CHAPTER IV

COVERED SERVICES AND LIMITATIONS

CHAPTER IV
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CHAPTER IV
COVERED SERVICES AND LIMITATIONS

INTRODUCTION

The Individuals with Disabilities Education Act (IDEA) requires local education agencies to provide students with disabilities a free appropriate public education, including special education and related services according to each student's Individualized Education Program (IEP). While local education agencies are financially responsible for educational services, in the case of a Medicaid-eligible student, state Medicaid agencies reimburse part of the costs of the services identified in the student's IEP if they are covered under the state's Medicaid plan.

Local education agency based services described in this chapter are covered by the Virginia Department of Medical Assistance Services (DMAS) for all Medicaid, Family Access to Medical Insurance Security (FAMIS) Plus, FAMIS and FAMIS MOMS enrolled students. A local education agency refers to a school district, an entity which operates local public primary and secondary schools. Service providers of local education agency based services must meet the qualifications described in Chapter II, "Provider Participation Requirements." Services must be provided in accordance with all of the following:

- Meet the service criteria as defined in this chapter;
- Meet the requirements of the individual licensing board within the Department of Health Professions;
- Be in conjunction with the current assessment of the student's support needs as documented in the IEP; and
- Be based on other DMAS/Department of Education (DOE) approved documents developed for the student.

The forms referenced in this chapter can be found on the DMAS web portal: www.virginiamedicaid.dmas.virginia.gov under Provider Forms search.

DMAS REIMBURSABLE SERVICES PROVIDED BY LOCAL EDUCATION AGENCIES

Health services, which are reimbursable by DMAS to local education agencies for all Medicaid, FAMIS Plus, FAMIS and FAMIS MOMS enrolled students, include the following services:

- Physical therapy, occupational therapy, and speech-language therapy;
- Audiology;
- Nursing;
- Psychiatry, Psychology, and Mental Health;
- Personal Care;
- Medical Evaluations;

- Well child visits / Early Periodic Screening Diagnosis and Treatment (EPSDT) screenings*; and
- Specialized Transportation.

Assessments to determine special education and related services are covered if documented in the student's IEP.

*See the EPSDT Supplemental Provider Manual available online at the Virginia Medicaid Web Portal: www.virginiamedicaid.dmas.virginia.gov for more information about DMAS covered well child visits/EPSDT screenings.

School Services and Managed Care Organizations (MCOs)

All services listed above and rendered in a school setting or on school property are carved out of the DMAS Managed Care Organization (MCO) contract and are reimbursed directly by DMAS **with the exception of well child visits/EPSDT screenings**. Students enrolled in an MCO must have well child visits/EPSDT screenings coordinated through the MCO. Local education agencies must negotiate contracts with the individual MCO if they want to provide well child visits/EPSDT screenings for MCO enrolled students.

School Services and Services Received Outside of the School By Private Providers

All services listed above, when documented in the child's IEP and rendered in a school setting are reimbursable by Medicaid when billed by the local education agency by meeting all billing requirements. When the local education agency bills Medicaid or FAMIS for services in the child's IEP that are received in the school setting, a child's Medicaid coverage will not be affected if the child also receives services outside of the school system (such as outpatient rehabilitation).

ELIGIBILITY REQUIREMENTS

To be eligible for services provided by a local education agency, the student must currently be enrolled in Medicaid, FAMIS Plus, FAMIS or FAMIS MOMS. Students under the age of 21 are eligible to receive services provided by local education agencies as documented in this manual. For guidelines for providing outpatient services to eligible individuals 21 years of age and older, local education agencies may refer to the Rehabilitation Manual, Psychiatric Services Manual, and Physicians/Practitioners Manual available on the Virginia Medicaid Web Portal at www.virginiamedicaid.dmas.virginia.gov. **Students may have frequent changes to their type of coverage, so eligibility should be verified at each point of service.**

All practitioners and providers of services shall be required to meet state and federal licensing and certification requirements. Services not specifically documented in the student's record as having been rendered, shall be deemed not to have been rendered, and no payment shall be provided.

Virginia Medicaid Web Portal

The Virginia Medicaid Web Portal is the gateway for providers to transact all Medicaid and FAMIS business via one central location on the Internet. The web portal provides access to Medicaid Memos, Provider Manuals, provider search capabilities, provider enrollment applications, training and education. Providers must register through the Virginia Medicaid Web Portal in order to access and complete those secured transactions listed below. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov.

