



Oregon

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To: OMAP Providers

From: Joan M. Kapowich, Manager
OMAP Program and Policy Section



Re: School-Based Health Services Administrative Rules, Revision 2

Effective: September 1, 2003

Administrative Rules for School-Based Health Services have been amended as follows:

The School-Based Health Services program administrative rules govern Office of Medical Assistance Programs (OMAP) payments for products and services provided to clients. OMAP revised Rules 410-133-0040, 410-133-0080, 410-133-0100, 410-133-0120, 410-133-0140, 410-133-0200, 410-133-0220, 410-133-0280, 410-133-300, 410-133-0320 to be in compliance with HIPAA national code conversion, and program compliance related to federal audit findings.

If you keep a written copy of these rules, please replace the old version of these rules with the attached revised copy. Read these rules carefully, as they will affect your billing. If you have billing questions, contact a Provider Services Representative toll-free at 1-800-336-6016 or direct at 503-378-3697. A complete set of School-Based Health Services rules is available by calling 1-800-527-5772 or by downloading from OMAP's website.

T-490

"Assisting People to Become Independent, Healthy and Safe"
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**DEPARTMENT OF HUMAN SERVICES, DEPARTMENTAL
ADMINISTRATION AND MEDICAL ASSISTANCE PROGRAMS
DIVISION 133**

SCHOOL-BASED HEALTH SERVICES

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410-133-0000 Foreword

(1) School-Based Health Services is a medical program, which leverages Oregon Department of Education (ODE) State General Funds with matching Federal Funds for Oregon Health Plan (OHP) Medicaid eligible students. These rules are to be used in conjunction with the General Rules governing the Office of Medical Assistance Programs (OAR 410 Division 120). The School-Based Health Services rules are a user's manual designed to assist the educational entity in matching State and Federal Funds for Oregon's children with disabilities, as defined by Individuals with Disabilities Education Act (IDEA).

(2) The Oregon Administrative Rules in chapter 581, division 15 for the Department of Education outline Oregon's program to meet the federal provisions of the Individuals with Disabilities Education Act. These rules of School-Based Health Services define Oregon's program to reimburse the health services provided under that Act to Oregon's Medical Assistance Program-eligible children.

(3) The Oregon Department of Education and the Office of Medical Assistance Programs recognize the unique intent of health services provided for medical disabilities in the special education setting. The School-Based Health Services rules address the health aspects of special education services.

(4) OMAP endeavors to furnish medical providers with up-to-date billing, procedural information, and guidelines to keep pace with program changes and governmental requirements.

(5) Providers are responsible to maintain current publications provided by OMAP.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; OMAP 38-1999, f. & cert. ef. 10-1-99; OMAP 15-2000, f. 9-28-00, cert. ef 10-1-00; OMAP 31-2003, f. & cert. ef. 4-1-03

410-133-0040 Definitions

(1) Adapted Vehicle – Vehicle specifically designed and/or modified to transport passengers with disabilities.

(2) Adequate Recordkeeping – In addition to General Rules OAR 410-120-0000, Definitions and 410-120-1360, Requirements for Financial, Clinical, and Other Records, documentation in the student medical file and on the IEP/IFSP showing the medically appropriate health services provided to the student detailed in OMAP rules (See OAR 410-133-0320).

(3) Assessment – A process in obtaining information to determine if a student qualifies for OMAP covered medical services.

(4) Augmentative Communication Services -- Services provided by Augmentative Communication Specialists or a Speech Pathologist with training and expertise in the use of alternative communication systems.

(5) Automated Information System (AIS) – See General Rules (OAR 410-120-0000 Definitions).

(6) Benefit Package – See General Rules (OAR 410-120-0000 Definitions).

(7) Billing Time Limit -- Refers to the rules concerning the period of time allowed to bill a services to OMAP under "Timely Submission of Claims" (See OAR 410-120-0340).

(8) Center for Medicare and Medicaid Services (CMS) – Formerly Health Care Financing Administration (HCFA), the federal regulatory agency for Medicaid programs.

(9) CMS-1500 (formerly HCFA-1500) – The standard federal billing form used to bill medical services.

(10) Certification -- See "licensure."

