41.1 Overview

School Health and Related Services (SHARS) is a Medicaid service and is a cooperative effort between the Texas Education Agency (TEA) and HHSC. SHARS allows local school districts or shared services arrangements (SSAs) to obtain Medicaid reimbursement for certain health-related services included in the student’s Individualized Education Program (IEP). Using existing state and local special education allocations as the state match, SHARS providers are reimbursed the federal share of the payment when services are provided to students who meet all of the following requirements:

- Medicaid eligible and under 21 years of age
- Meet eligibility requirements for special education described in the Individuals with Disabilities Education Act (IDEA)
- Have IEPs that prescribe the needed services
- Have IEPs that prescribe the needed services

Current SHARS services include: assessment, audiology, counseling, school health services, medical services, occupational therapy, physical therapy, psychological services, speech therapy, and special transportation. These services must be provided by qualified professionals under contract or employed by the school district/shared services arrangements. Furthermore, the school district/shared services arrangements must be enrolled as a SHARS Medicaid provider in order to bill Medicaid for these services.

41.2 School Enrollment

To enroll in the Texas Medicaid Program as a SHARS provider, school districts, including public charter schools and shared services arrangements (formerly known as school cooperatives), must employ or contract with individuals or entities that meet certification and licensing requirements in accordance with the Texas Medicaid State Plan for SHARS to provide program services. Since public school districts/shared services arrangements are government entities, they should select public entity in the enrollment application.

Refer to: “Reimbursement” on page 2-2.

It is the responsibility of the SHARS provider to notify parents/guardians of their rights to “freedom of choice of providers” (42 Code of Federal Regulations [CFR] §431.51) under the Texas Medicaid Program. Most SHARS providers currently provide this notification during the initial Admission, Review, and Dismissal (ARD) process. If a parent requests that someone provide the required service listed in the student’s IEP other than the employees or currently contracted staff of the SHARS provider (school district/shared services arrangement), the SHARS provider must make a good faith effort to comply with the parent’s request. The SHARS provider can negotiate with the requested provider to provide the services under contract. The requested provider must meet, comply with, and provide all the same required employment criteria and documentation that the SHARS provider normally requires of its employees and currently contracted staff. The SHARS provider can negotiate the contracted fee with the requested provider and is not required to pay the same fee that the requested provider may receive from Medicaid for similar services. If the SHARS provider and the requested provider do not agree to a contracted agreement, the parties can determine whether a nonschool SHARS relationship in accordance with 42 CFR §431.51 is possible. If the parties do not agree to a nonschool SHARS relationship, the SHARS provider is responsible for providing the required services and must notify the parent that no contracted or nonschool SHARS relationship could be established with the requested provider.

41.2.1 Nonschool SHARS Provider Enrollment

A nonschool SHARS provider must either have a current Texas Provider Identifier (TPI) as a Texas Medicaid provider of the IEP service or meet all eligibility requirements to obtain a TPI as a Texas Medicaid provider of the IEP service. For example, a nonschool SHARS provider of speech therapy must meet all provider criteria to provide Medicaid fee-for-service speech therapy and cannot hold only a state education certificate as a speech therapist.

To be enrolled in the Texas Medicaid Program as a nonschool SHARS provider, the enrollment packet must contain an affiliation letter that meets the following criteria:

- Written on school district letterhead.
- Signed by the school district superintendent or designee.
- Contains assurance that the school district will reimburse HHSC the state share for any Texas Medicaid payments made to the nonschool SHARS provider for the listed student and service.
- Lists the Medicaid number and social security number of the student to be served, and notes the type of IEP SHARS service to be provided.
- Acknowledges that the nonschool SHARS provider has agreed in writing to:
  - provide the listed SHARS service as shown in the student’s IEP.
  - provide the listed SHARS service in the least restrictive environment as set forth in the IEP.
  - maintain and submit all records and reports required by the school district to ensure compliance with IEP and compliance with IEP and documentation/billing requirements.
- States the effective period for this nonschool SHARS provider arrangement.