The following transactions are available to registered users:

1. Check Medicaid and FAMIS Member Eligibility.
2. Check Medicaid and FAMIS Member Service Limits.
3. Check the Status of a Submitted Claim.
4. Check a Weekly Medicaid and FAMIS Payment Amount.
5. Check on a Member Service Authorization.

First Time Registrations to the Virginia Medicaid Web Portal

First time users must navigate to the Virginia Medicaid Web Portal at www.virginiamedicaid.dmas.virginia.gov and establish a user ID and password. By registering, individuals are acknowledging that they are the staff member who will have administrative rights for their organization. Answers to any questions regarding the registration process may be located on the Web registration reference materials available on the Web Portal. If further assistance is required, please contact the Virginia Medicaid Web Support Help Desk (toll free) at 1-866-352-0496.

Eligibility Vendors

DMAS has contracts with the following eligibility verification vendors offering Internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666

MEDICAL NECESSITY

The Virginia State Plan for Medical Assistance, approved by the Centers for Medicare and

Medicaid Services (CMS), designates the IEP as the certifying document for "necessary medical services" (which has the same meaning as the term "medical necessity" as defined in DMAS regulations) provided by the local education agency. The IEP documents the necessary medical services that require the skill level of a DMAS qualified provider (as documented in Chapter II of this manual) and that prescribed treatment is in accordance with standards of medical practice. In order to receive DMAS reimbursement, the IEP must be developed by qualified providers (as specified in Chapter II of this manual) who determine the necessary medical services in accordance with their scope of practice. The IEP cannot be used to authorize nursing services or personal care services supervised by a registered nurse (except for Activities of Daily Living [ADLs] or Instrumental Activities of Daily Living [IADLs]) due to the physician order requirement in the nursing regulations (18 VAC 90-20-10 et seq.). Nursing services and personal care services supervised by a registered nurse must be based on a written order from a physician, physician assistant or nurse practitioner and be recertified by one of these professionals on an annual basis. (Please note the physician, physician assistant or nurse practitioner does not have to be a part of the IEP team to order nursing services.)

CRITERIA FOR COVERED SERVICES

Assessments

Assessments are a DMAS covered service if performed by a DMAS qualified provider acting within the scope of his or her license under State law.

Assessments do not have to be in the student's IEP prior to the start of services, as they are performed to determine the need for an IEP or appropriateness of the health services in the current IEP.

Note: Assessments which do not result in an IEP therapy or service, must be documented in the student's IEP (e.g., Present Level of Performance page, Considerations section of the IEP) or IEP addendum to be reimbursed by DMAS.

Therapy Guidelines

The following are guidelines designed to assist with determination of appropriate services which are billable to DMAS by Local Education Agencies:

- Therapy services for students under the age of 21 must correct or ameliorate the student's health condition. Therefore, the necessary medical services must be based on a plan of treatment which results in improvement in the student's level of functioning within a reasonable period of time or management of the student's health condition to prevent the student's functioning from deteriorating. When a student is not progressing toward the treatment goals within a reasonable period of time and the treatment service is still medically necessary, the treatment plan should be revised so the goals meet the student's treatment needs.

- Therapy is not covered by DMAS if it does not require the skill level of a qualified therapist to carry out an activity. For example, DMAS will not reimburse for a qualified therapist to work with the student, if the student's therapy needs may be met by a trained personal

care assistant or parent/caregiver. Please refer to the personal care assistant section of this chapter for more information.

Therapy Definitions

Federal regulations require Medicaid agencies to cover services for children under the age of 21 which correct, ameliorate and maintain their health condition. Therapy identified in the student's IEP can be covered for the student as rehabilitation or habilitation, depending on the student's status and need.

- *Rehabilitation*: Necessary medical services needed for improving or restoring functions which have been impaired by illness/disability/injury. Progress is demonstrated and the therapy requires the skills of a licensed therapist acting within the scope of his or her license under State law. A therapy assistant may provide therapy services under the supervision of a qualified therapist.

- *Rehabilitation Therapy to Prevent Disease Progression*: Qualified therapists acting within the scope of his or her license under State law may provide therapy to students who have a health condition or illness which may deteriorate while in therapy or over time, no matter what extent of therapy is received. An example of this type of health condition is muscular dystrophy.