(11) Conference -- A scheduled meeting, regarding a student with special needs, between several interested parties. A conference should be one of the following:

(a) A meeting to determine a child's early intervention or special education eligibility;

(b) A meeting to plan a child's appropriate educational program or early intervention plan under the IDEA;

(c) An Individual Education Plan/Individual Family Service Plan (IEP/IFSP) team meeting to discuss the child's progress;

(d) A meeting with other health care professionals to discuss the child's health related issues.

(12) Consultation -- Services that are provided by medically-qualified providers under the scope of their licensure, to other professionals or family members. These services or expertise are related to specific goals and objectives in a student's IEP/IFSP or similar plan.

(13) Coordinated care as a Related Service -- Services directly related to health services specified in the IEP/IFSP, performed by medically qualified staff, and allowed under 410-133-0080, Coverage to manage integration of those health services in the school setting.

(14) Current Procedural Terminology (CPT) – See General Rules (OAR 410-120-0000 Definitions).

(15) Delegation of Nursing Task – A selected nursing task that is assigned to an unlicensed person and monitored by a licensed Registered Nurse. Delegation and supervision of task must comply with Oregon Administrative Rules, Board of Nursing, Division 47.

(16) Department -- Refers to the Oregon Department of Education (ODE).

(17) Direct Services -- Face-to-face interventions between the medically qualified service provider and a Medicaid eligible client.

(18) Early Childhood Special Education -- Specially designed instruction to meet the unique needs of a preschool child (three years of age until the age of eligibility for kindergarten, or five years of age) with a disability.

(19) Early Intervention -- A state-operated program designed to address the unique needs of preschool children (ages zero to three) with a disability.

(20) Educational Entity – (Within the context of the School-Based Health Services rules), a local school, school district, Education Service District, Regional Program, state-operated school, or a private school receiving State General Funds through the Oregon Department of Education (ODE).

(21) Education Service District (ESD) -- An education entity established to offer a resource pool of cost-effective, education-related, physical- and mental health-related, state-mandated services to multiple local school districts within a geographic area described in ORS 334.

(22) Eligible for Special Education -- A child who meets the eligibility criteria for early intervention, early childhood special education or special education as defined in ORS 343 and OAR, chapter 581, division 15.

(23) Evaluation -- Assessment procedures to determine a child's specific needs under IDEA and in accordance with OAR 581-015-0071, and which must be completed by medically qualified staff practicing under the scope of their licensure.

(24) Health Care Aide/Delegated Health Care Aide -- A non-licensed person assigned by a Registered Nurse to perform selected tasks of nursing care identified in the Nursing Care/Health Management Plan as part of the IEP/IFSP.

(25) Healthcare Common Procedure Coding System (HCPCS) – See General Rules (OAR 410-120-0000 Definitions).

(26) Health Management Plan -- A written description of a student's health issues, desired treatment outcomes, and prescribed nursing interventions to address the health needs of a child in the educational setting. The plan must be a part of and attached to the IEP/IFSP.

(27) Health Services – Medical (physical and/or mental health) evaluation, testing and/or treatment required to achieve the goals set forth in a child's IEP or IFSP, or similar plan. A health service is provided to enable the child to benefit from a special education program (age 3–21) or an early intervention program (age 0–2).

(28) ID Number – A number issued by the Department of Human Services (DHS) agency used to identify Oregon Health Plan clients. This number may also be referred to as Recipient Identification Number; Prime Number; Client Medical ID Number or Medical Assistance Program ID Number.

(29) Individuals with Disabilities Education Act (IDEA) – Formerly called the Education of the Handicapped Act, the program authorizes federal matching funds to states for the School-Based Health Services and School-Based Administrative Claiming programs.

(30) Individualized Education Plan (IEP) – A written action plan designed to meet the individual needs of a child's disabilities, impaired function and educational goals. The plan is developed in accordance with requirements and definitions in OAR chapter 581, division 15. The IEP addresses disabilities that will continue and cannot be resolved by short-term therapies.

(31) Individualized Family Service Plan (IFSP) – A written plan of early childhood special education, related services, and early intervention services. The plan is developed to meet the needs of a child with disabilities in accordance with requirements and definitions in OAR chapter 581, division 15.

(32) Individualized Education Plan/Individualized Family Service Plan (IEP/IFSP) Team – Teachers, Specialists, and Parents responsible for determining eligibility, for developing, reviewing and revising an IEP/IFSP or similar plan in compliance with OAR chapter 581, Division 15.

