

Area Education Agency

Provider Manual



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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. AGENCIES ELIGIBLE TO PARTICIPATE

An area education agency is eligible to participate in the Medicaid program when it has a plan for providing comprehensive special education programs and services approved by the Iowa Department of Education.

B. COVERAGE OF SERVICES

Iowa Medicaid payment will be made for medically necessary audiology, health and nursing services, interpreter services, occupational therapy services, physical therapy services, psychological evaluation and counseling, social work, speech-language services, and vision services provided by an area education agency. Screening, assessment, and direct services are covered.

These services shall be provided by personnel who meet the standards as set forth in Iowa Department of Education rule 281 Iowa Administrative Code (IAC) Chapter 41.8(256B,34CFR300), to the extent that their certification or license allows them to provide these services.


Practitioners shall meet the Department of Education licensure and endorsement or recognition requirements for the position for which they are employed. Additionally, audiology, occupational therapy, physical therapy, and speech therapy practitioners are required to hold a professional license.

1. Records Required

Maintain fiscal and clinical records in support of each item of service for which a charge is made to the Iowa Medicaid program. Failure to maintain supporting fiscal and clinical records may result in claim denials or recoupment of Medicaid payment. The fiscal record does not constitute a clinical record.

As a condition of accepting Medicaid payment for services, the IME must be granted access to client medical records when suggested. Make the medical and fiscal records available to the Department or its duly authorized representative on request.

Respect client rights of confidentiality in accordance with the provisions of 42 CFR Part 431, Subpart F, and Iowa Code Section 217.30.

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a. Treatment Plan

All services must be specific to a Medicaid-eligible child who has an Individualized Educational Plan (IEP). A treatment plan based on professional assessment is required for all services billed to Medicaid. The treatment plan must indicate measurable goals and objectives and the type and frequency of services provided.

An updated treatment plan that delineates the need for ongoing services is required annually. The updated plan must:

- ◆ Include the child's current level of functioning.
- ◆ Set new goals and objectives when needed.
- ◆ Delineate the modified or continuing type and frequency of service.


b. Clinical Records

Maintain complete and legible clinical records documenting that the services for which a charge is made to the Medicaid program are:

- ◆ Medically necessary,
- ◆ Consistent with the diagnosis of the child's condition, and
- ◆ Consistent with professionally recognized standards of care.

Documentation for each encounter shall include the following information necessary to support each item of service reported on the Medicaid claim form (as applicable):

- ◆ Complaint and symptoms; history; examination findings; diagnostic test results; assessment, clinical impression or diagnosis; plan for care; date; and identification of the observer
- ◆ Specific procedures or treatments performed
- ◆ Medications or other supplies dispensed
- ◆ The child's progress, response to and changes in treatment, and revision of diagnosis

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2. Audiological Services

To be covered by Medicaid, audiological services must be provided by an audiologist licensed by the Iowa Department of Public Health.

The following audiological services are covered when they are included in the child's IEP or are linked to a service in the IEP:

- ◆ [Audiological screening](#)
- ◆ [Individual audiological assessment](#)
- ◆ [Audiological services to an individual](#)
- ◆ [Audiological services in a group](#)
- ◆ [Contracted audiological therapy services](#)

a. Audiological Screening

Perform objective audiological screening in both ears using a pure-tone audiometer for age three and older:


- ◆ At a minimum of 1000, 2000, and 4000 Hz at 20 dB HL.
- ◆ If a child fails to respond at any of the frequencies in either ear, a complete audiogram or other assessment must be done.
- ◆ Use tympanometry in conjunction with pure-tone screening in young child populations (i.e., preschool, kindergarten, grade 1).

Source: [American Academy of Audiology Childhood Hearing Screening Guidelines, September 2011](#)

b. Individual Audiological Assessment

Individual audiological assessment includes tests, tasks, and interviews used to:

- ◆ Identify hearing loss in infants and toddlers.
- ◆ Establish the nature, range, and degree of the hearing loss.
- ◆ Make referral for medical or other professional attention for the habilitation of hearing.

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c. **Audiological Services to an Individual**

Audiological service to an individual is provided in a 1:1 therapist-to-child ratio. The type and level of treatment services are an outcome of the assessment. Services may be provided directly or through case consultation. Individual services include:

- ♦ **Auditory training.** Sound discrimination tasks (in quiet noise), sound awareness, and sound localization.
- ♦ **Audiology treatment.** Services to infants and toddlers and their families, including:
 - Providing rehabilitative services to hearing-impaired children, including language habilitation, auditory training, speech-reading (lip reading), speech conservation, and ongoing hearing evaluation.
 - Providing counseling and guidance of children and parents regarding hearing loss and the proper care and use of amplification.
 - Determining the child's need for group and individual amplification (hearing aids, auditory trainers, and other types of amplification).
 - Selecting and fitting appropriate amplification.
 - Monitoring the functioning of the child's hearing aid or other amplification.
 - Evaluating the effectiveness of amplification, adjustment or modification of hearing aids and other amplification.
 - Repairing of amplification.
 - Making a recommendation for new hearing aids or other amplification.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals and parents in the home or community environment. Consultation includes:

- ♦ Providing general information about a specific child's condition.
- ♦ Teaching special skills necessary for proper care of a specific child's hearing aid.