  Necessary medical services for ameliorating (to make better or more tolerable) the disease progression, even though progress may be minimal. Therapy may be provided by the qualified therapist or a therapy assistant, under the supervision of a qualified therapist. Regulations allow this type of therapy to be provided for students under the age of 21.

- *Habilitation*: Necessary medical services needed for acquiring a new skill. Progress is demonstrated and the therapy requires the skills of a qualified therapist acting within the scope of his or her license under State law. Example: A student who was never able to walk and now has gained the ability to walk.

Note: Maintenance level services do not require the skill level of a qualified therapist acting within the scope of his or her license under State law and typically do not demonstrate progress. These services help the student to maintain current level of function and may avoid more intensive services. DMAS reimburses for maintenance level services when performed by a personal care assistant (PCA) in the schools when supervised by a DMAS qualified provider acting within the scope of his or her license under State law
(see Personal Care Services section).

CRITERIA FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH-LANGUAGE THERAPY AND AUDIOLOGICAL SERVICES

Eligibility Criteria

Eligibility for physical therapy, occupational therapy, speech-language pathology and audiological services are based on the student's medical need for one or more of these services. Services must be included in the IEP and adhere to state and federal eligibility requirements (8VAC20-81-110). All DMAS reimbursable services provided in a local education agency setting are covered under regulations which allow for necessary medical services to treat or correct identified functional deficits.

When documented in a child's IEP, physical therapy, occupational therapy, speech-language therapy and audiology evaluations and interventions do not require a physician referral to fulfill the provisions of the IEP. Physical therapy, occupational therapy, speech-language and audiological services are necessary medical treatments for providing services to the student related to the student's IEP goals (12VAC 30-50-130). Any one of these therapy services may be offered as the sole service and shall not be contingent upon the provision of another service.

Definition of a Visit

A visit is defined as a treatment session where a qualified therapist provides covered services to a student. Visits are not defined in measurements or increments of time. The furnishing of any services by a therapist on a particular day or a particular time of day constitutes a visit. For example, if both a physical therapist and an occupational therapist furnish services on the same day, this constitutes two visits - one each of physical therapy and occupational therapy. If a therapist furnishes several services during a visit, this constitutes only one visit. If a therapist provides two distinctly separate therapy sessions in the same day (e.g., a morning session and an afternoon session), this would constitute two visits. Combined visits by more than one therapist cannot be billed as separate visits if the goal(s) of the therapists are the same for the visit (e.g., two therapists are required to perform a single procedure). The overall goal(s) of the sessions determines how the visit can be billed. Note: All visits must have supporting documentation to be reimbursable through DMAS.

DMAS will reimburse for group therapy for a minimum of two but no more than six students per treatment session. Note: It is permissible to have additional students in the session environment (e.g. classroom) but actual treatment is limited to six students, regardless of the student's eligibility for Medicaid, FAMIS Plus, FAMIS or FAMIS MOMS or students with an IEP regardless of insurance.

Consultation Services

The definition of consultation services varies depending on the setting. In an education setting, consultation may be used to characterize:

- Professional to professional interaction to address a student need or provide technical assistance or support; or

- Professional to student interaction that is limited in time, intensity or for monitoring purposes.

DMAS only reimburses for direct services with a student if all other requirements are met for reimbursement as detailed in this provider manual. DMAS does not recognize professional to professional interaction as a billable service.

Home Therapies

Licensure requirements in the State of Virginia allow only agencies licensed as home care organizations to provide services in the home (Code of Virginia, §32.1-162.9). However, local education agencies employing their own therapists are allowed to provide home therapies under federal and state regulations and in accordance with IEP requirements (34 CFR §300.39(a)(i) and 8VAC20-131-180 and 8VAC20-80-10).

If an outpatient rehabilitation agency is contracting with a local education agency to provide therapy to a student in accordance with the student's IEP, which identifies home-based instruction and rehabilitation therapy services, then home therapies may be provided by the outpatient rehabilitation provider as long as the provider is licensed as a home care organization. Regulations (§32.1-162.8) define home care organizations located in the Commonwealth as agencies which are:

- Certified by the Department of Health under provisions of Title XVIII or Title XIX of the Social Security Act;
- Approved for payments for home health by the Department of Medical Assistance Services; or
- Accredited by the Joint Commission on Accreditation for Health Organizations, the National League of Nursing or the National Home Caring Council

Local education agencies contracting with outpatient rehabilitation providers must bill DMAS for all therapies provided to Medicaid/FAMIS enrolled students with an IEP.