(33) Intervention Activity -- A term sometimes used in the education setting to indicate a medical service or treatment.

(34) Licensure -- The process of state agencies assuring those licensed are qualified to perform specific duties and scope of services within a legal standard recognized by that agency.

(35) Local Education Agency -- See Educational Entity.

(36) Medical Provider – An individual licensed by the State to provide health services within their governing body's definitions and respective scope of practice. Medical provider and practitioner are interchangeable terms.

(37) Medical Services -- The care and treatment provided by a licensed medical provider to prevent, diagnose, treat, correct or address a medical problem, whether physical, mental or emotional. For the purposes of these rules, this term shall be synonymous with health and/or health-related services listed on an IEP, IFSP or similar plan, as defined in OAR chapter 581, division 15.

(38) Medical Transportation – Transportation in an adapted vehicle to and/or from a covered service.

(39) Medically Appropriate – (For the purposes of the SBHS program), Services that are required for prevention, diagnosis, or treatment of a health condition that encompasses physical and/or mental conditions which:

(a) Meet the treatment standard of good health practice and generally recognized by the relevant scientific community and professional standards of care as effective;

(b) The most cost-effective of the alternative levels of medical services which can be safely provided to an OMAP member; and

(c) Not solely for the convenience of an Oregon Health Plan client or a provider of the service.

(40) Medically Qualified Staff -- Staff employed by and/or through contract with a School Entity in compliance with State law defining and governing the scope of practice, and OAR 410-133-0120.

(41) Medication Management – Services specific to mental health related medication management as specified in the IEP/IFSP and performed by medically qualified staff within their respective scope of practice.

(42) Nursing Services -- Services provided by a registered professional nurse, a licensed practical nurse or delegated health care aide, within the scope of practice as defined by State law. Nursing services include preparation of treatment plans, consultation and coordination of service activities as well as direct patient care and supervision.

(43) Observation – Surveillance or visual monitoring performed by a medical provider to better understand the child's medical needs and progress in their natural environment.

(44) OMAP Rate -- The amount OMAP will reimburse for a service.

(45) Orientation and Mobility Training -- Evaluation and training provided by a certified or equivalently trained Orientation and Mobility Specialist to correct or alleviate mobility difficulties created by a loss or lack of vision. This service is not covered under the SBHS program.

(46) Prime Number -- See definition of ID Number.

(47) Provider Agreement or Intergovernmental Agreement (IGA) -- A contract between OMAP and an enrolled Educational entity which commits both parties to the provisions of the OMAP General Rules and related program rules.

(48) Qualified Provider/School Medical Provider (SM) – (Within the context of the School-Based Health Services rules), this term means a provider who is certified by the Department of Education and OMAP as qualified to perform IEP/IFSP school-based services as an educational entity.

(49) Recipient -- See Client in the General Rules. This term is synonymous with "student" or "child" in the School-Based Health Services rules.

(50) Regional Program -- Services provided on a multi-county basis, under contract from the Department of Education to eligible children (birth to 21)

visually impaired, hearing impaired, deaf-blind, autistic, and/or severely orthopedically impaired.

(51) Rehabilitative Services -- For purposes of the SBHS program, any medical, psychological or remedial service recommended by a physician or other licensed practitioner within the scope of practice under State law, for reduction, correction, stabilization or functioning improvement of physical or mental disability of a client (See 410-133-0060).

(52) Related Services – Supportive services which assist a child with disabilities to benefit from early intervention or special education services. “Related services” are not all covered for payment by OMAP. See Rules 410-133-0080, Coverage and 410-133-0200, Not Covered Services.

(53) School-Based Health Services (SBHS)-- A medical service provided in the school setting, meeting the requirements of state (ODE and OMAP) and federal (IDEA, Social Security Act and CMS) law and guidelines.

(54) School Medical Provider -- A provider type (SM) established by OMAP to designate the provider of School-Based Health Services.