A separate affiliation letter is required for each Texas Medicaid client to be served by the nonschool SHARS provider. A separate two-character suffix for the nonschool SHARS provider is required for each school district with which the nonschool SHARS provider is affiliated. For example, if a nonschool SHARS provider of speech-
language pathology services had written agreements with Anywhere Independent School District (ISD) for two students and with Somewhere ISD for one student, that nonschool SHARS provider would submit its claims for nonschool SHARS speech therapy services delivered to the two students from Anywhere ISD under TPI number 1234567-01 and would submit its claims for nonschool SHARS speech therapy services delivered to the one student from Somewhere ISD under TPI number 1234567-02. The nonschool SHARS provider would submit to TMHP Provider Enrollment two affiliation letters from Anywhere ISD, that is, one for each student served, and one affiliation letter from Somewhere ISD. Since nonschool SHARS providers are private, nonpublic entities, they should select private entity in the enrollment application.

Nonschool SHARS services include audiology, counseling services, school health services, occupational therapy, physical therapy, speech therapy, and psychological services delivered in an individual setting. Nonschool SHARS services do not include assessment, medical services, or special transportation.

41.2.2 Private School Enrollment
A private school may not participate in the SHARS program as a SHARS provider or as a nonschool SHARS provider.

41.2.3 Medicaid Managed Care Program Enrollment
SHARS providers do not enroll with the Medicaid Managed Care health plans. SHARS providers deliver services to all eligible Medicaid SHARS clients, including clients of the Medicaid Managed Care health plans. SHARS services are not covered by the Medicaid Managed Care health plans. SHARS services rendered to clients of Medicaid Managed Care are covered and reimbursed by TMHP. Students under the age of 21 and on a Medicaid 1915(c) waiver program are covered and reimbursed by TMHP. SHARS providers should use Program code 200 to bill for Primary Care Case Management (PCCM). SHARS providers should use Program code 100 to bill for fee-for-service.

41.3 Reimbursement and Certification of Funds

41.3.1 Reimbursement
SHARS providers are reimbursed in accordance with Title 1 Texas Administrative Code (TAC) §355.8031. Payments for services delivered by SHARS providers are limited to the applicable federal Medicaid assistance percentage (FMAP) in accordance with guidelines from the Centers for Medicare & Medicaid Services (CMS) applied to the lower of the provider’s billed charges or the Medicaid allowable fee as established by HHSC. Each SHARS provider is required to certify that it expended state/local funds at least equal to the amount of the state portion of the Medicaid payments received for delivery of SHARS services.

Payments for services delivered by a nonschool SHARS provider is limited to the lower of the nonschool SHARS provider’s billed charges or the Medicaid fee. The SHARS provider with whom the nonschool SHARS provider is affiliated is required to pay HHSC the state portion of Medicaid payments made to the nonschool SHARS provider. Invoices for the state portion of Medicaid payments to nonschool SHARS providers are sent to the affiliated SHARS providers on a quarterly basis.

Refer to: “Reimbursement” on page 2-2 for more information about reimbursement and “Federal Financial Participation (FFP) Rate” on page 2-8.

41.3.2 Certification of Funds
TMHP Provider Enrollment mails the Certification of Funds letter to SHARS providers at the end of each quarter of the state fiscal year (SFY=September 1 through August 31). The purpose of the letter is to verify the amount identified in the State/Local Funds Expended column has been spent by the school district or special education cooperative for the previous quarter as noted on the letter. By signing this letter, the SHARS provider is certifying that state and/or local funds were expended in at least the amount listed on the letter, thereby allowing providers to receive the federal matching reimbursement from TMHP. SHARS providers participating in a Medicaid Managed Care health plan receive a certification letter each quarter that includes both Medicaid Managed Care and traditional Medicaid claims paid. The letter must be signed certifying the State/Local Funds Expended and returned to TMHP. The individual signing this letter must be the person responsible for signing other documents subject to audits. The signed letter must be returned to TMHP by fax to the telephone number listed on the letter, or by mail to the address listed on the letter, within 25 days of receipt. Failure to do so may result in recoupment of funds. Providers must contact the TMHP Contact Center at 1-800-925-9126, if they do not receive their letter.