Discharge Planning

Discharge planning must be an integral part of the treatment plan and developed at the time treatment is initiated. The plan shall identify an anticipated safe and effective maintenance program of the student's functional status, amelioration of the condition, and the probable discharge outcomes. The student, unless unable to do so, or the parent or legal guardian shall participate in the plan. Changes in the discharge plan shall be entered into the record as the changes occur.

Termination of services must be considered when any of the following conditions are met:

- No further benefit from therapy is demonstrated;
- There is limited motivation on the part of the individual or the caregiver;
- The individual has an unstable condition affecting his or her ability to participate in the

plan of care;

- The service can be provided by someone other than a licensed therapist;
- The student is no longer identified as having a disability; and/or
- The licensed therapist determines the student does not need direct therapy regardless of the student's continued eligibility and IEP status with the local education agency.

Each provider must document in the progress notes a discharge summary when the student's treatment plan is completed or at any time discharge occurs. The summary must document the student's progress relative to treatment and long-term goals, and must identify goals that were and were not met. Recommendations for future care, as appropriate, must be included.

Physical Therapy

Physical therapy services may be reimbursed by DMAS when all of the following conditions are met:

- The services must be included in the student's IEP and must be directly and specifically related to an active written plan of care developed by a licensed physical therapist.
- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified physical therapy provider as defined in Chapter II of this manual;
- Based on the assessment made by the DMAS qualified provider, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to establish a safe and effective program to ameliorate or reduce the disease progression;
- The services must be provided to address a specific diagnosis in the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services are identified.

The licensed physical therapist must develop a plan of care; however, the implementation of the plan may be carried out by a licensed physical therapy assistant (PTA) as defined in Chapter II of this manual.

Some examples of physical therapy modalities and procedures are illustrated below, but not limited to:

- Gait training;
- Range of motion;
- Therapeutic exercises;
- Balance and coordination activities;
- Use of heat, cold, electrical stimulation, massage, and ultrasound.

Note: Services which can be performed by supportive personnel (such as physical therapy aides, personal care assistants, nursing staff, volunteers, etc.), do not meet DMAS criteria for reimbursement as physical therapy services. Please refer to Personal Care Assistant Services section of this chapter for more information on maintenance level services. There is no provision for DMAS to reimburse for services provided by interns, even if they are working under the direct supervision of a licensed provider.

When the student no longer requires therapy services the PT must complete a discharge summary.

Occupational Therapy

Occupational therapy services are services provided to a student who meets all of the following conditions:

- The services must be included in the student's IEP and must be directly and specifically related to an active written plan of care developed by a licensed occupational therapist (18VAC85-80-100);
- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified occupational therapy provider as defined in Chapter II of this manual;
- Based on the assessment made by the DMAS qualified provider, services must be provided with the expectation, , that the condition of the student will improve in a reasonably and generally predictable period of time, or the services are necessary to establish a safe and effective program to ameliorate or reduce the disease progression;
- The services must be in association with a specific diagnosis in the current ICD manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practices; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.

The licensed occupational therapist must develop a plan of care. However, the implementation of the plan may be carried out by a certified occupational therapy assistant (COTA) as defined in Chapter II of this manual.

Occupational therapy may involve some or all of the following procedures, but not limited to:

- The selection and teaching of task-oriented therapeutic activities designed to restore physical function;
- The planning, implementing, and supervising of an individualized therapeutic activity program as part of an overall active treatment program;
- The planning and implementing of therapeutic tasks and activities to restore sensory-

integrative function; and

- The teaching of compensatory techniques to improve the level of independence in the activities of daily living.

Note: Services which can be performed by supportive personnel (such as occupational therapy aides, personal care assistants, nursing staff, volunteers, etc.), does not meet DMAS criteria for reimbursement as occupational therapy services. Please refer to Personal Care Assistant Services section of this chapter for more information on maintenance level services. There is no provision for DMAS to reimburse for services provided by interns, even if they are working under the direct supervision of a licensed provider.

When the student no longer requires therapy services the licensed OT must complete a discharge summary.

