Frequently asked questions from May 12, 2025 webinar "Decoding School Medicaid: Diagnosis Codes, Procedure Codes and Modifiers"

Background

September 2024 Oregon Administrative Rule (OAR) revisions added new referring provider types and other plans of care to the Medicaid School-Based Health Services (SBHS) program. This change required Oregon Health Authority (OHA) to open 185 procedure codes and related modifiers for medically qualified individuals and new care plan types.

Procedure codes and modifiers

All SBHS procedure and modifier codes, including definitions and billing instructions, are listed in the SBHS Billing Codes and Instructions linked here.

Coding questions

What diagnosis codes should we use when billing evaluations and assessments?

In addition to lookup sites, practitioners may request access to the primary diagnosis code established by the child's primary care physician. This may be provided on a physician's statement. For evaluations and assessments to determine continued eligibility, the practitioner may also use signs and symptoms ICD-10 codes representing the reason for providing services to the child.

What procedure codes may individual practitioner types use (i.e. Registered Nurses (RN), Occupational Therapists (OT), Physical Therapists (PT) and Speech-Language Pathologists (SLP))?

The SBHS **Billing Codes and Instructions** break procedure codes out by service category type and include descriptions and billing instructions.

If a medically qualified individual is providing both Individuals with Disabilities Act (IDEA) and non-IDEA services, do they need two separate referring provider numbers?

No. Referring providers do not require more than one National Provider Identifier (NPI) and Oregon Medicaid provider enrollment. Each education agency (EA) program type to include Early Intervention/Early Childhood Special Education (EI/ECSE), IDEA (K-12) and non-IDEA (0-21) do require their own separate NPI and Oregon Medicaid provider enrollment.

When is it appropriate for SBHS medically qualified individuals to use a primary diagnosis code?

It is appropriate if the medically qualified practitioner's license or certification permits them to diagnose patients within their scope of practice. It is also appropriate to use the primary diagnosis established by the child's physician.

Can we use procedure code T1018 for billing direct services listed on an Individual Family Service Plan (IFSP)?

Yes, EAs can use procedure code T1018 to bill direct services by any medically qualified individual for services on both Individualized Education Plans (IEPs) and IFSPs.

Are the new SBHS procedure codes only for non-IDEA services?

No. The new codes may be used for any individual plan of care (IPOC) type.

The IDEA universal procedure codes T1024 (evaluation/assessment) and T1018 (direct services) may be used to bill only for IDEA services found in an IEP or IFSP.

Does reimbursement for procedure codes vary depending on billable time or units?

Oregon SBHS Medicaid establishes actual per minute costs for each medically qualified discipline category based on prior year actual audited costs. EAs will bill by the minute for services rendered for all procedure codes regardless of the increment type (i.e., visit, 15-minute, 30-minute). OHA will multiply the minutes billed by the cost per minute established for that medically qualified individual's discipline.

Are the billable procedure code limits per medically qualified individual or the child?

Limits are set per student. For example, billing for procedure code T1024 (IDEA evaluation) is limited to 300 minutes per student/per evaluation.

If more than one medically qualified individual is involved in evaluating a child, can they both bill for evaluation services?

Yes, each medically qualified individual may bill for their time associated with the evaluation to determine whether the child requires their specific services.

Is there a procedure code to bill for non-IDEA related specialized transportation services?

No. Our SBHS Medicaid program only covers IDEA-related specialized transportation services found in an IEP or IFSP.

Who can provide services under procedure code T1004?

Procedure code T1004 (Services of a qualified nursing aide) is for services delegated by and under the supervision of a Registered Nurse (RN) to an unregulated assistive person (UAP).

When using a primary diagnosis ICD-10 code from a physician, is there a time frame in which that record must be current?

The diagnosis code from a physician must be an active or currently relevant. If there are no current signs or symptoms of the diagnosis at the time a service is rendered, the diagnosis may not be relevant to the medical necessity or medical appropriateness of the service and may require the medically qualified individual within their scope of practice assign an ICD-10 code that best fits the reason for the service.

If the student has no IEP or IFSP when medically qualified individuals perform an evaluation to determine eligibility for their services, which modifier representing the IPOC type should be used?

Use modifier TM for evaluating IEP service eligibility and modifier TL for IFSP service eligibility.

Are non-IDEA health services paid at the same rate as IDEA services?

Yes, all service types are billed and paid at the EA's cost per medically qualified discipline.

How do you bill procedure code T1024 for evaluation services that are completed over multiple days?

Consolidate total minutes over all dates the IDEA evaluation was performed. Bill the total evaluation minutes on the final date of the evaluation (typically the date of the evaluation report).