41.3.3 Verifying the Amounts in the Letters
School districts/co-ops can verify their certification of funds letters by comparing the column labeled Total Amount Paid for Previous Quarter with all their Remittance and Status R&S reports for that quarter. The figure on the letter should match the total amount paid on the R&S report. The following formula is used by TMHP to compute the State/Local Funds Expended column.

(Figure in the Total Amount Paid for Previous Quarter column/Federal Matching Share percentage) x State Share percentage = State/Local Funds Expended column.
Call the TMHP Contact Center at 1-800-925-9126 for questions on balancing the letters.

Refer to: “TMHP Provider Relations” on page xi for more information on the provider relations representatives.

41.3.4 Validating the Letters/Record Keeping
Any budgeted expenditures tracked back to the specific SHARS service can be used to validate state and local funds expenditures. The most common and easiest way to track expenditures are salaries and fringe benefits. Other expenditures may include capital outlay, supplies, materials, and travel. Contact Interagency Coordination at TEA, 1-512-463-9283, to obtain the new Financial Accountability System Resource Guide, which is available on CD-ROM or online at www.tea.state.tx.us under School Finance and Grant. The following information must be kept in the school district/shared services arrangements records to validate the certification of funds:

- Identify the source of funds used to pay for the costs (such as salaries) of delivering the services contained in the claims being examined. This is necessary to document that an adequate amount of state or local funds were expended to obtain federal match, and that no federal funds were used for matching purposes.

- Document that the state and local funds certified were actually expended for the purpose of providing SHARS. For example, payroll records would reveal that staff providing the SHARS services had been paid from funds including an adequate amount of state and local funds.

41.4 Record Retention
Records required for the SHARS program that are student-specific become part of the student’s educational records and must be maintained for seven years rather than five years, as required by Medicaid. All records pertinent to SHARS billings must be maintained until all audit questions, appeal hearings, investigations, or court cases are resolved. Records should be stored in a readily accessible location and format and must be available for state and/or federal audit.

The following is a checklist of the minimum documents to collect and maintain:

- IEP
- Current provider qualifications (licenses or TEA or State Board for Educator Certification [SBEC] certificates)
- Attendance records
- Prescriptions/referrals
- Session notes or service logs
- Supervision logs
- Special transportation logs
- Claims submittal and payment histories

41.5 Eligibility Verification
The following are means to verify Medicaid eligibility of students:

- Verify electronically via TMHP EDI with TDHconnect software.
  - School districts may inquire about the eligibility of a student by submitting the following information for each student. That information includes the Medicaid number or two of the following: name, date of birth, or Social Security number.
  - Narrow a search further by entering the county code or sex of the student. Verifications may be submitted in batches without limitations on the number of students.
- Contact the Automated Inquiry System (AIS) at 1-800-925-9126.
- Contact the TMHP Contact Center at 1-800-925-9126.

41.6 Benefits and Limitations
All SHARS procedures listed require a valid International Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) diagnosis code. SHARS include assessment, audiology, counseling, medical services, school health services, occupational therapy, physical therapy, speech therapy, special transportation, and psychological services.

Reminder: SHARS are the services determined by the ARD committee to be medically necessary and reasonable to ensure that children with disabilities who are eligible for Medicaid and under 21 years of age receive the benefits accorded to them by federal and state law in order to participate in the educational program.

41.6.1 Assessment
Assessments include activities related to the evaluation of the functioning of a student for the purpose of determining eligibility, the needs for specific SHARS services, and the development or revision of IEP goals and objectives. An assessment is billable if it leads to the creation of an IEP for a student with disabilities who is eligible for Medicaid and who is under 21 years of age, whether or not the IEP includes SHARS.
Assessments must be provided by a professional who holds a valid SBEC or TEA Educational Diagnostician Certificate, or is a licensed psychiatrist, licensed psychologist that also is a licensed specialist in school psychology (LSSP), or an LSSP. The licensed psychologist or psychiatrist may have skills that the school-employed LSSP does not have. 22 TAC §89.1040 (b), (1) states, "...the determination of whether a student is eligible for special education...is made by the student’s ARD committee... The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student’s eligibility must include...(1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified, or licensed practitioner with experience and training in the area of disability..." The federal special education (IDEA) in 34 CFR, part 300.136, (a), (1) states that "...appropriate professional requirements in the state mean entry level requirements that--are based on the highest requirements in the State applicable to the profession or discipline in which a person is providing special education or related services..."