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- ♦ Developing, maintaining, and demonstrating use and care of adaptive or assistive devices for a specific child.
- ♦ Making recommendations for enhancing a specific child's performance in education environments.

d. Audiological Services in a Group

Audiological service provided in a group is identical in scope to the service activities listed under services to an individual, except that services are provided to a group of children.

Early ACCESS services provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting where children of the same age without disabilities participate." A justification statement must be included on the Individual Family Service Plan (IFSP) if service is provided in another setting.


e. Contracted Audiological Therapy Services

Contracted audiological therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, educational certification or licensure, and medical necessity remain unchanged.

3. Behavior Services

Behavior services consist of formal programs designed by a school psychologist, school social worker, or Iowa Medicaid mental health professional to prevent or correct maladaptive behavior on the part of the child. The interventions are used to change specific behaviors. They are monitored by a mental health professional, and are carried out by staff.

The behavior plan must be in a separate document from just a goal in the IEP. The plan provides a description of the behavior to be addressed and positive or negative incentives to encourage proper behavior. Direct care staff records the nature and severity of the problem behaviors and the response of the direct care staff and the child. The documentation provides the basis for evaluation and revision of the plan as necessary.

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a. Requirements for Service

Behavior services can be covered when:

- ◆ They can reasonably be expected to improve the child's condition. At a minimum, the treatment must be designed to reduce or control the child's psychiatric symptoms to:
 - Prevent relapse or hospitalization, and
 - Improve the child's level of functioning.
- ◆ The child has the capacity to benefit from the treatment goals.
- ◆ The child does not require isolation, seclusion, elopement precautions, or restraint procedures, except for brief behavioral management.

b. Progress Notes

Progress notes must:


- ◆ Give a full picture of the services provided, and
- ◆ Contain a concise assessment of the child's and family progress and recommendations for revising the treatment plan as indicated by the child's condition.

Each unit of service shall be documented. A clinical service note that summarizes program participation and behavioral status and functioning can be documented weekly. At a minimum, the documentation must address the following items in order to provide a clinical description and to assure that the service conforms to the service description.

A general observation of the child's condition may include:

- ◆ The child's mental status
- ◆ Behavior
- ◆ Psychosocial skills
- ◆ The child's activity and participation in treatment
- ◆ Activities of staff
- ◆ Future plans for working with the child

Documentation of the treatment services provided to the child, the child's response (progress or lack of progress), and the staff's interaction and involvement with the child shall justify and support the continuation of services.

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4. Health and Nursing Services

Nursing services include, but are not limited to:

- ◆ Health assessments and evaluations
- ◆ Diagnosis and planning
- ◆ Administering and monitoring medical treatments and procedures
- ◆ Consultation with licensed physicians and other health practitioners, parents, and staff regarding the child's specific health needs
- ◆ Individual health counseling and instruction
- ◆ Emergency intervention
- ◆ Other activities and functions within the purview of the Nurse Practice Act

Medicaid covers the following services when they are in the child's IEP or are linked to a service in the IEP:


- ◆ [Screening \(RN service only\)](#)
- ◆ [Individual assessment \(RN service only\)](#)
- ◆ [Nursing services to an individual](#)
- ◆ [Direct nursing services to a group](#)
- ◆ [Contracted nursing service](#)
- ◆ [Consultation](#)
- ◆ [Nursing care procedures](#)

To be covered, these services must be provided by a licensed nurse or physician.

a. Screening

Screening is the process of assessing health status through direct individual or group observation, in order to identify problems and determine if further assessment is needed.

Document referrals for evaluation or treatment services identified through the screening.

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b. Individual Assessment

“Assessment” refers to the process of health data collection, observation, analysis, and interpretation for the purpose of formulating a nursing diagnosis. The initial assessment includes:

- ◆ Determining the need, nature, frequency, and duration of treatment.
- ◆ Determining the need for coordinating with other services.
- ◆ Documentation these determinations.


Additional activities include:

- ◆ **Treatment planning.** Establishing a plan of care that includes determining goals and priorities for actions that are based on the nursing diagnosis and the intervention to implement the plan of care.
- ◆ **Monitoring of treatment implementation.** Activities designed to document whether the plan is meeting the child’s needs by demonstrating maintenance or improvement in health status.
- ◆ **Evaluation.** Activities designed to evaluate the child’s state in relation to established goals and the plan of care.

c. Nursing Services to an Individual

Nursing services to an individual child involve executing the individual nursing interventions in the plan of care, including ongoing assessment, planning, intervention, and evaluation.

Early ACCESS services provided to a specific child must be provided in that child’s “natural environment” unless the child’s goals and outcomes cannot be met in the “the home or community setting when children of the same age without disabilities participate.” A justification statement must be included on the IFSP if service is provided in another setting.