Speech-Language Therapy

Speech-language therapy services are services provided to a student that meet all of the following conditions:

- The services must be included in the student's IEP and must be directly and specifically related to an active written plan of care developed by a ~~licensed~~ master's level Speech-Language Pathologist (SLP) ~~(18VAC30-20-10 et seq)~~ (18VAC30-21-10 et seq.) licensed by the Board of Audiology and Speech-Language Pathology (BASLP);

- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified speech-language therapy provider as defined in Chapter II of this manual.

- Based on the assessment made by the DMAS qualified provider, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to establish a safe and effective program to ameliorate or reduce the disease progression;

- The services must be in association with a specific diagnosis in the current ICD manual; and

- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services are identified.

~~Only a licensed SLP can develop a plan of care, however, the implementation of the plan may be carried out by SLPs who do not hold a CCC from ASHA but hold a valid license from the VDOE (excluding provisional licenses).~~ Only a master's level SLP licensed by BASLP can develop a plan of care. The implementation of the plan can be carried out by (1) a master's level SLP licensed by BASLP or (2) an SLP licensed by BASLP without a master's, under the supervision of a master's level SLP licensed by BASLP.

A master's level SLP who has a provisional license from BASLP because the SLP is undergoing their post-graduation clinical fellowship year (CFY) with the American Speech-Language Hearing Association (ASHA) meets the requirements to develop a plan of care and carry out the plan of care unsupervised. A Certificate of Clinical Competence for Speech-Language Pathologists (CCC-SLP) from ASHA is not required for this purpose.

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Speech-language therapy services include the following procedures but are not limited to:

- Providing rehabilitative/habilitative services for speech and language disorders; and
- Providing rehabilitative/habilitative services for swallowing disorders, cognitive problems, etc.

Note: Services which can be performed by supportive personnel (such as speech aides, personal care assistants, nursing staff, volunteers, etc.), does not meet DMAS criteria for reimbursement as ~~speech language pathology~~ speech-language therapy services. Please refer to Personal Care Assistant Services section of this chapter for more information. There is no provision for DMAS to reimburse for services provided by interns, even if they are working under the direct supervision of a licensed provider.

Once the student no longer requires therapy services, the licensed SLP must complete a discharge summary.

Speech-Language Therapy and Telepractice

DMAS coverage of school based telepractice for ~~speech and language therapy~~ speech-language therapy is effective beginning September 1, 2011. "Telepractice," as it is used here, is the delivery of ~~speech therapy~~ speech-language therapy services by a DMAS qualified provider through the use of videoconferencing to a child at a location remote from the therapist. DMAS reimbursement covers the ~~SLP therapist's~~ SLP's services provided from a remote location when a qualified school aide is with the child during the telepractice session. The aide is billed as a personal care assistant under Virginia Medicaid reimbursement. Telepractice-delivered services are subject to the same DMAS requirements (such as provider qualifications, service requirements, ~~confidentially~~ confidentiality of information and documentation of services) as ~~speech therapy~~ speech-language therapy services delivered without telepractice.

When the services of the SLP are delivered via telepractice, ~~therapists~~ SLPs should submit the appropriate procedure codes (92521, 92522, 92523, 92524, 92507 or 92508), and the services of the school aide are to be billed using procedure code, Q3014. When billing for telepractice, the procedure code modifier "GT" is to be entered in the procedure modifier field for both claims, which indicates that telepractice was used.

Audiological Services

~~Criteria for Audiological Services~~

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Audiological services are services provided to a student that meet all of the following conditions:

- The services must be included in the IEP and must be directly and specifically related to an active written plan of care designed by a licensed Audiologist ~~(18VAC30-20-10 et seq)~~(18VAC30-21-10 et seq.);
- Audiological assessments included in the IEP are covered without needing a plan of care if this is the only service being provided;
- The services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified audiological provider as defined in Chapter II of this manual;
- The services must be provided with the expectation, based on the assessment made by the DMAS qualified provider, the condition of the student will improve in a reasonable and generally predictable period of time, or the services must be necessary to establish a safe and effective program to reduce the disease progression;
- The services must be in association with a specific diagnosis in the current ICD manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services are identified.

Once the student no longer requires therapy services the licensed Audiologist must complete a discharge summary;

Only a licensed Audiologist as detailed in Chapter II of this manual can provide audiological services. There is no provision for DMAS to reimburse for services provided by interns, even if they are working under the direct supervision of a licensed provider.

Note: When medically necessary, multiple assessments may be provided on the same day.

