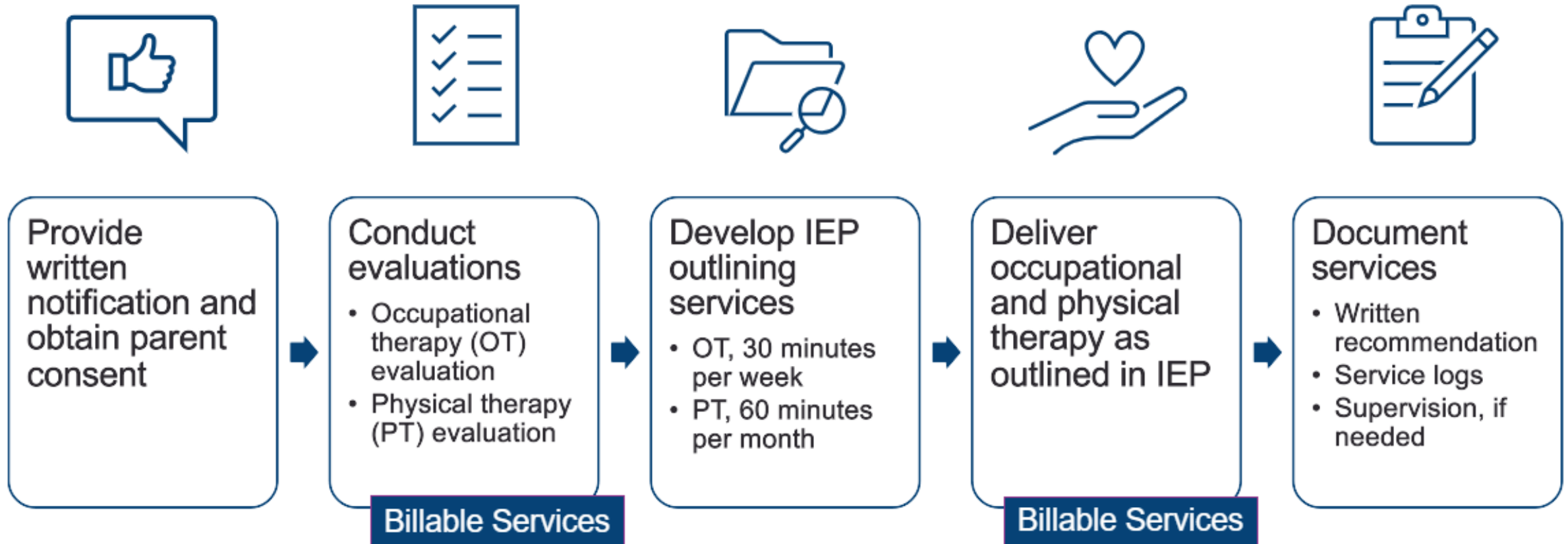


Scenario A

Liam is a 5-year-old kindergarten student. His teacher notices he struggles with fine motor tasks such as holding a pencil. She also observes that he has difficulty maintaining balance during playground activities and frequently falls. His teacher discusses her observations with Liam's parents and learns that Liam was born prematurely and previously received services for motor delays. Based on these concerns, the teacher submits a referral for an initial evaluation under Child Find to determine if Liam qualifies for special education under the IDEA. Liam and his family are enrolled in the Oregon Health Plan (Medicaid).