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d. Direct Nursing Services to a Group

Services to a group may include:

- ♦ **Family counseling.** This service consists of sessions with one or more family members for the purposes of effecting change within the family structure to ensure the child's health needs are met.
- ♦ **Group counseling.** Services to a child or family provided in a group are identical in scope to the service activities listed for individuals, except that services are provided to more than one family or child at the same time. The services are designed to improve health status. The issues addressed in the group service would have to include identical medical needs.

e. Contracted Nursing Services


Contracted services include nursing assessment and services to an individual that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

f. Consultation

The role of consultation is to monitor, supervise, teach, and train professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- ♦ Providing general information about a child's condition.
- ♦ Teaching special skills necessary for proper care of child's medical needs.
- ♦ Making recommendations for enhancing a specific child's performance.
- ♦ Developing, maintaining, and demonstrating use and care of adaptive or assistive devices for a specific child.

Consultation services can include contracted services with a physician in the physician's office to obtain a specialized evaluation or reassessment.

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g. Nursing Care Procedures

Services include, but are not limited to, immunizations, medication administration and monitoring, prescribed health procedures, and interventions identified in the IEP or IFSP.

Nursing care procedures include, but are not limited to, monitoring prescribed health procedures and interventions identified in the child's IFSP that are needed to participate in early intervention service.

Nursing procedures required for specialized health care under 281 IAC 41.405 (256B, 34CFR300) and 281 IAC 120.16 (34CFR303) include, but are not limited to:


- ◆ Catheterization:
 - Education and monitoring self-catheterization
 - Intermittent urinary catheterization
 - Indwelling catheter irrigation, reinsertion, and care
- ◆ Feeding:
 - Nutrition and history assessment
 - Ostomy feeding
 - Ostomy irrigation, insertion, removal, and care
 - Parenteral nutrition (intravenous)
 - Specialized feeding procedures
 - Stoma care and dressing changes
- ◆ Health support systems:
 - Apnea monitoring and care
 - Central line care, dressing change, emergency care
 - Dressing and treatment
 - Dialysis monitoring and care
 - Shunt monitoring and care
 - Ventilator monitoring, care, and emergency plan
 - Wound and skin integrity assessment, monitoring, and care

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- ◆ Medications: (281 IAC 41.403(2) (256B, 34CFR300) and 281 IAC 41.405 (256B, 34CFR300))
 - Administration of medications—by mouth, injection (intravenous, intramuscular, subcutaneous), oral inhalation by inhaler or nebulizer, rectum or bladder instillation, eye, ear, nose, skin, ostomy, or tube
 - Ongoing assessment of medications
 - Medication assessment and emergency administration
- ◆ Ostomies:
 - Ostomy care, dressing, and monitoring
 - Ostomy irrigation
- ◆ Respiratory care:
 - Oxygen monitoring and care
 - Postural drainage and percussion treatments
 - Suctioning
 - Tracheostomy tube replacement
 - Tracheostomy monitoring and care
 - Ventilator care
- ◆ Specimen collection:
 - Blood
 - Sputum
 - Stool
 - Urine
- ◆ Other nursing procedures:
 - Bowel and bladder intervention, monitoring, and care
 - Assessing and monitoring body systems, vitals, and growth and development

5. Interpreter Services

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for the agency. The services must facilitate access to Medicaid covered services.

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In order for interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- ◆ Provided by interpreters who provide only interpretive services
- ◆ Interpreters may be employed or contracted by the billing agency
- ◆ The interpretive services must facilitate access to Medicaid covered services

Agencies may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.

a. Documentation of the Service

The billing agency must document in the member's record the interpreter's name or company, date and time of the interpretation, service duration (time in and time out), and the cost of providing the service.


b. Qualifications

It is the responsibility of the billing agency to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 Iowa Administrative Code 361. Oral interpreters should be guided by the standards developed by the [National Council on Interpreting in Health Care](#).

Following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:

- ◆ Bill code T1013
 - For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
 - The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- ◆ Enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is **NOT** used and the units exceed 24 will be paid at 24 units.

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6. Occupational Therapy

The following occupational therapy services are covered when they are in the child's IEP or are linked to a service in the IEP:

- ◆ [Occupational therapy screening](#)
- ◆ [Individual occupational therapy assessment](#)
- ◆ [Direct occupational therapy service to an individual](#)
- ◆ [Direct occupational therapy service in a group](#)
- ◆ [Contracted occupational therapy services](#)

Occupational therapy services may be provided by:


- ◆ An occupational therapist licensed by the Iowa Department of Public Health (IDPH), or
- ◆ A licensed occupational therapy assistant as delegated and supervised by the licensed occupational therapist.

a. Occupational Therapy Screening

Screening is the process of surveying a child through direct and indirect observation in order to identify previously undetected problems. Document the referral source and date, as well as, reason for screening. Screening may include, but is not limited to, the use of any of the following methods:

- ◆ Review of written information (school or medical records, teacher notes)
- ◆ Review of spoken information (interview teachers or parents)
- ◆ Direct observation (checklists, a comparison with peers)
- ◆ Formal screening tools

Need for occupational evaluation services identified through the screening must be documented, as well as, referrals to other agencies. Screening is covered when it is linked to a service in the IEP.