Assessment billable time includes:

- Direct psychological, educational, or intellectual testing time with the student present.
- Necessary observation of the student associated with testing.
- Parent/teacher consultation (student present) that is required during the assessment due to a student’s inability to communicate or perform certain activities.
- Indirect time for interpretation of testing results (student is not present).

Indirect time spent gathering information and observing a student is not billable assessment time.

Occupational therapists, physical therapists, audiologists, and speech language pathologists (SLPs) performing an evaluation should bill for their time under their individual procedure codes (1-97003, 1-97001, 1-92506, or 1-92506, with modifier GN).

Assessments for visual impairment performed by a licensed physician can only be billed under the medical services code (1-99499). State-mandated vision and hearing screenings are not billable under SHARS.

Session notes are not required. The billable start time, billable stop time, and total billable minutes must be maintained with a notation as to which assessment activity is performed (i.e., testing, interpretation, or report writing).

### 41.6.1.1 Assessment Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Example: Express 30 minutes as a billed quantity of 0.5.

**Important:** The recommended maximum billable time is eight hours. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### 41.6.2 Audiology

Audiology evaluation (92506) services include:

- Identification of children with hearing loss.
- Determination of the range, nature, and degree of hearing loss, including the referral for medical or other professional attention for the habilitation of hearing.
- Determination of the child’s need for group and individual amplification.

Audiology therapy (92507) services include:

- Provision of habilitation activities, such as language habilitation, auditory training, audiological maintenance, speech reading (lip reading), and speech conversation.

Audiological services must be provided by a professional who holds a valid state license as an audiologist. State licensure requirements are equal to American Speech-Language Hearing Association (ASHA) certification requirements. Services provided by audiology assistants are not reimbursable SHARS services.

Audiology evaluation (92506) and therapy (92507) are billable on an individual basis only. Only the direct time with the student present is billable; no indirect time is billable. Group therapy is not a billable SHARS activity. Session notes on evaluations are not required for 92506; however, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the activity performed (i.e., audiology evaluation). Session notes for therapy are required for 92507. Session notes must include billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and related IEP objective.

### 41.6.2.1 Audiology Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

**Important:** The recommended maximum billable time for evaluation is four hours, which may be billed over several days. The recommended maximum billable time for direct therapy is one hour per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.
41.6.3 Counseling Services
Counseling services are provided to assist a child with a disability to benefit from special education and must be listed in the IEP.

Counseling services must be provided by a professional with one of the following certifications or license: a valid TEA or SBEC Counselor Certificate, a Licensed Professional Counselor (LPC), a Licensed Clinical Social Worker (LCSW, formerly LMSW-ACP), or a Licensed Marriage and Family Therapist (LMFT).

Code H0004 is billable on an individual basis only. Group counseling is not a billable SHARS activity. Session notes are required, including the following minimum documentation: billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and the related IEP objective.

School districts may receive reimbursement for emergency counseling services as long as the student’s IEP includes a behavior improvement plan that documents the need for emergency services.

41.6.3.1 Counseling Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

Important: The recommended maximum billable time is one hour per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

41.6.4 Medical Services

Services reimbursable under SHARS medical services are diagnostic and evaluation services. A physician prescription/referral is required before physical therapy (PT) or occupational therapy (OT) services can be reimbursed under the SHARS program. Speech therapy services require either a physician prescription/referral or one from a licensed SLP before the speech therapy services can be reimbursed under the SHARS program. The SHARS provider must maintain the physician prescription/referral. The physician prescription/referral must relate directly to the specific service(s) listed in the IEP. If a change is made in the IEP related to a service requiring a physician prescription/referral, the physician prescription/referral must be revised accordingly.