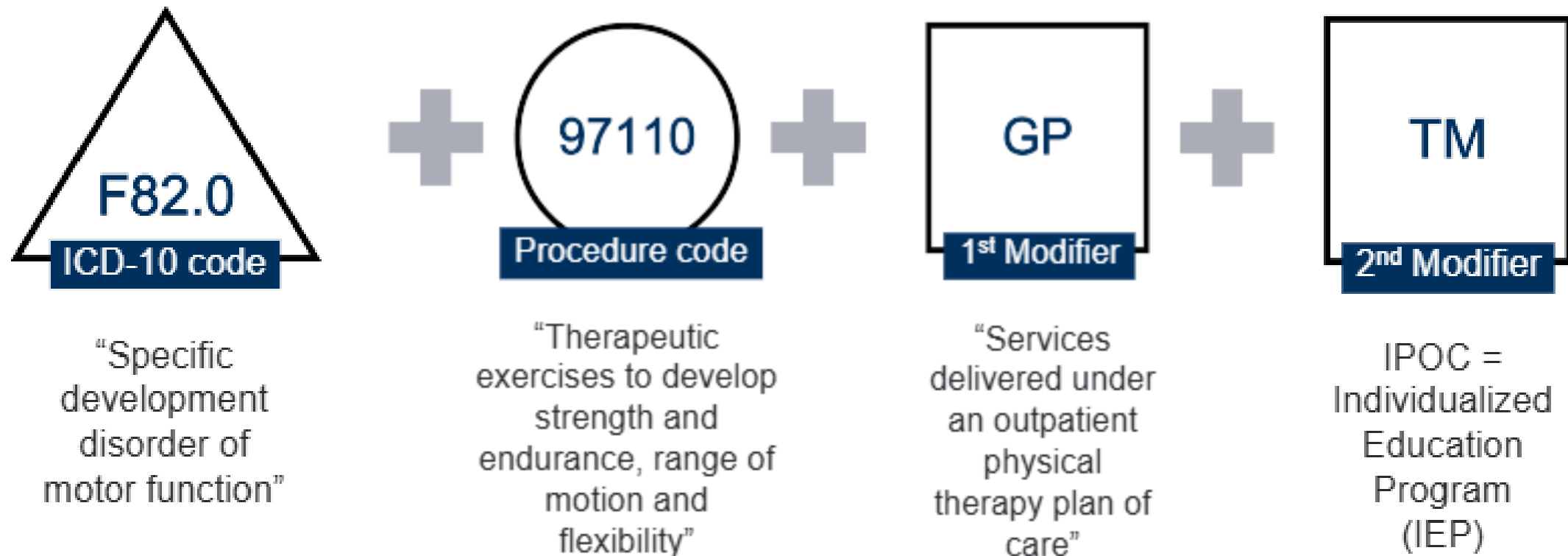


Medicaid Services: Liam



Coding Services: Liam

Physical Therapy

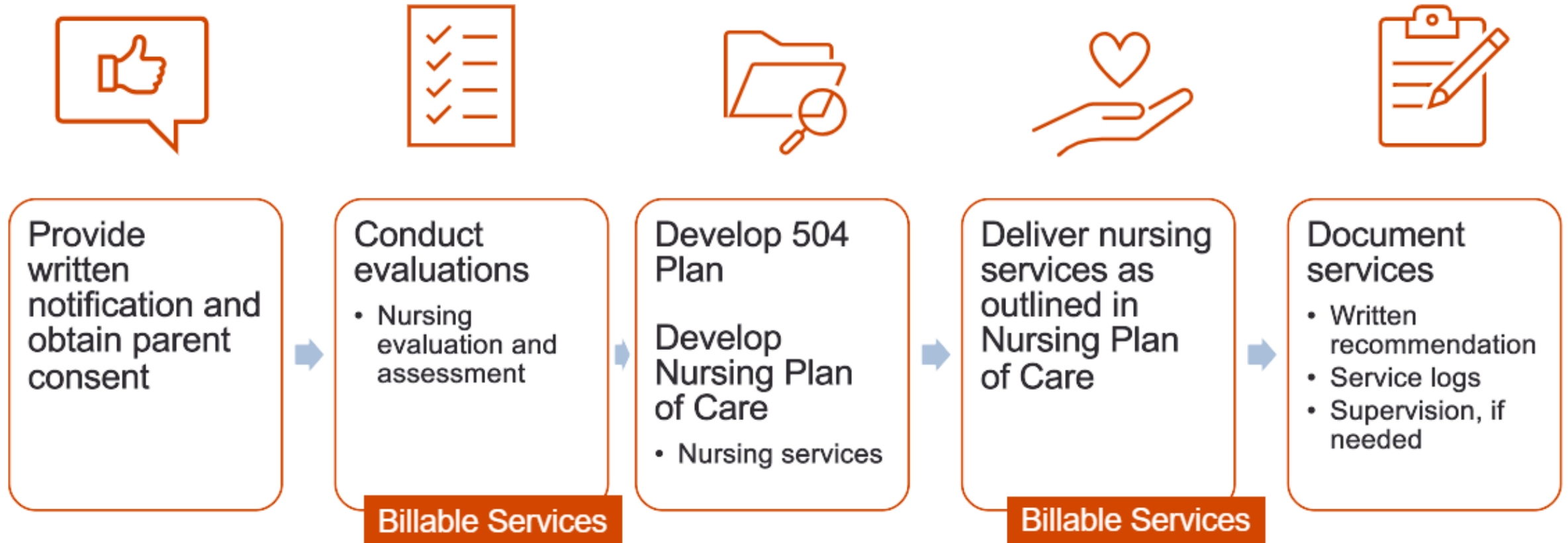


Scenario B

Emma is a 6-year-old 1st grade student. Her parents let the school know that she was diagnosed with Type 1 Diabetes and requires insulin injections to manage her blood glucose levels. The school refers her for a Child Find evaluation to determine eligibility under Section 504. Emma is enrolled in the Oregon Health Plan (Medicaid).

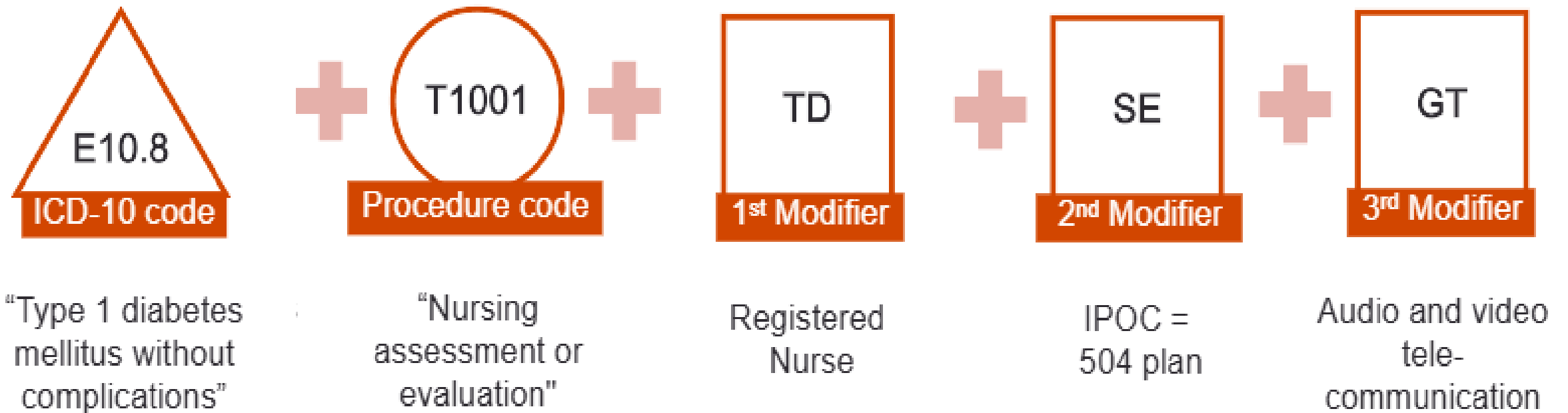


Medicaid Services: Emma



Coding Services: Emma

Nursing Evaluation and Assessment



Resources and Closing

Service Coding Resources

- [EPSDT Guidance for OHP Providers](#)
- [SBHS Medicaid Billing Matrix](#)
- [OHP Prioritized List](#)
- Public ICD-10 Look-up Sites
 - www.icd10data.com
 - www.encoderpro.com
- [Medicaid Provider Portal](#)
 - [Provider Portal Guides](#)
 - [Adjusting and resubmitting claims](#)
 - [Benefits and HSC Inquiry](#)

Other Program Resources

- [Oregon Administrative Rules](#)
- [Oregon SBHS Medicaid Program Tipsheets](#)
- [School Medicaid Billing Manual](#) (For School Business Offices)
- OHA SBHS Monthly Medicaid Discussions: medicaid.sbhs@oha.oregon.gov
- Direct technical assistance requests: Shelby Parks, School Medicaid Program Analyst, Shelby.Parks@ode.oregon.gov

Stay in Touch

- [School Medicaid Listserv](#)
- [OHA Website](#)
- [ODE Website](#)
- [Medicaid in Education Website](#)
- Other Questions and TA Requests: medicaid.sbhs@oha.oregon.gov