Audiological services include the following but are not limited to:

- Identification of students with hearing loss;
- Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the rehabilitation of hearing;
- Referral for genetic counseling;
- Rehabilitation for the purpose of identifying disorders of the hearing and vestibular systems;
- Therapeutic activities such as language habilitation, auditory training, speech reading (lip-reading) and therapy related to cochlear implants;
- Creation and administration of programs for prevention of hearing loss;

- Guidance of students, parents, and teachers regarding hearing loss; and
- Determination of student's needs for group and individual amplification, selecting and fitting an appropriate aid, evaluating the effectiveness of amplification.

Note: Hearing Screenings (CPT codes 92551 and 92552) are covered by a physician, physician assistant or nurse practitioner, such as in a health center setting).

CRITERIA FOR NURSING SERVICES

Nursing services are to be rendered in accordance with the licensing standards and criteria of the Virginia Board of Nursing. Services are to be performed by a registered nurse (RN) or a licensed practical nurse (LPN) under the supervision of an RN in accordance with Board of Nursing regulations and licensed to practice in the State of Virginia.

Nursing services are deemed medically necessary by an attending physician, physician assistant or nurse practitioner, to assess, monitor, and provide medical interventions to treat or maintain the individual's medical condition. Services will be of a complexity and sophistication (based on assessment, planning, implementation and evaluation) which are consistent with nursing services. These nursing services include but are not limited to: tube feedings, dressing changes, maintaining patent airways, medication administration/monitoring and urinary catheterizations. Nursing services will not be used to specifically monitor medically controlled disorders or to provide care that does not require an RN or LPN. The RN may delegate procedures to augment care for individuals as appropriate. Services such as Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) care are not deemed as nursing services and will not be approved as nursing service units by DMAS unless a concurrent nursing service is being provided to the individual.

Nursing Assessments

The nursing assessment includes the systematic collection and analysis of data and information relevant to the student and his/her problems and needs (physiological, psychological, socio-cultural, spiritual, economic and life-style factors). The nursing assessment includes obtaining a detailed history and conducting a physical examination within the scope of practice of the registered nurse and results in the formulation of a nursing diagnosis.

The RN must be the staff person to complete the nursing assessment and plan of care documenting the student's nursing needs which are required to support and manage a health condition.

Service Units

The unit of service for nursing is 15 minutes. All of the time spent by the RN or LPN conducting activities with the student which is included in the student's IEP may be submitted to DMAS for reimbursement. The approved nursing units may include both nursing and personal care time if the personal care tasks are incidental to the nursing care. Nursing services are limited to 6.5 hrs per day or 26 units per day.

CRITERIA FOR PSYCHIATRY, PSYCHOLOGY AND MENTAL HEALTH SERVICES

Psychiatry, psychology and mental health services are those services provided to a student who meets all of the following conditions:

- Services must be included in the IEP (e.g., on the Present Level of Performance form, Considerations page or result in a DMAS IEP billable psychiatric, psychological or mental health service);

- Services must be directly and specifically related to an active written plan of care designed by a DMAS qualified provider, as defined in Chapter II of this manual, within the scope of his or her practice as defined under state law or regulations;
- Students must have an initial Diagnostic Interview Examination to establish the need for ongoing treatment, if needed. For on-going services, the ICD diagnosis should correspond with a psychiatric or substance abuse diagnosis from the current Diagnostic and Statistical Manual of Mental Disorders (DSM). If the student requires ongoing treatment, the behavioral health diagnosis needs to be current (within one year from date of service) and provided services must address the diagnosis. ;
- Services must be of a level of complexity and sophistication or the condition of the student must be of a nature that the services can only be performed by a qualified psychiatric, psychological or mental health provider as defined in Chapter II of this manual;
- Student requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels, which have been impaired;
- Student exhibits significant deficits in peer relations, deficits in dealing with authority, extreme increase in personal distress, hyperactivity, poor impulse control, clinical depression, or demonstrates other dysfunctional symptoms having an adverse impact on attention and concentration, the ability to learn, or the ability to participate in educational or social activities;
- Based on the assessment made by the DMAS qualified provider activating within the scope of his or her practice, services must be provided with the expectation that the condition of the student will improve in a reasonably and generally predictable period of time, or the services must be necessary to establish a safe and effective program to reduce the disease progression; and
- Services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practices; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.

Students who are receiving counseling services must have the capacity to understand and benefit from the counseling intervention.

