

# MassHealth School-Based Medicaid Program

## *Top 5 Things School-Based Providers Should Know*

In addition to reviewing this sheet, providers should review the [Direct Service Claiming \(DSC\) Guide](#), updated August 2020, to fully understand the DSC part of the School-Based Medicaid Program.

### **1. Diagnosis Codes don't necessarily mean you made a formal diagnosis**

- The ICD Diagnosis Code identifies WHY the service is needed.
- Many ICD Diagnosis Codes identify presenting signs and symptoms.
- Practitioners should identify an ICD Code that best explains the need for services.

### **2. Medical Necessity & Educational Needs can and sometimes do overlap**

- Medically necessary services have a clinical basis and may also help students achieve educational goals and access the curriculum.
- The amount, frequency, and duration of services provided must be consistent with professionally recognized standards of practice for the clinical service specialty.
- The DSC guide includes clarifications in the Medical Necessity section to assist providers to understand and implement requirements.

### **3. Service Authorization is often the Plan of Care or Treatment Plan**

- Authorization is documentation by a qualified practitioner demonstrating that the service is medically necessary and consistent with standards of practice.
- IEPs themselves do not constitute a service authorization.
- If an evaluation and treatment plan was written by a qualified practitioner, then it may constitute a service authorization.

### **4. Service Documentation is not a "billing form"**

- MassHealth considers Service Documentation to be the practitioner's clinical service delivery treatment notes. The billing forms or software that many LEAs use to generate a claim are separate and not considered Service Documentation.
- Service Documentation must meet MassHealth's minimum standards as outlined in the DSC Guide, and also must comply with standards of clinical practice for the practitioner's clinical licensing board and professional practice organization.

### **5. Health care services that are unrelated to special education (not pursuant to an IEP) can be covered**

- When a qualified practitioner provides a medically necessary service, even if unplanned or unrelated to an IEP, the service is reimbursable when all requirements for reimbursement are met.
- Covered services include planned or unplanned nursing services, planned or unplanned behavioral health interventions, EPSDT health screenings and initial evaluations to determine whether covered services are necessary.