

PROVIDER BULLETIN

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Behavioral Health Services in a School Setting

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School as place of service

Effective immediately, all MHD covered services provided on school grounds, including behavioral health services, are to be billed with the place of service code 03 which is the place of service code for school. This includes services provided in a school-based health clinic located on school property.

Billing Behavioral Health Services not in an Individualized Education Plan (IEP)

Effective April 1, 2018, behavioral health services, excluding applied behavior analysis services, that are not a part of an Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) are covered in a school as a place of service.

Services are considered school-based IEP direct services when they are included in an IEP as defined by IDEA. MHD covered school-based IEP direct services include physical therapy, occupational therapy, speech therapy, private duty nursing, personal care, hearing aid, and behavioral health services. Behavioral health services provided through an IEP under the IDEA continue to be the responsibility of the school district in regard to the required state match.

When behavioral health services are provided under Section 504 of the Rehabilitation Act of 1973 and not through an IEP under IDEA, to a child who is otherwise MHD eligible, those services may be billed by a MHD eligible provider under this provision, if all requirements have been met.

Guidelines and Limitations – Behavioral Health Services not in an IEP

The following apply to non-IEP behavioral health services provided in school:

- School districts are encouraged to establish a formal agreement with any provider who will provide services on school property. The school district has discretion over which providers are allowed to provide services on school property.
- Providers must be enrolled as MHD fee-for-service program providers or with a particular Managed Health Care Plan depending on the child's MHD coverage.
- All behavioral health services provided by a MHD and/or MCO enrolled provider, to an otherwise eligible child with the intent to bill MHD, require parental/legal guardian consent, except in those cases referenced in RSMo 431.061 & RSMo 431.056.
- Providers must contact the child's respective MHD Managed Care health plan to obtain coverage guidelines and limitations for children whose services are covered through the Managed Care Program.
- Each child must have a treatment plan and the plan must specify how a parent/legal guardian will be engaged in the behavioral health services provided to the child.
- School personnel designated by the district must approve and coordinate time and place for services within the school.
- Providers may reference the Behavioral Health Manual at: http://manuals.momed.com/collections/collection_psy/print.pdf to obtain coverage guidelines and limitations for children whose services are reimbursed through the MHD fee-for-service program.

Eligibility Check

MHD eligible participants, including children, receive services either through MHD's fee-for-service program or through one of three managed care health plans. It is the service provider's responsibility to verify coverage for a date of service. To determine if a child is covered on a date of service and the child's type of coverage (managed care or fee-for-service), providers must verify eligibility via the Internet or by using the interactive voice response (IVR) system by calling (573) 751-2896 and keying in the MHD participant identification (ID) number shown on the face of the child's MHD ID card.

Provider Enrollment – Fee-For-Service Program

In order for MHD to reimburse for services provided to a child covered through the fee-for-service program, the individual performing the service must be a MHD enrolled provider. In addition, if the performing provider's services are to be billed by the school district or by another entity (i.e. clinic), that school district or other entity must also be enrolled as a MHD provider.

School districts cannot bill for non-IEP services under the same national provider identifier (NPI) and taxonomy as IEP services. School districts that want to bill for non-IEP services

must either obtain a new NPI or a new taxonomy for their current NPI. Once the new NPI or taxonomy is obtained, the school district will need to complete an on-line enrollment application at <https://peu.momed.com/peu/momed/presentation/commonqui/PeHome.jsp>

MO HealthNet Division (MHD) Managed Care Health Plans

As outlined in the *Services in an Educational Setting* section of the Managed Care contract, MHD Managed Care health plans are responsible for all MHD covered services provided within schools that are not part of an IEP under the IDEA. This includes services provided at a school-based health clinic.

To be reimbursed for services provided to a child covered through a MHD managed care health plan, the provider performing the services must be enrolled with the individual managed care health plan. A provider must contact the managed care health plan to enroll. Information for contacting each managed care health plan may be found at the following web site: <https://dss.mo.gov/mhd/providers/managed-care-providers.htm> .

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**