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b. Individual Occupational Therapy Assessment

If individual evaluations are conducted, documentation of referral source and date, reason occupational therapy services are being sought, data collected, analysis, and summary are necessary. The evaluation may include:

- ◆ Review of records,
- ◆ Interview,
- ◆ Observation, and
- ◆ Use of formal or informal tools.

Include in the evaluation:

- ◆ Areas of occupations (e.g., activities of daily living, social participation) that are successful or problematic,
- ◆ Contexts and environments (e.g., physical, social, cultural, temporal) that support or hinder occupations, and
- ◆ Demands of the activities (e.g., required actions, body functions).

In addition, the following information about the child should be included:

- ◆ Performance skills (e.g., motor, cognitive, social, sensory-perceptual skills),
- ◆ Performance patterns (e.g., habits, routines), and
- ◆ Other factors (e.g., mental, neuromuscular, sensory, visual functions and structures).

c. Direct Occupational Therapy Service to an Individual

(1) Direct Service Model

In a direct service model, the occupational therapist works with a child individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment.



The occupational therapist or an occupational therapy assistant under the supervision of the occupational therapist is the primary provider of service and is accountable for specific treatment plan objectives for the child. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of therapy is usually on the acquisition of skills or sequences needed for new performance during a critical learning period. The child has not achieved a level of ability that would permit transfer of skills to other environments. Often only a short interval of direct service is needed before the child can participate in a less restrictive model of service.

Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these decisions.

Intervention sessions may include the use of therapeutic or specialized equipment that require the occupational therapist's expertise and cannot safely be used by others within the child's educational environment.

The occupational therapist's professional judgment determines when a licensed occupational therapist is the only person qualified to carry out the therapy program.

(2) Integrated Services Model

"Integrated service" is a model of therapy that combines direct child-therapist contact with consultation with others involved in the child's program.

Emphasis is placed on the need for practice of skills and problem solving in the child's daily routine. Integrated therapy service is provided within the child's daily environment.



The process of goal achievement is shared among those involved with the child, including the occupational therapist, occupational therapy assistant, parents, and others as appropriate. Intervention may include:


- ◆ Adapting functional activities, usually occurring in the child's routine related to mobility, self-care, mealtime skills, or manipulation.
- ◆ Creating opportunities for the child to practice new skills.
- ◆ Dynamic positioning.
- ◆ Collaborative problem solving with others to encourage functioning and independence.
- ◆ Enhanced performance as the child develops and uses new skills.

Only the actual time spent providing service by the occupational therapist or an occupational therapy assistant under the supervision of an occupational therapist is considered therapy. Activities or follow-through performed by others cannot be called occupational therapy.

(3) Consultative Service Model

In the consultative occupational therapy service model, the therapist participates in collaborative consultation with parents and others, as appropriate.

Occupational therapy appears on the IEP as a support service and is associated with a specific IEP goal.

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The occupational therapist's unique expertise is often needed for staff and parent training related to the IEP goals. Although the therapist is not the primary person responsible for carrying out these activities, the occupational therapist's input is typically needed to determine:

- ◆ Appropriate expectations.
- ◆ Environmental modifications.
- ◆ Assistive technology.
- ◆ Possible learning strategies.

The intervention activities, which are delegated to others, do not require the occupational therapist's expertise and should not be identified as occupational therapy.

d. Direct Occupational Therapy Service in a Group

Direct occupational therapy to a group includes the same models as described for direct occupational therapy service to an individual.


e. Contracted Occupational Therapy Services

Contracted occupational therapy services include screening, assessment, and therapy services that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

7. Physical Therapy

The following physical therapy services are covered when they are in the child's IEP or are linked to a service in the IEP:

- ◆ [Physical therapy screening](#)
- ◆ [Individual physical therapy assessment](#)
- ◆ [Direct physical therapy service to an individual](#)
- ◆ [Direct physical therapy service in a group](#)
- ◆ [Contracted physical therapy services](#)

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To be covered, the service must be provided either by:

- ◆ A licensed physical therapist, or
- ◆ A licensed physical therapy assistant as delegated and supervised by the licensed physical therapist.

a. Physical Therapy Screening

Screening is the process of surveying a child through direct and indirect observation in order to identify previously undetected problems. Document referral source and date as well as reasons for screening. Screening may include, but is not limited to, the use of any of the following methods:

- ◆ Review of written information (medical records)
- ◆ Review of spoken information (interview parents)
- ◆ Direct observation (checklists, a comparison with peers)
- ◆ Formal tools for the purpose of screening


Need for physical therapy evaluation and services identified through screening must be documented as well as referrals to other agencies. Screening is covered when it is linked to a service in the IEP. Physical therapists may be involved in screening a group of children, but more typically, the therapist consults and provides in-service training for other personnel who regularly screen groups of children.

b. Individual Physical Therapy Assessment

An assessment by a physical therapist should consider information from each of the following areas as they affect the child's ability to meet the demands of the education program:

- ◆ Developmental motor level
- ◆ Neuromuscular and musculoskeletal components
- ◆ Functional motor skills:
 - Positioning
 - Mobility

Other areas may also be considered when they are related to the child's identified problem.