Technicians who administer tests in thinking, reasoning, judgment and memory to evaluate the student's neurocognitive abilities must be supervised by a DMAS qualified provider acting within the scope of his or her practice.. Technicians should have at least a Bachelor's degree from an accredited college or university, preferably with a major in Psychology. Individuals who do not have this academic background should be provided with specific information to supplement their training in psychological test administration. This should be documented by the supervising DMAS qualified provider and maintained in the employee file. The DMAS qualified provider must interpret and report on test results.

In addition, once the student no longer requires psychiatric, psychological or mental health services the licensed practitioner must complete a discharge summary.

Note: Services which can be performed by supportive personnel (such as aides, personal care assistants, nursing staff, volunteers, etc.), do not meet DMAS criteria for reimbursement as

psychiatry, psychology or mental health services. Please refer to Personal Care Assistant Services section of this chapter for more information on maintenance level services.

Non-Covered Services

The following are not covered by DMAS:

- Broken appointments;
- Remedial education;
- Day care;
- Teaching "grooming" skills, monitoring activities of daily living, bibliotherapy, reminiscence therapy, or social interaction are not considered psychotherapy and remain non-covered; (Note: If there is no therapeutic interaction relating to a plan of care and interaction is unrelated to a mental health need, then it is not covered.)
- Telephone consultations;
- Mail order prescriptions;
- Psycho-education for the purpose of educating the student's guardian about the diagnosis and any related symptoms/treatment;
- Review of records; and
- Teaching parenting skills.

CRITERIA FOR PERSONAL CARE ASSISTANT SERVICES

Individuals receiving personal care assistant services through local education agency services must have a demonstrated medical need for personal care assistance and the needs must be documented in the student's IEP. The student's inability to perform activities of daily living cannot be exclusively due to age and must be a result of an illness, injury or disability.

In addition to medical necessity, all of the following criteria must be met in order for personal care assistant services to be determined appropriate in the local education agency setting and reimbursable by DMAS:

- Need for services must be documented in the IEP;
- A plan of care developed by a DMAS qualified provider within their license scope. A separate plan of care must be developed per discipline based on the services needed. The plan of care developed by the licensed provider must be consistent with the health conditions and functional limitations documented on the individual's IEP; and
- Training and supervision provided by the appropriate DMAS qualified provider.

Services covered include, but are not limited to the following:

- Assistance with activities of daily living (ADLs): bathing, dressing, toileting, transferring, eating/feeding, ambulation and bowel and bladder continence.
- Assistance with meal preparation for the individual.
- Medically necessary supervision related to a health condition.
- Maintenance level services (services which do not require the skill level of a licensed therapist) such as positioning, transfers, correct application of splints/AFOs, range of motion.
- Assistance/support services to increase adaptive behavioral functioning. This service is available to support the effective implementation of a behavior modification plan developed by a licensed psychological provider in the local education agency, to ensure the student can appropriately participate in the local education agency program.

Personal care services will not be authorized where the personal care assistant "sits" with the student or provides general supervision. The need for this type of service must be due to developmental delays and/or health conditions which are related to long term impairments in adaptive functioning.

The personal care assistant may serve as an aide which enables transportation to or from the local education agency or local education agency contracted provider, when documented in the IEP. (The services of one assistant can be billed for up to six students who require an assistant during transportation.)

Individuals receiving personal care assistant services through a home- and community-based waiver or through EPSDT may receive personal care assistant services through local education agency services as indicated on the individual's IEP. Local education agencies should refer individuals with a need for personal care assistant services outside of school hours to the DMAS website to see if there is a waiver program meeting their needs. Individuals, who need personal care services outside the local education agency setting and do not meet the eligibility requirements for one of the waiver programs, may be eligible for personal care services through EPSDT. Visit www.virginiamedicaid.dmas.virginia.gov to view the EPSDT provider manual for more information about EPSDT Personal Care.

Service Units

The unit of service for personal care is 15 minutes. Providers may only bill for one personal care service per unit of time (even if the service requires two personal care assistants).

Non-Covered Services

- General supervision for non-medical reasons (e.g. toileting for two year old); and
- Performance of tasks for the sole purpose of assistance with completion of educational assignments.

CRITERIA FOR MEDICAL EVALUATION SERVICES

Medical evaluation services are covered as physicians' services under 42 CFR §440.50 or medical or other remedial care under §440.60[1]. Persons performing these services must be licensed practitioners (physicians, physician assistants, and nurse practitioners) as covered under Chapter II of this manual acting within the scope of their practice.

