

JANUARY 7, 1998

WISCONSIN MEDICAID

UPDATE

ON SCHOOL-BASED SERVICES (SBS)

UPDATE 97-26 (Revised)
Replaces Update 97-26 dated
September 2, 1997

TO:
CESAs
HMOs and other Managed
Care Programs
SBS Providers
School Districts

SBS Billing Information

- Using billing services or agents and/or consultants
- Nursing service units

Wisconsin Medicaid is reissuing this Update to clarify policy concerning schools and CESAs contracting with billing services, agents, and consultants. Please destroy the previous Update, Update 97-26, dated September 2, 1997.

Using billing services or agents and/or consultants

Providers using a billing service or a billing agent

Certified providers sometimes bill Wisconsin Medicaid directly. They sometimes also use a billing service or billing agent that prepares and submits school-based services (SBS) claims.

Providers may not pay a billing service a percentage of their Medicaid reimbursement

Certified providers may not base payment to the billing service or agent on the amount of payments collected from Wisconsin Medicaid. This is a long standing policy for all Wisconsin Medicaid providers.

This prohibition is stated in Part A, Section IX of the all-provider handbook, p. A9-004:

... If the provider contracts with or arranges for an outside agency or service for the preparation or submission of claims, the provider is responsible for charges related to this service. The charges for claim preparation may not be related directly or indirectly to the amount of WMAP (Wisconsin Medicaid) payments nor be dependent upon the actual collection of payments.

For example, certified providers may pay the billing service or agent an hourly rate, a flat amount per claim, or a flat amount per week or month.

Providers contracting with other consultants

Certified providers may use consultants who provide additional services other than ongoing Medicaid claims submissions. Medicaid claim submissions include billing, record keeping, and preparation of claims.

Typically, other consultant services are "upfront," short-term activities usually starting when a provider initially plans for or begins a new program. These additional services usually do not continue once a program is established and policy issues have been resolved. Consultant activities *other than* claim submission include non-routine efforts to clarify the amount and availability of Medicaid reimbursement for SBS such as:

- Discussions with the provider about additional services that might be claimed.
- Legal and other research regarding covered services.
- Negotiation with state and federal officials regarding expanded coverage.

Providers may pay consultants a percentage of Medicaid reimbursement only if payment is *separately accounted*

Providers may pay for these consultant services based on a percentage of the amount of payments collected from Wisconsin Medicaid provided that the consultant payment is billed and recorded separately from payment for claim preparation and submission services.

Providers must proceed immediately to change the terms of their contracts to comply with this policy if they are currently paying billing services or agencies a percentage of the Medicaid payment they receive.

Nursing service units

Two methods available to report nursing service units

Wisconsin Medicaid introduces a new method of reporting the number of units of service for SBS nursing services. Providers must use one of the two methods described below, either the standard or the new, to report the number of units and to document them in the child's record. The method a provider chooses must be used for *all* its Medicaid-eligible children.

Standard method:

In the current standard method, providers record the actual time of each nursing service provided and convert the time to SBS Medicaid service units. Providers do not need to change their record keeping and billing method if they choose to continue to use the standard method.

New method:

The new method of reporting nursing service units takes typical nursing tasks and standardizes the tasks into "average nursing service" units. Providers must record only the specific task (not time) in the child's record. For each task provided, the provider uses the attached conversion chart to bill the standardized unit(s). Providers may not bill more or less than the given standardized units per task.

Providers must *document in writing and keep on file* the date on which they begin using the method. Providers must then bill consistently using only that method for *all* Medicaid-eligible children.

With either method:

With either method, providers will continue to bill on the HCFA 1500 claim form (or electronically) according to billing instructions in Appendix 2 of the SBS (Part X) Handbook.

On claims not previously submitted for services provided in the last 365 days, providers may use the new method when a child's records do not indicate specific times or units of nursing service. Providers may maintain the standard record keeping method for current claims.

Conversion Chart for New Method

W6068 IEP Nursing Services: Care and Treatment	
Medications	Standardized Average Nursing Service Units Billable to Wisconsin Medicaid
G-Tube Medication	0.5 units per med.
Oral Medication	0.5 units per med.
Injectable Medication	1.0 units per med.
Eye Drops	0.5 units per med.
IV Medications	2.0 units per task
Topical Medications	0.5 units per task
Rectal Medications	1.0 units per task
Other Nursing Tasks	
G-Tube Feeding	2.0 units per task
Venting G-Tube	0.5 units per task
Intermit. Catherization	2.0 units per task
Tracheotomy Care	1.0 units per task
Ostomy Care	1.0 units per task
Hand Held Nebulization	0.5 units per task
Aerosol Machine Nebul.	2.0 units per task
Blood Glucose	1.0 units per task
Suctioning	1.0 units per task
Continuous Oxygen	1.0 units per task
Dressing Changes	1.0 units per task
Chest PT	3.0 units per task
Vital Signs/Assessment	1.0 units per task
RN-Acute Prob. Assess.	2.0 units per task
PRN Oxygen	1.0 units per task
W6069 Nursing Services: Face-to-Face, M-Team Assessment, and IEP Plan Development	
Face-to-Face, M-Team, and IEP	Standardized Average Nursing Service Units Billable to Wisconsin Medicaid
Initial M-Team Assessment	18 units per task
Reevaluation for M-Team	12 units per task
Nursing Developmental Testing and Assessment	6 units per task
IEP Plan Development/ M-team related activities	6 units per task

Specific instructions for the *new* method

1. Identify the number of times each nursing task was provided for each child on a specific day. A nursing task (e.g., G-Tube Feeding, Chest PT) must be recorded in the child's record. *Do not* only record the standardized units billable to Wisconsin Medicaid.
2. Multiply the total tasks from #1 above by the unit found on the conversion chart. The total equals the amount you may bill to Wisconsin Medicaid for that task on that date of service.
3. Bill the total from #2 above, identifying the date of service. Use the instructions from the SBS (Part X) handbook, Appendix 2, for billing on the HCFA 1500 claim form or electronically. Always use procedure code W6068 for IEP Nursing Services: Care and Treatment. Use procedure code W6069 for Nursing Services: Face-to-Face, M-Team Assessment, and IEP Plan Development. Providers may bill W6069 only if the assessment includes a consideration of nursing services.
4. If a nursing service is performed, but is not listed on the conversion chart, report the actual time and convert to units using the standard record keeping and billing method (10 minutes = one unit). If this is a recurring task and there is a need to have average times established, write to the SBS Policy Analyst, Rm. 250, 1 W. Wilson Street, Madison, WI 53703.