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c. **Direct Physical Therapy to an Individual**

Direct physical therapy to an individual includes services indicated in the treatment plan. Physical therapy service may be delivered through the following models:


(1) Direct Service Model

In a direct service model, the physical therapist works with a child individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment.

The physical therapist or a physical therapy assistant under the supervision of the physical therapist is the primary provider of service and is accountable for specific treatment plan objectives for the child. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of direct therapy is usually on the acquisition of skills or sequences needed for new performance during a critical learning period. The child has not achieved a level of ability that permits transfer of skills to other environments. Often only a short interval of direct services is needed before the child can participate in a less restrictive model of service.

Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these decisions. Intervention sessions may include the use of therapeutic or specialized equipment that require the physical therapist's expertise and cannot safely be used by others within the child's environment. The physical therapist's professional judgment determines when a licensed physical therapist is the only person qualified to carry out the therapy program.

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(2) Integrated Service Model

The integrated service model combines direct child-therapist contact with consultation with others involved in the child's program. Emphasis is placed on the need for practice of motor skills and problem solving in the child's daily routine. Integrated therapy service is provided within the child's daily environment.

The process of goal achievement is shared among those involved with the child, including the therapist, therapist assistant, parents, and others.


Intervention may include:

- ◆ Adapting functional activities, usually occurring in the child's routine related to mobility.
- ◆ Creating opportunities for the child to practice new motor skills.
- ◆ Dynamic positioning to promote learning.
- ◆ Collaborative problem solving with others to encourage functioning and independence.
- ◆ Enhanced performance as the child develops and uses new skills.

Only the actual time spent providing service by the physical therapist, or physical therapy assistant under the supervision of a physical therapist, is considered therapy. Activities or follow-through performed by others cannot be called physical therapy.

(3) Consultative Service Model

In the consultative service model, the physical therapist participates in collaborative consultation with parents and others, as appropriate, the child regarding issues as identified in the IEP goals.

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Physical therapy appears on the IEP plan as a support service and is associated with a specific treatment plan goal or objective, although the physical therapist is not the primary individual responsible for carrying out these activities.

The physical therapist's unique expertise is often needed for staff and parent training related to the IEP goal. The physical therapist's input is typically needed to determine:

- ◆ Appropriate expectations.
- ◆ Environmental modifications.
- ◆ Assistive technology.
- ◆ Possible learning strategies.


The intervention activities, which are delegated to others, do not require the therapist's expertise and should not be identified as physical therapy.

d. Direct Physical Therapy Service in a Group

Direct physical therapy to a group includes the same models as described under [Direct Physical Therapy to an Individual](#), but is covered only when the service is in the child's IEP or linked to a service in the IEP.

e. Contracted Physical Therapy Services

Contracted physical therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

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8. Psychological Services

The following psychological services are covered when they are in the IEP or are linked to a service in the IEP:

- ◆ [Psychological screening](#)
- ◆ [Individual psychological assessment](#)
- ◆ [Direct psychological service to an individual](#)
- ◆ [Direct psychological service in a group](#)
- ◆ [Consultative services](#)
- ◆ [Contracted psychological services](#)

To be covered, services must be provided by a licensed or certified school psychologist.

Contracted psychological services include individual psychological assessment and direct psychological services to an individual or in a group that are rendered by a qualified, contracted practitioner rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.


a. Psychological Screening

Psychological screening is the process of surveying a child through direct observation or testing in order to verify problems and determine if further assessment is needed. Document referrals for evaluation or treatment services identified through the screening.

b. Individual Psychological Assessment

“Assessment” refers to the process of collecting data for the purpose of making treatment decisions. Portions of the assessments specifically leading to psychological services (including social behavior and adaptive behavior) may be billed to Medicaid. Treatment refers to psychological services, which includes therapeutic services including the use of Applied Behavior techniques. The initial assessment includes:

- ◆ Determining the need, nature, frequency, and duration of treatment.
- ◆ Deciding the needed coordination with others.
- ◆ Documenting these activities.

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Additional assessment activities include:

- ◆ **Treatment planning.** Assessment activities and procedures used to design an intervention plan.
- ◆ **Monitoring of treatment implementation.** Activities and procedures designed to document the child's improvement during treatment provision and to adjust the intervention plan as needed.
- ◆ **Treatment evaluation.** Assessment activities and procedures designed to evaluate the summary effects of an intervention after a significant period.

c. Direct Psychological Service to an Individual

Direct psychological services to an individual involve individual therapy and consist of supportive, interpretive, insight-oriented, and directive interventions.

d. Direct Psychological Service in a Group


Direct psychological services to a group include the following services:

- ◆ **Group therapy** that is designed to enhance a child's socialization skills, peer interaction, expression of feelings, etc.
- ◆ **Family therapy**, which consists of sessions with one or more family members for the purposes of effecting changes within the family structure, communication, clarification of roles, etc.

e. Consultative Services

Consultative service is a model of therapy where by the therapist participates in collaborative consultation with the team members regarding outcomes identified on the IEP.

The therapist's input is typically needed to train appropriate therapeutic supports (to include behavior therapy), increase plan fidelity, and determine needed changes in behavioral strategies for the child. The therapist's unique expertise may be needed for other team member training. However, the therapist's expertise is not required for the child's specific interventions used to accomplish the outcomes.