Medical services must be provided by a licensed physician (MD/DO), a physician’s assistant (PA), or an advanced practice nurse (APN) with prescriptive authority for the purpose of writing a prescription or referral for an IEP service covered under the SHARS program.

The expiration date for the physician prescription/referral is the lesser of the expiration date designated by the medical services provider on the prescription/referral or three years in accordance with the IDEA three-year re-evaluation requirement.

SHARS medical services are billable only when provided on an individual basis. The determination as to whether or not the medical services provider needs to see the student while reviewing the student’s records is left up to the professional judgment of the medical services provider. Therefore, billable time includes:

- The direct diagnosis/evaluation time with the student present;
- The indirect time spent reviewing the student’s records for the purpose of writing a prescription/referral for specific SHARS services; and/or
- The direct diagnosis/evaluation time and/or the indirect time spent reviewing the student’s records for the evaluation of the sufficiency of an ongoing SHARS service to see if any changes are needed in the current prescription/referral for that service.

Session notes are not required for 99499; however, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the medical activity performed (i.e., direct diagnosis/evaluation time for initial prescription/referral; indirect records review time for initial prescription/referral; direct time for evaluation of sufficiency of current prescription/referral; and/or indirect records review time for evaluation of sufficiency of current prescription/referral).

41.6.4.1 Medical Services Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

Important: The recommended maximum billable time is one hour per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

41.6.5 School Health Services

School health services are skilled nursing tasks as defined by the Board of Nurse Examiners (BNE) and included in the student’s IEP. Examples of reimbursable school health services include, but are not limited to: inhalation therapy, ventilator monitoring, nonroutine medication administration, tracheostomy care, gastrostomy care, ileostomy care, catheterization, tube feeding, suctioning, client training, and assessment of a student’s nursing and personal care services needs.
School health services must be provided by a registered nurse (RN) or an APN. Services provided by a licensed vocational nurse/licensed practical nurse (LVN/LPN) are not reimbursable, even if supervised by an RN/APN. Services provided by a school health aide or other trained, unlicensed assistive person through delegation by an RN are not reimbursable SHARS services.

SHARS school health services are billable on an individual basis only. Only the direct time with the student present is billable; no indirect time is billable. Group school health services are not a billable SHARS activity.

Session notes are not required documentation for T1002. However, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the type of school health service performed.

### 41.6.5.1 School Health Services Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

While the procedure code description states up to 15 minutes, the Medicaid-allowable fee is determined based on 15-minute increments. Therefore, providers must bill based on 15 minutes as the unit of service. Minutes of school health services cannot be accumulated across calendar days. If the total number of minutes of school health services delivered by an RN/APN is less than eight minutes for a calendar day, then no unit of service can be billed for that day and that day’s minutes cannot be added to minutes of school health services from any previous day or any subsequent days for billing purposes.

All actual minutes of school health services delivered by an RN/APN must be accumulated for the calendar day for the student before converting to units of service for billing purposes. In other words, do not convert minutes of school health services from any previous day or any subsequent days for billing purposes.

**Important:** The recommended maximum billable time is four hours per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### 41.6.6 Occupational Therapy

In order for a student to receive occupational therapy (OT) through SHARS, the name and complete address or the TPI of the physician must be provided.

Occupational evaluation (97003) services include the identification of students to determine what services, as well as assistive technology and environmental modifications a student requires to participate in the special education program.

OT (97530) includes:

- Improving, developing, maintaining, or restoring functions impaired or lost through illness, injury, or deprivation.
- Improving the ability to perform tasks for independent functioning when functions are impaired or lost.
- Preventing, through early intervention, initial or further impairment or loss of function.

OT must be provided by a professional licensed by the Texas Board of Occupational Therapy Examiners. Services provided by a certified occupational therapist assistant (COTA) are not reimbursable under the SHARS program.

OT evaluation (97003) and therapy (97530) are billable on an individual basis only. Group OT is not a billable SHARS activity. The occupational therapist can bill for direct time with the student, including time spent assisting the student with learning to use adaptive equipment and assistive technology. Indirect time spent in training teachers or aides to work with the student (unless the therapist is working directly with the student during the training time), report writing, and time spent on manipulating or modifying the adaptive equipment is not billable. Session notes are not required for 97003; however, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the activity performed (i.e., OT evaluation). Session notes are required for 97530. Session notes must include billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and the related IEP objective.

