



# *School-Based Services*

*Medicaid and Other Medical  
Assistance Programs*

**MONTANA**  
Department of Public Health & Human Services

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May, 2005

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**My Medicaid Provider ID Number:**

# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana.

## Provider Enrollment

For enrollment changes or questions:

**(800) 624-3958** In and out-of-state  
**(406) 442-1837** Helena

Send written inquiries to:

Provider Enrollment Unit  
P.O. Box 4936  
Helena, MT 59604

## Provider Relations

For questions about eligibility, PASSPORT, payments, denials, general claims questions, or to request provider manuals or fee schedules:

**(800) 624-3958** In and out-of-state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit  
P.O. Box 4936  
Helena, MT 59604

## Claims

Send paper claims and adjustment requests to:

Claims Processing Unit  
P. O. Box 8000  
Helena, MT 59604

## Third Party Liability

For questions about private insurance, Medicare or other third-party liability:

**(800) 624-3958** In and out-of-state  
**(406) 442-1837** Helena

Send written inquiries to:

ACS Third Party Liability Unit  
P. O. Box 5838  
Helena, MT 59604

## Restricted Client Authorization

For authorization for emergency services provided for restricted clients, contact the Surveillance/Utilization Review Section:

**(406) 444-4167**

All other services must be authorized by the client’s designated provider.

## Client Help Line

Clients who have general Medicaid or PASSPORT questions may call the Client Help Line:

**(800) 362-8312**

Send written inquiries to:

PASSPORT To Health  
P.O. Box 254  
Helena, MT 59624-0254

## EDI Technical Help Desk

For questions regarding electronic claims submission:

**(800) 624-3958** In and out-of-state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Mail to:

ACS  
ATTN: MT EDI  
P.O. Box 4936  
Helena, MT 59604

## Provider Policy Questions

For policy questions, contact the appropriate division of the Department of Public Health and Human Services; see the *Introduction* chapter in the *General Information For Providers* manual.

## Client Eligibility

For client eligibility, see the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual.

## CSCT Program

For more information on the Comprehensive School and Community Treatment (CSCT) program, contact Child and Adolescent Services Specialist:

**(406) 444-4540** Phone

**(406) 444-1861** Fax

Send written inquiries to:

Child and Adolescent Services Specialist  
DPHHS

P.O. Box 202951

Helena, MT 59620-2951

## CHIP Program

**(877) 543-7669** Phone toll-free in and out-of-state

**(406) 444-6971** Phone in Helena

**(406) 444-4533** Fax In Helena

**(877) 418-4533** Fax Toll-free in and out-of-state

**chip@state.mt.us** E-mail

CHIP Program Officer

P.O. Box 202951

Helena, MT 59620-2951

## Direct Deposit Arrangements

Providers who would like to receive their remittance advices electronically and electronic funds transfer should call the number below.

**(406) 444-5283**

## Chemical Dependency Bureau

For coverage information and other details regarding chemical dependency treatment, write or call:

**(406) 444-3964** Phone

Send written inquiries to:

Chemical Dependency Bureau

Addictive and Mental Disorders Division

DPHHS

P.O. Box 202905

Helena, MT 59620-2905

## Prior Authorization

The following are some of the Department's prior authorization contractors. Providers are expected to refer to their specific provider manual for prior authorization instructions.

### *Mountain-Pacific Quality Health Foundation*

For questions regarding prior authorization for transplant services, private duty nursing services, medical necessity therapy reviews, and emergency department reviews:

Phone:

**(800) 262-1545 X150** In state

**(406) 443-4020 X150** Out of state and  
Helena

Fax:

**(800) 497-8235** In state

**(406) 443-4585** Out of state and Helena

Send written inquiries to:

Mountain-Pacific Quality

Health Foundation

3404 Cooney Drive

Helena, MT 59602

- Modifier “22” is billed with the procedure code when a service is greater than the customary service normally entails. For example, this modifier may be used when a service is more extensive than usual or there was an increased risk to the individual. Slight extension of the procedure beyond the usual time does not validate the use of this modifier.
- Modifiers may also be required when providing two services in the same day that use the same code. See *Multiple Services on Same Date* for more information.