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A functional behavioral assessment, behavioral intervention plan, and behavioral service must appear on the IEP. Since the therapist is not the primary person responsible for carrying out the interventions, at least one other person is also linked to the outcome or goal. The time the therapist will spend in collaborative consultation shall appear on the IEP.

f. Contracted Psychological Services

Contracted psychological services include individual psychological assessment and direct psychological services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

9. Social Work Services


Social work services include assessment, diagnosis, and treatment services including, but not limited to:

- ◆ Administrating and interpreting clinical assessment instruments.
- ◆ Completing a psychosocial history.
- ◆ Obtaining, integrating, and interpreting information about child behavior.
- ◆ Planning and managing a program of therapy or intervention services.
- ◆ Providing individual, group, or family counseling.
- ◆ Providing emergency or crisis intervention services.
- ◆ Providing consultation services to assist other service agencies or family members in understanding how they may interact with a child in a therapeutically beneficial manner.

Medicaid covers the following services when they are in the child's IEP or are linked to a service in the IEP:

- ◆ [Social work screening](#)
- ◆ [Social work assessment](#)
- ◆ [Direct service to an individual](#)
- ◆ [Direct service in a group](#)
- ◆ [Contracted social work services](#)

For services to be covered, they must be provided by a licensed social worker.

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a. Social Work Screening

Screening is the process of surveying a person through observation or group testing in order to verify problems and determine if further assessment is needed.

Document referrals for evaluation or treatment services identified through the screening.

b. Social Work Assessment

“Assessment” refers to the process of collecting data for the purpose of making treatment decisions. Portions of assessment specifically leading to social work services (including social behavioral and adaptive behavioral services) may be billed to Medicaid. Treatment refers to social work services which includes therapeutic services including the use of applied behavior techniques. These decisions may require:

- ◆ Determining the need, nature, frequency, and duration of treatment.
- ◆ Deciding the needed coordination with others.
- ◆ Documenting these activities.

Categories of treatment decisions in addition to screening are:


- ◆ **Monitoring of IEP implementation.** Activities and procedures designed to document the child’s progress during treatment provision and to adjust the treatment plan as needed.
- ◆ **Treatment evaluation.** Activities designed to evaluate the effects of an intervention after a significant period.

c. Direct Service to an Individual

Services to an individual involve individual therapy. This service may use any model of therapy and clinical practice.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- ◆ Providing general information about a child’s developmental delay or condition.
- ◆ Teaching special skills necessary to meet a child’s needs.
- ◆ Making recommendations for enhancing a child’s performance.

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d. Direct Service in a Group

Services to a group include the following therapeutic services:

- ◆ **Group therapy.** This service is designed to enhance socialization skills, peer interaction, expression of feelings.
- ◆ **Family therapy.** This service consists of sessions with one or more family members, for the purposes of effecting changes within the family structure, communication, and clarification of roles.

Early ACCESS service provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.


e. Contracted Social Work Services

Contracted services include clinical assessment and services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

10. Speech-Language Therapy

The following speech-language services are covered when they are in the IEP or are linked to a service in the IEP:

- ◆ [Speech-language screening](#)
- ◆ [Individual speech-language assessment](#)
- ◆ [Speech-language service to an individual](#)
- ◆ [Speech-language therapy service in a group](#)
- ◆ [Contracted speech-language services](#)

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To be covered, services must be provided by either:

- ◆ A licensed or certified speech-language pathologist, or
- ◆ A speech pathology assistant who is supervised by a licensed speech-language pathologist.

Contracted speech-language services include screening, assessment, and therapy services that are rendered by a qualified, contracted practitioner rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged. Contracted speech-language services are also covered only when provided by a licensed or certified speech-language pathologist.

a. Speech-Language Screening

Speech-language screening is the process of surveying a child through observation, analysis, or direct supervision by a speech-language pathologist in order to identify previously undetected speech and language problems such as:

- ◆ Articulation
- ◆ Receptive and expressive language
- ◆ Voice
- ◆ Fluency
- ◆ Oral motor functioning
- ◆ Oral structure
- ◆ Feeding


b. Individual Speech-Language Assessment

Individual speech-language assessment refers to the process of gathering and interpreting information through:

- ◆ The administering of tests or evaluative instruments.
- ◆ Observation.
- ◆ Record review.
- ◆ Interviews with parents, teachers, and others.

Results of the assessment may identify delay or disorder in one or more of the following areas:

- ◆ Articulation
- ◆ Language
- ◆ Fluency
- ◆ Voice
- ◆ Oral motor, feeding, or both

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Based on these assessments, the needs of the child are identified, planned for, and documented, including the amount of services.

c. **Speech-Language Service to an Individual**


Speech-language services include various service delivery models, which may be used independently, in combinations, or individualized to meet the needs of the child.