### 41.6.6.1 Occupational Therapy Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

**Important:** The recommended maximum billable time for evaluation is three hours, which may be billed over several days. The recommended maximum billable time for direct therapy is one hour per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### 41.6.7 Physical Therapy

In order for a student to receive physical therapy (PT) through SHARS the name and complete address or the TPI of the physician must be provided.

PT evaluation (97001) services include evaluating the student’s ability to move throughout the school and to participate in classroom activities, and the identification of movement dysfunction and related functional problems.
PT (97110) services are provided for the purpose of preventing or alleviating movement dysfunction and related functional problems.

PT must be provided by a professional licensed by the Texas Board of Physical Therapy Examiners. Services provided by a licensed physical therapist assistant (LPTA) are not reimbursable under the SHARS program.

PT evaluation (97001) and therapy (97110) are billable on an individual basis only. Group PT is not a billable SHARS activity. The physical therapist can bill for direct time with the student, including time spent helping the student to use adaptive equipment and assistive technology. Indirect time spent in training teachers or aides to work with the student (unless the therapist is working directly with the student during the training time) and report writing is not billable. Session notes are not required for 97001; however, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the activity performed (i.e., PT evaluation). Session notes are required for 97110. Session notes must include billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and the related IEP objective.

### 41.6.8 Speech Therapy

#### 41.6.8.1 Referral

The name and complete address or TPI number or license number of the referring licensed physician or licensed SLP is required before speech therapy services can be billed under SHARS. A licensed SLP’s evaluation and recommendation for the frequency, location, and duration of speech therapy serves as the speech referral.

#### 41.6.8.2 Description of Services

Speech evaluation (92506 with modifier GN) services include:

- Identification of children with speech and/or language disorders.

Speech therapy (92507 with modifier GN) services include provisions of speech and language services for the habilitation or prevention of communicative disorders.

Speech evaluation (92506 with modifier GN) and therapy (92507 with modifier GN) are billable on an individual basis only. Group speech therapy is not a billable SHARS activity. The SLP can bill for direct time with the student, including assisting the student with learning to use adaptive equipment and assistive technology. Indirect time spent report writing and training teachers or aides to work with the student when the student is not present is not billable. Session notes are not required for 92506-GN; however, the following documentation is required: billable start time, billable stop time, and total billable minutes with a notation as to the activity performed (i.e., speech evaluation). Session notes are required for 92507-GN. Session notes must include billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and the related IEP objective.

#### 41.6.8.3 Provider and Supervision Requirements

Speech therapy services are eligible for reimbursement when provided by or under the direction of an ASHA-certified SLP who holds a Texas license or by an ASHA-equivalent SLP (master’s degree and Texas license).

These are also the only positions that do not require supervision and that can supervise other providers of speech therapy services. The supervision must meet the following provisions:

- The supervising SLP provides sufficient supervision to ensure appropriate completion of the responsibilities assigned.
- Documentation exists of direct involvement of the supervising SLP in overseeing the services provided.
- The SLP providing the direction must ensure that the personnel carrying out the directives meet the minimum qualifications set forth in the rules of the State Board of Examiners for Speech-Language Pathology and Audiology relating to Licensed Interns or Assistants in Speech-Language Pathology.

The CMS interpret “under the direction of a speech-language pathologist,” as the speech-language pathologist who:

- Is directly involved with the individual under his direction.
- Accepts professional responsibility for the actions of the personnel he agrees to direct.
- Sees each student at least once.
- Has input about the type of care provided.
- Reviews the student’s speech records after the therapy begins.
• Assumes professional responsibility for the services provided.

41.6.8.4 Speech Pathology Therapy Billing Table

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*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

**Important:** The recommended maximum billable time for evaluation is three hours, which may be billed over several days. The recommended maximum billable time for direct therapy is one hour per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

Providers may bill in multiples of 15 minutes.

*Example:* Express 30 minutes as a billed quantity of 2.