**Multiple services on same date**

When a provider bills Medicaid for two services that are provided on the same day that use the same CPT code and are billed under the same provider number, a modifier should be used to prevent the second service from being denied. The modifier “GO” is used for occupational therapy, and “GP” is used for physical therapy. For example, a school bills with one provider number for all services. The school provided occupational therapy for a client in the morning, and physical therapy for the same client in the afternoon of October 14, 2003. The claim would be billed like this:

| 24. | A DATE(S) OF SERVICE |             |    |    |    |    | B Place of Service | C Type of Service | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E DIAGNOSIS CODE | F \$ CHARGES | G DAYS OR UNITS | H EPSDT Family Plan | I EMG | J COB | K RESERVED FOR LOCAL USE |
|-----|----------------------|-------------|----|----|----|----|--------------------|-------------------|--|------------------|--------------|-----------------|---------------------|-------|-------|--------------------------|
|     | From MM DD YY        | To MM DD YY | MM | DD | YY | MM |                    |                   |  |                  |              |                 |                     |       |       |                          |
| 1   | 10                   | 14          | 03 | 10 | 14 | 03 | 03                 | 0                 | 97530  | GO               | 1            | \$ 22:00        | 1                   |       |       |                          |
|     | 10                   | 14          | 03 | 10 | 14 | 03 | 03                 | 0                 | 97530  | GP               | 1            | \$ 22:00        | 1                   |       |       |                          |

**Time and units**

- A provider may bill only time spent directly with a client. Time spent traveling to provide a service and paperwork associated with the direct service cannot be included in the time spent providing a service.
- Some CPT codes are designed to bill in units of 15 minutes (or other time increment) and others are “per visit”.
- If the service provided is using a “per visit” code, providers should use one unit of service per visit.
- When using codes that are based on a 15-minute time unit, providers should bill one unit of service for each 15-minute period of service provided. Units round up to the next unit after 8 minutes. Please use the following table as an average of the number of units of service to use. If the actual number of minutes providing a service falls between the range of minutes in the first two columns of the chart below, use the number of units in the third column.
- If a CSCT provider sees a client more than one time in a day, the entire time spent with the client that day should be totaled and billed once with the correct number of units as described in the following table.

| Billing for Time in Units |                   |                 |
|---------------------------|-------------------|-----------------|
| Minutes Greater Than      | Minutes Less Than | Number of Units |
| 8                         | 23                | 1               |
| 24                        | 38                | 2               |
| 39                        | 53                | 3               |
| 54                        | 68                | 4               |
| 69                        | 83                | 5               |
| 84                        | 98                | 6               |
| 99                        | 113               | 7               |
| 114                       | 128               | 8               |

**Place of service**

The only place of service code Montana Medicaid will accept is “03” (schools).

**Billing for Specific Services**

The following are instructions for billing for school-based services. For details on how to complete a CMS-1500 claim form, see the *Completing a Claim* chapter in this manual.

School-based providers can only bill services in the amount, scope, and duration listed in the IEP. Medicaid covered services provided under an Individual Education Plan (IEP) are exempt from the “free care” rule. That is, providers may bill Medicaid for a covered service provided to a client under an IEP even though they may be provided to non-Medicaid clients for free.

Medicaid covered services provided under and IEP are exempt from the “free care” rule.

**Assessment to initiate an IEP**

When billing for assessments (evaluations), use the CPT code for the type of service being billed. When the unit measurement is “per visit”, only one unit may be billed for the assessment/evaluation. If the evaluation is completed over the course of several days, it is considered one evaluation. Bill the date span with 1 unit of service, not multiple units of service. For example, a speech/hearing evaluation completed over a three-day period would be billed like this:

| 24. | A DATE(S) OF SERVICE |             |    |    |    |    | B Place of Service | C Type of Service | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E DIAGNOSIS CODE | F \$ CHARGES | G DAYS OR UNITS | H EPSDT Family Plan | I EMG | J COB | K RESERVED FOR LOCAL USE |
|-----|----------------------|-------------|----|----|----|----|--------------------|-------------------|--|------------------|--------------|-----------------|---------------------|-------|-------|--------------------------|
|     | From MM DD YY        | To MM DD YY | MM | DD | YY | MM |                    |                   |  |                  |              |                 |                     |       |       |                          |
|     | 09                   | 23          | 03 | 09 | 26 | 03 | 03                 | 0                 | 92506  | 1                | \$ 65.00     | 1               |                     |       |       |                          |

A two-hour psychological assessment (evaluation) would be billed like this (the unit measurement for this code is “per hour”):

| 24. | A DATE(S) OF SERVICE |             |    |    |    |    | B Place of Service | C Type of Service | D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E DIAGNOSIS CODE | F \$ CHARGES | G DAYS OR UNITS | H EPSDT Family Plan | I EMG | J COB | K RESERVED FOR LOCAL USE |
|-----|----------------------|-------------|----|----|----|----|--------------------|-------------------|--|------------------|--------------|-----------------|---------------------|-------|-------|--------------------------|
|     | From MM DD YY        | To MM DD YY | MM | DD | YY | MM |                    |                   |  |                  |              |                 |                     |       |       |                          |
|     | 09                   | 23          | 03 | 09 | 23 | 03 | 03                 | 0                 | 96100  | 1                | \$ 90.00     | 2               |                     |       |       |                          |