The following service delivery options may be used for speech-language services:

- ♦ **Skill-building.** Skill-building is used for children learning a new skill, needing more intensive instruction, requiring drill and practice and shaping through progressive approximation by a professionally trained speech-language pathologist. Instructional interventions include teaching of specific skills, providing drill, prompting, cueing, eliciting, modeling, reinforcing, modifying, and accommodating.
- ♦ **Integrated.** A communication skill has been trained but needs to be integrated and generalized to functional settings of the classroom, home, and community. Instructional interventions include:
 - Enhancing carryover or generalization of communication skill from skill building level.
 - Integrating and establishing functional communication skill within the classroom, home, and community.
 - Informing teachers of expectations to use communication skill.
 - Implementing modifications or accommodations as needed to maintain the skill in classroom, home, or community.
- ♦ **Co-teaching.** Skill building and generalization are taught to the child as a combined effort between the speech-language pathologist, general or special education teacher. Instructional interventions include:
 - Pre-planning lessons by the speech-language pathologist, general or special education teacher.
 - Integrating of target communication skills for group lesson.
 - Alternating as lead instructor.
 - Rotating between small or large groups.



- ◆ **Consultative.** Skill building occurs, but an agency other than the speech-language pathologist guides the meaningful change and development of the target communication skills. Activities include:
 - Regularly scheduled monitoring,
 - Writing and monitoring of goals and objectives written by the speech-language pathologist,
 - Brief demonstration teaching and materials provided by the speech-language pathologist, and
 - Maintaining ongoing evaluation of successful or unsuccessful interventions.
- ◆ **Extended-year special education (EYSE).** An extended school year for children who are selected based on empirical and qualitative data demonstrating that an interruption in programming will result in loss of critical skills that cannot be retaught in nine weeks or that a rare and unusual circumstance exists.
- ◆ **Home-based.** Speech-language services that are provided by a speech-language pathologist in the home of the child or to provide modeling or demonstrations to parents.
- ◆ **Hospital-based.** Speech-language services that are provided by a speech-language pathologist in a medical setting. This usually involves referral for diagnostic assessment for independent opinions or to gain additional information. It may also involve monitoring and management of speech-language disorders.
- ◆ **Itinerant home services.** Speech-language services provided to children who are temporarily unable to leave home to attend school due to illness or other disability. Various service delivery options may be used to support the child's needs.
- ◆ **School-based (individual or group).** Services are provided in the child's primary educational setting (classrooms), speech room or other educational setting (lunchroom, playground, art, music, gym, etc.) by a speech-language pathologist or speech pathology assistant for IEP goals designed to remediate the child's communication disorder. In some cases, the child may be scheduled for both individual and group speech-language services.

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d. **Speech-Language Therapy Service in a Group**

Speech-language services include various service delivery models, which may be used independently, in combination, or individualized to meet the needs of the child.

The following direct service delivery options may be used for speech-language services delivered in a group:

- ♦ **Skill-building.** Skill-building is used for children learning a new skill, needing more intensive instruction, requiring drill and practice and shaping through progressive approximation by a professionally trained speech-language pathologist. Instructional interventions include teaching of specific skills, providing drill, prompting, cueing, eliciting, modeling, reinforcing, modifying, and accommodating.
- ♦ **Integrated.** A communication skill has been trained but needs to be integrated and generalized to functional settings of the classroom, home, and community. Instructional interventions include:
 - Enhancing carryover and generalization of communication skills from skill building level.
 - Integrating and establishing functional communication skill within the classroom, home, and community.
 - Informing teachers of expectations to use communication skill.
 - Implementing modifications or accommodations as needed to maintain the skill in classroom, home, or community.
- ♦ **Co-teaching.** Skill building and generalization are taught to the child as a combined effort between the speech-language pathologist, general or special education teacher. Instructional interventions include:
 - Pre-planning lessons by the speech-language pathologist, general or special education teacher.
 - Integrating of target communication skills for group lesson.
 - Alternating as lead instructor.
 - Rotating between small or large groups.




- ◆ **Consultative.** Skill building occurs, but an agency other than the speech-language pathologist guides the meaningful change and development of the target communication skills. Instructional interventions include:

- Regularly scheduled contact and monitoring,
- Writing and monitoring of goals and objectives written by the speech-language pathologist,
- Brief demonstration teaching and materials provide by the speech-language pathologist, and
- Maintaining ongoing evaluation of successful or unsuccessful interventions.

The following direct service delivery environment and structure models may be used for speech-language services to a group:

- ◆ **Center-based classroom for communication disorder (CM).** A class, at any level, taught by a qualified speech-language pathologist, for children with a speech-language impairment as their primary handicapping condition. Children receive special education weighting. The curriculum is communication-based and is directed toward remediating the speech-language disorder. Classes can be either full-day or half-day programs. Special transportation may be required.
- ◆ **Communication class.** A class period taught by a speech-language pathologist. The curriculum is designed to remediate and improve speech-language skills and to augment regular classroom activities.
- ◆ **Extended-year special education (EYSE).** An extended school year for children who are selected based on empirical and qualitative data demonstrating that an interruption in programming will result in loss of critical skills that cannot be retaught in nine weeks or that a rare and unusual circumstance exists.
- ◆ **Learning center.** Six to ten children with speech-language disorders work independently in a group setting under the direction of a speech-language pathologist. The speech-language pathologist provides materials, monitoring, reinforcement, and feedback to the children, and may provide brief periods of individual instruction as needed.