41.6.9 Psychological Services

Psychological services (H0004 with modifier AH) are counseling services provided to assist a child with a disability to benefit from special education and must be listed in the IEP.

Psychological services must be provided by a licensed psychiatrist or by a professional who holds a license from the Texas State Board of Examiners of Psychologists as a licensed psychologist or an LSSP. Nothing in this rule prohibits public schools from contracting with licensed psychologists and licensed psychological associates who are not licensed specialists in school psychology to provide psychological services, other than school psychology, in their areas of competency. School districts may contract for specific types of psychological services, such as clinical psychology, counseling psychology, neuropsychology, and family therapy, which are not readily available from the licensed specialist in school psychology employed by the school district. Such contracting must be on a short-term or part-time basis and cannot involve the broad range of school psychological services listed in 22 TAC §465.38(1)(B).

Code H004 with modifier AH is billable on an individual basis. Session notes are required. Session notes must include billable start time, billable stop time, total billable minutes, activity performed during the session, student observation, and the related IEP objective.

School districts may receive reimbursement for emergency psychological services as long as the student’s IEP includes a behavior improvement plan that documents the need for the emergency services.

41.6.9.1 Psychological Services Billing Table

<table>
<thead>
<tr>
<th>POS*</th>
<th>Procedure Code</th>
<th>15 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, or 9</td>
<td>1-H0004 with modifier AH</td>
<td>$20.29</td>
</tr>
</tbody>
</table>

*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

Providers must bill based on 15 minutes as the unit of service.

**Important:** The recommended maximum billable time for direct psychological therapy is one hour per day for nonemergency situations. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

41.6.10 Special Transportation

Special transportation services are reimbursable if the following criteria are met:

• Provided to and/or from a Medicaid-covered service(s) for the day the claim is made.
• A child requires transportation in a specially adapted school bus to serve the needs of the disabled.
• A child resides in an area that does not have school bus transportation (such as those in close proximity to a school).
• The Medicaid-covered SHARS is included in the student’s IEP.
• The special transportation service is included in the student’s IEP.

Children with special education needs who ride the regular school bus to school with other nondisabled children should not have transportation listed in their IEP. Also, the cost of the bus ride should not be billed to the SHARS Program. Therefore, the fact that students may receive a service through SHARS does not necessarily mean that special transportation also would be reimbursed for them.

Reimbursement for special transportation is on a student one-way trip basis. The following one-way trips may be billed if the student receives a billable SHARS service and is transported from:

• The student’s residence to school.
• The school to the student’s residence.
• The student’s residence to a provider’s office that is contracted with the district.
• A provider’s office that is contracted with the district to the student’s residence.
• The school to a provider’s office that is contracted with the district.
• A provider’s office that is contracted with the district to the student’s school.
• The school to another campus to receive a billable SHARS service.
• The campus where the student received a billable SHARS service back to the student’s school.

Special transportation services from a child’s residence to school and return are not reimbursable if, on the day the child is transported, the child does not receive a Medicaid-covered SHARS service (other than transportation). Documentation of each one-way trip provided must be maintained by the school district (e.g., trip log). This service must not be billed by default.

### 41.6.10.1 Special Transportation Billing Table

<table>
<thead>
<tr>
<th>POS*</th>
<th>Procedure Code</th>
<th>One-way trip Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 9</td>
<td>1-T2003</td>
<td>$18.08</td>
</tr>
</tbody>
</table>

*Place of Service: 1 = Office/School; 2 = Home; 9 = Other Locations

### 41.7 Claims Information

#### 41.7.1 Other Insurance

Medicaid guidelines state that other insurance carriers must be billed before billing Medicaid. If the SHARS student has other insurance, the SHARS provider (school district/SSA) can call the other insurance company to inquire if the service is covered under the student’s insurance plan. If the service is not covered under the student’s insurance plan, the SHARS provider can obtain from the other insurance company an oral denial without ever billing the other insurance carrier.

To appeal the Medicaid claim denied for other insurance using an oral denial from the other insurance company, the SHARS provider should send the following information: the date of the telephone call with the other insurance company; the name and telephone number of the insurance carrier; the name of the insurance representative; policy and group holder information; and the specific reason for denial. Include the client’s type of coverage to enhance the accuracy of future claims processing.

