



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Municipally Based Health Services
Bulletin 9
October 2003

TO: Municipally Based Health Service Providers Participating in MassHealth
FROM: Beth Waldman, Acting Commissioner *Beth Waldman*
RE: **Services Provided to Special Education Students**

***A Reminder About
Agreement Compliance***

Every local educational authority participating in the Municipal Medicaid Program must adhere to its provider agreement with the Division of Medical Assistance. As part of that agreement, participants must comply with its terms and conditions, including applicable federal and state laws and regulations.

***Documentation of
Services***

Municipal Medicaid providers must document health-related services provided to those students for whom the provider claims payment under its Municipal Medicaid Agreement. Documentation must be completed monthly using the Municipal Medicaid Service Documentation Form. (See the attached Documentation Form and sample.)

Documentation requirements are effective October 1, 2003, and must be completed for all Special Education health-related services. A licensed professional must supervise all services provided by an assistant and must co-sign their documentation forms.

It is the responsibility of the Municipal Medicaid provider to ensure that all subcontractors, including private school placements, maintain this documentation.

***Revisions to the
Service Codes***

The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS) for 2003. New national service codes have been added to replace the MassHealth local codes for the Municipal Medicaid Program. You must use a modifier with some codes to accurately reflect the service provided.

The attached crosswalk contains the new national service codes with modifiers and the obsolete MassHealth local codes. Please note that the new national codes for nursing services are in units of 15-minute increments. These revisions are effective for dates of service on or after October 1, 2003.

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Questions

If you have any questions about this bulletin, please call MassHealth Provider Services at 617-628-4141 or 1-800-325-5231. This bulletin is available on the Division's Web site at www.mass.gov/dma.

Municipal Medicaid Program
Service Code Crosswalk
Effective October 1, 2003

Obsolete Code	Obsolete Code Description	New Code – Modifier	New Code Description	Modifier Description	Service Code Rate
X7660	Home assessment	T1028-TM	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	Individualized education program (IEP)	\$76.75/encounter
X7661	Team meeting	T1024-TM	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	Individualized education program (IEP)	\$30.70/encounter
X7663	Public day program (.1, .2, .3)	T1018-U1	School-based individualized education program (IEP) services, bundled	Use for levels 502.1-502.3, full or partial inclusion program	\$12.41/day
X7664	.4 Separate placement	T1018-U2	School-based individualized education program (IEP) services, bundled	Use for level 502.4, substantially separate classroom	\$26.95/day
X7665	.5 Day placement	T1018-U3	School-based individualized education program (IEP) services, bundled	Use for level 502.5, day school	\$50.62/day
X7666	.6 Residential placement and .5 cost share	T1018-U4	School-based individualized education program (IEP) services, bundled	Use for level 502.6, residential school, PL1 only or PL2 documenting cost-shared residential placement	\$52.67/day
X7668	Early childhood	T1018-U5	School-based individualized education program (IEP) services, bundled	Use for level 502.8, home-based or center-based early childhood program	\$120.79/week
X7670	RN agency (one patient)	T1002-U6	RN services, up to 15 minutes	Agency-based nursing	\$8.73/15 minutes
X7671	RN individual (one patient)	T1002-U7	RN services, up to 15 minutes	Individual nurse	\$7.43/15 minutes
X7672	Private duty nursing RN agency (two patients)	T1002-U6	RN services, up to 15 minutes	Agency-based nursing	\$8.73/15 minutes
X7673	RN individual (two patients)	T1002-U7	RN services, up to 15 minutes	Individual nurse	\$7.43/15 minutes
X7674	Private duty nursing LPN agency (one patient)	T1003-U6	LPN/LVN services, up to 15 minutes	Agency-based nursing	\$6.56/15 minutes
X7675	LPN individual (one patient)	T1003-U7	LPN/LVN services, up to 15 minutes	Individual nurse	\$5.58/15 minutes
X7676	LPN agency (two patients)	T1003-U6	LPN/LVN services, up to 15 minutes	Agency-based nursing	\$6.56/15 minutes
X7677	LPN agency (two patients)	T1003-U7	LPN/LVN services, up to 15 minutes	Individual nurse	\$5.58/15 minutes

Municipal Medicaid Service Documentation Form

School district name	Provider no.
Student name	Service period, year
Student's MassHealth ID	Date of birth

Date	Activity/Procedure Notes	Individual or Group (circle one)	Service Time
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	
		I G	

X
 Provider's signature _____ Title _____ Date _____

X
 Supervising professional's signature (required for services provided "under the direction of") _____ Title _____ Date _____

Municipal Medicaid Program Service Documentation Form

School district name: This line captures the name of the school district where services are provided.

Provider no.:

This line indicates the provider number used to bill the Medicaid program.

Service period, year:

This line indicates the evaluation period during which services are provided. This form is to be completed monthly.

Student name:

This line includes the student's complete legal name.

Date of birth:

This line includes the student's complete date of birth.

Student's MassHealth ID:

This line includes the student's Medicaid recipient identification number (RID).

Date:

This column indicates the date a health related service is provided to the student. This should be completed every time a health related service is delivered.

Activity/Procedure Note:

In this column, the provider should write a description of the service provided to the student on that date. This must document the extent and duration of the medical service provided.

Individual or Group:

This column indicates if the service was delivered to the student on an individual basis (I), or in a group setting (G).

Service Time:

This column captures the quantity of service provided to the child. This should be recorded as an amount of time (e.g., 20 minutes). This can capture the cumulative time the provider spent delivering services over the course of the day.

Signatures:

The signature of the medical professional authorizing services must comply with generally accepted standards for record keeping within the applicable provider type as they may be found in laws and regulations of the relevant board of registration.

Municipal Medicaid Service Documentation Form

School district name XXX School District	Provider no. #1234567
Student name Jane Doe	Service period, year August, 2002
Student's MassHealth ID 123-45-6789	Date of birth 08/28/88

Date	Activity/Procedure Notes	Individual or Group (circle one)	Service Time
8/5/02	High kneeling emphasizing control of movement to stance, skipping, and adominal strength	I G	30 min.
8/7/02	Scooter boards, balance activities on one foot and balance beam walking	I G	30 min.
8/9/02	Skipping, obstacle course and upper extremity reaching in prone with fine motor manipulations	I G	30 min.
8/12/02	child absent	I G	
8/14/02		I G	
8/16/02		I G	
8/19/02		I G	
8/21/02		I G	
8/23/02		I G	
8/26/02		I G	
8/28/02		I G	
8/30/02		I G	

X _____ **Registered Physical Therapist**
 Provider's signature Title Date

X _____
 Supervising professional's signature (required for services provided "under the direction of") Title Date

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Provider no.:

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