Covered services include:

- Identifying the nature or extent of a student's medical or other health related condition (may be through face-to-face exam, chart review or telephonic consultation);
- Review of medical needs related to special education eligibility if determined eligible for special education and documented in the IEP;
- Review of a student's initial IEP as necessary to determine the medical necessity for the medical/mental health related services designated by the IEP team;
- Annual review of a student's IEP as necessary to determine continuing medical necessity for the medical/mental health related services designated by the IEP team;
- Review of additional documents related to a student's medical/mental health status either for consultative purposes or to determine medical necessity for services;
- Participating in meetings with IEP providers or families to provide medical input concerning a student's disability and medical/mental health-related services needed;
- Review of medical needs as related to Special Education eligibility determination if the individual is deemed eligible for special education and documented in the IEP;
- Coordinating medical/mental health related services rendered outside the local education agency setting. For example, talking to a student's primary care physician about medication needs; and
- Completion of referral reports and documentation relative to the IEP.

[1] §440.60 Medical or other remedial care provided by licensed practitioners.(a) "Medical care or any other type 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.

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CRITERIA FOR SPECIALIZED TRANSPORTATION

Non-emergency specialized transportation provided by a local education agency is a covered service on days when the student receives another DMAS covered service documented in the IEP. The other service must be billed to and reimbursed by DMAS. Specialized transportation must also be documented in the student's IEP.

Specialized transportation enables the student to receive the DMAS covered service. Specialized transportation involves a trip from home to the local education agency and the return trip, or from the local education agency or home to local education agency contracted provider, and the return trip. Specialized transportation must be rendered only by local education agency personnel or contractors.

Specialized transportation on a "regular" bus or car is not covered. The student must require transportation on a specially adapted school bus which meets the needs of the student when the student is unable to ride a "regular" bus or car.

The local education agency personnel or contractor must perform the following functions as part of the DMAS requirement:

- Assure compliance with driver and vehicle requirements.
- Utilize the DMAS Transportation log for billable transportation (Transportation Log (DMAS 49) may be found on the DMAS website).
- Provide administrative oversight.
- Protect student confidentiality.
- Maintain adequate staff and facilities.

Note: Specialized transportation service is not covered by the VA Medicaid Non-Emergency Transportation (NET) Brokerage program. Specialized transportation arrangements and services are provided only by the local education agency.

CLIENT MEDICAL MANAGEMENT PROGRAM

As described in Chapters I, III and VI of this manual, the State may designate certain recipients to be restricted to specific physicians and pharmacies. When this occurs, it is noted on the recipient's Medicaid/FAMIS ID card. A DMAS-enrolled physician who is not the designated primary provider may provide and be paid for outpatient services to these recipients only:

- In a medical emergency situation in which a delay in the treatment may cause death or result in lasting injury or harm to the recipient;
- On written referral from the primary health care provider using the Practitioner Referral

Form (DMAS-70). This also applies to covering physicians.

- For other services covered by DMAS which are excluded from the Client Medical Management Program requirements.

The primary health care provider must complete a Practitioner Referral Form (DMAS-70) when making a referral to another physician or clinic. The appropriate billing instructions for these situations are covered in Chapter V. Covered outpatient services excluded from this requirement include:

- Local education agency providers;
- Renal dialysis clinic services;
- Routine vision care services (routine diagnostic exams for recipients of all ages and eyeglasses for recipients under age 21) provided to restricted recipients. (NOTE: Medical treatment for diseases of the eye and its appendages still requires a written referral or may be provided in a medical emergency.);
- Baby Care services;
- Personal care services (respite care or adult day health care);
- Ventilator-dependent services; and
- Prosthetic services.

These services must be coordinated with the primary health care provider whose name appears on the recipient's eligibility card, but they are excluded from special billing instructions for the Client Medical Management Program. Other DMAS requirements for reimbursement, such as pre-authorization, still apply as indicated in each provider manual.

CLAIM INQUIRIES & RECONSIDERATION

Inquiries concerning covered benefits, specific billing procedures or questions regarding Virginia Medicaid policies and procedures should be directed to:

Customer Services
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

A review of additional documentation may sustain the original determination or result in an approval or denial.

Telephone Numbers
1-804-786-6273 Richmond Area and out-of-state long distance
1-800-552-8627 In-state long distance (toll-free)