If the SHARS provider (school district/SSA) learns the other insurance policy does cover the service, the SHARS provider must obtain parental permission to bill the other insurance carrier. If parental permission is not received or the SHARS provider does not wish to pursue payment through the other insurance carrier, the SHARS provider cannot bill Medicaid by submitting claims for the services to TMHP.

#### 41.7.2 Claims Information

Claims for SHARS must be submitted to TMHP in an approved electronic claims format or on a CMS-1500 claim form. Providers may purchase CMS-1500 claim forms from the vendor of their choice. TMHP does not supply them.

### 41.7.3 Claim Filing Resources

Refer to the following sections and/or forms when filing claims:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated Inquiry System (AIS)</td>
<td>xi</td>
</tr>
<tr>
<td>TMHP Electronic Data Interchange (EDI)</td>
<td>3-1</td>
</tr>
<tr>
<td>CMS-1500 Claim Filing Instructions</td>
<td>5-18</td>
</tr>
<tr>
<td>TMHP Electronic Claims Submission</td>
<td>5-11</td>
</tr>
<tr>
<td>Communication Guide</td>
<td>A-1</td>
</tr>
<tr>
<td>School Health and Related Services (SHARS) Claim Example</td>
<td>D-33</td>
</tr>
<tr>
<td>Acronym Dictionary</td>
<td>F-1</td>
</tr>
</tbody>
</table>

### 41.7.4 Billing Units Based on 15 minutes

All claims for reimbursement are based on the actual amount of billable time associated with the SHARS service. For those services for which the unit of service are 15 minutes (1 unit = 15 minutes), partial units should be rounded up or down to the nearest quarter hour.

**Reminder:** Enter the number of billing units in Block 24G of the CMS-1500 paper claim form. Claims without this information will be reimbursed as a unit of 1.

To calculate billing units: count the total number of billable minutes for the calendar day for the SHARS student, and divide by 15 to convert to billable units of service. If the total billable minutes are not divisible by 15, the minutes are converted to one unit of service if they are greater than seven and converted to 0 units of service if they are seven or less minutes.

For example, 68 total billable minutes/15 = 4 units + 8 minutes. Since the 8 minutes are more than 7 minutes, those 8 minutes are converted to one unit. Therefore, 68 total billable minutes = 5 units of service.

Examples:

- 0 min–7 mins = 0 units
- 8 mins–22 mins = 1 unit
- 23 mins–37 mins = 2 units
- 38 mins–52 mins = 3 units
- 53 mins–67 mins = 4 units
- 68 mins–82 mins = 5 units

### 41.7.5 Billing Units Based on an Hour

All claims for reimbursement are based on the actual amount of billable time associated with the SHARS service. For those services for which the unit of service is an hour (1 unit = 60 minutes = one hour), partial units should be billed in tenths of an hour and rounded up or down to the nearest six-minute increment.

**Reminder:** Enter the number of billing units in Block 24G of the CMS-1500 paper claim form. Claims without this information will be reimbursed as a unit of 1.
To calculate billing units: count the total number of billable minutes for the calendar day for the SHARS student and divide by 60 to convert to billable units of service. If the total billable minutes are not divisible by 60, the minutes are converted to partial units of service as follows:

- 0 mins–3 mins = 0 units
- 4 mins–9 mins = 0.1 unit
- 10 mins–15 mins = 0.2 unit
- 16 mins–21 mins = 0.3 unit
- 22 mins–27 mins = 0.4 unit
- 28 mins–33 mins = 0.5 unit
- 34 mins–40 mins = 0.6 unit
- 42 mins–48 mins = 0.7 unit
- 49 mins–54 mins = 0.8 unit
- 55 mins–57 mins = 0.9 unit

Other examples:
- 58 mins–63 mins = 1 unit
- 64 mins–70 mins = 1.1 units
- 71 mins–77 mins = 1.2 units
- 78 mins–84 mins = 1.4 units
- 85 mins–91 mins = 1.5 units