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- ♦ **School-based services (individual or group).** Services are provided in the child's primary educational setting (classrooms), speech room or other educational setting (lunchroom, playground, art, music, gym, etc.) by a speech-language pathologist or communication aide for IFSP or IEP goals designed to remediate the child's communication disorder. In some cases, the child may be scheduled for both individual and group speech-language services.

e. **Contracted Speech-Language Services**

Contracted speech-language services include screening, assessment, and therapy services that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

11. **Vision Services**


Vision services include:

- ♦ Identification of the range, nature, and degree of vision loss.
- ♦ Consultation with a child and parents concerning the child's vision loss and appropriate selection, fitting or adaptation of vision aid.
- ♦ Evaluation of the effectiveness of a vision aid.
- ♦ Orientation and mobility services.

Medicaid covers the following services when they are in the child's IEP or are linked to a service in the IEP:

- ♦ [Vision screening](#)
- ♦ [Vision assessment](#)
- ♦ [Services to an individual or group](#)
- ♦ [Contracted vision services](#)
- ♦ [Orientation and mobility services](#)

For services to be covered, they must be provided by personnel who are licensed or certified to provide vision services.

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a. Vision screening

Screening is the process of assessing vision through direct observation in order to identify problems and determine if further assessment is needed.

Documentation is required if the child is referred for evaluation or treatment services identified through the screening. Document referrals when they are made.

b. Vision Assessment

Assessment refers to the process of collecting data for the purpose of making treatment decisions. Assessment decisions may include:

- ◆ Determining the need, nature, frequency, and duration of treatment.
- ◆ Determining the need for coordination with other agencies.
- ◆ Documenting these activities.

c. Services to an Individual or Group


Individual intervention is designed to enhance vision or orientation and mobility skills of an individual.

Group services involve two or more persons and are designed to enhance vision or orientation and mobility skills of the group.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- ◆ Providing general information about a child's condition.
- ◆ Teaching specific skills necessary to meet a child's needs.
- ◆ Developing, maintaining, and demonstrating use of adaptive or assistive devices for a specific child.
- ◆ Making recommendations to enhance a child's performance.

Early ACCESS service provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

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d. Contracted Vision Services

Contracted service includes vision assessment and direct services for an individual or group which are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain the same.

e. Orientation and Mobility Services

Orientation and mobility services are services provided to eligible blind or visually impaired children by qualified personnel to enable those children to attain systematic orientation to and safe movement within their environments in the home and community.


The services include teaching the children as appropriate:

- ◆ Spatial and environmental concepts and use of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., traveling in the direction of the caregiver's voice).
- ◆ Use of the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision.
- ◆ Use of remaining vision and distance, low-vision aids and other concepts, techniques, and tools.

12. Service Exclusions

The following services shall not be covered:

- ◆ Services (including screening and assessment) that are provided but are not documented in the child's IEP unless the service is directly linked to a service included in the IEP
- ◆ Initial evaluation and reevaluations that do not result in service being ordered; however, medical service provided before the IEP could be charged to Medicaid if the assessment or evaluation resulted in the medical service being included in the IEP
- ◆ Treatment plan (IEP) development
- ◆ Services rendered that are not provided directly to the eligible child or to a family member on behalf of the eligible child

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- ◆ Consultation services that are not specific to an eligible child or are not consistent with the treatment plan
- ◆ Canceled visits or appointments that are not kept
- ◆ Services that are **solely** instructional in nature
- ◆ Services that are **solely** recreational in nature
- ◆ Services provided under Section 504 of the Rehabilitation Act of 1973
NOTE: Teaching Braille is considered an educational service.
- ◆ Services provided to students over the age of 20

C. BASIS OF PAYMENT

Area education agencies are reimbursed based on a fee schedule. The amount billed should reflect the actual cost of providing the services. The fee schedule amount is the maximum payment allowed.

Bill all procedures in whole units of service. For most codes, 15 minutes equals one unit. Round remainders of seven minutes or less down to the lower unit and remainders of more than seven minutes up to the next unit.


D. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, not all HCPCS and CPT codes are covered.

Click [here](#) to view the fee schedule for Area Education Agencies online.

Agencies who do not have Internet access can obtain a copy upon request from the Iowa Medicaid Enterprise (IME).

It is the agency's responsibility to select the procedure code that best describes the item dispensed. Claims submitted without a procedure code will be denied. Refer coverage questions to the IME Provider Services.

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Important Information Regarding Modifiers

In certain instances, two-digit modifiers are applicable. They should be placed after the five-position procedure code. Possible modifiers are shown below:

<u>Modifier</u>	<u>Description</u>
AH	Clinical psychologist
AJ	Social worker
GN	Speech pathologist
GO	Occupational therapist
GP	Physical therapist
HQ	Group setting
TD	RN
TE	LPN
TM	Individual education program – contracted services
UA	Audiologist

E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Area Education Agencies are billed on federal form CMS-1500, *Health Insurance Claim Form*.

To view a sample of the CMS-1500, click [here](#).

To view billing instructions for the CMS-1500, click [here](#).

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>