(55) Screening –

(a) A limited examination to determine a child’s need for diagnostic medical evaluation. A screening is usually provided to a child, group, class, or school population, and is not diagnostic. For the SBHS program, pre-diagnostic screening as defined herein is not billable;

(b) Screening services as defined by CMS for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) are not provided in the school setting, and must contain the following five elements to be Medicaid billable:

(A) Comprehensive health and developmental history, including assessment of both physical and mental health development;

(B) Comprehensive unclothed physical examination;

(C) Appropriate immunizations according to the Advisory Committee on Immunization Practice (ACIP) schedule;

(D) Laboratory tests, including blood lead level assessment; and

(E) Health education, including anticipatory guidance;

(c) Screening procedure codes (CPT; HCPCS) are subject to General Rules and OMAP respective Provider Rules and limitations, and may be billable except as described in (a) and (b) of this definition.

(56) Similar Plan; Individual School Health Management Plan or Nursing Plan that describes the nature, frequency and duration of the services and assistance to meet the needs of a child with a disability, or who are medically at risk.

(57) Special Education Services -- Specially designed instruction to meet the unique needs of a child with a disability, including regular classroom instruction, instruction in physical education, home instruction, and instruction in hospitals, institutions, special schools, and other settings.

(58) State Education Agency (SEA) -- The Oregon Department of Education which provides oversight to public education entities for ensuring compliance with Federal and Oregon state laws relating to the provision of services required by the Individuals with Disabilities Education Act (IDEA).

(59) State-Operated Schools -- The Oregon School for the Blind or the Oregon School for the Deaf.

(60) Student Health/Medical/Nursing Records -- Records that document, for Medical Assistance Program purposes, the child's diagnosis or the results of tests, screens or treatments; treatment plan; the IEP or IFSP; and the record of treatments given to the child.

(61) Teachers' Standards and Practices Commission (TSPC) – The Commission which governs licensing of teachers, personnel service specialists, and administrators as set forth in OAR 584-001-0000 through 584-090-0060.

(62) Testing -- See "Assessment".

(63) Third Party Billing -- The process of sending a bill to a public or private insurance company for a medical or health service given to someone who is insured.

(64) Transportation as a Related Service -- Transportation to OMAP eligible services, and described in the IEP/IFSP as outlined in OAR 410-133-0080 Coverage.

(65) Treatment Plan -- A child specific plan as defined by the IEP/IFSP or health management/nursing care plan.

(66) Unit – A service measurement of time for billing and reimbursement efficiency. One (1) unit equals 15 minutes unless otherwise stated.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0060 Health Services

(1) School-based health service is a health service which:

(a) Addresses physical or mental disabilities of a child; and

(b) Is identified in a child's Individual Education Program/Plan (IEP), Individualized Family Service Plan (IFSP), or similar plan; and

(c) Is recommended by a physician or other licensed practitioner within the scope of practice under State law.

(2) School-based health services may be:

(a) Psychological services and evaluations;

(b) Nursing evaluations and services;

(c) Physical and occupational therapy and evaluations;

(d) Speech evaluation and therapy;

(e) Audiology evaluation and services;

(f) Vision evaluation and services;

(g) Medical evaluations.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; HR 22-1995, f. & cert. ef. 12-1-95;

OMAP 38-1999, f. & cert. ef. 10-1-99

410-133-0080 Coverage

The Office of Medical Assistance Programs will reimburse for the following services:

(1) Health services required by a child's physical and/or mental conditions as described in Individual Education Plan (IEP or IFSP) or similar individualized plan.

(a) Health Service, Individual or Group, includes reimbursement for corrective treatments and related activities as described in a student's individual plan and the documentation of written records for those treatments.

(A) The payment rate for Health Services includes the case management and supervision functions and necessary supplies for these services;

(B) These services must be provided by personnel who meet the standards of licensing or certification for the service being provided as described in OAR 410-133-0120 and the respective provider's governing definitions, scope of practice, and licensure or certification.

(b) Nursing Services must be provided by a Registered Nurse (RN), Licensed Practical Nurse (LPN), or Nurse Practitioner (NP) within the scope of their licensure. Services are those described in OAR Chapter 851, the Oregon Nurse Practice Act including:

(A) Development, assessment and/or coordination of the treatment plan; or

(B) Direct nursing care services; or

(C) Training and oversight of any health care aides performing delegated nursing services; or

(D) Other services within the scope of nursing care;

(E) Nursing services under this program are not intended to reimburse nursing activities of a Private Duty RN or LPN that is otherwise billing OMAP for those services.

(2) Evaluation and testing services necessary to determine a child's medical needs.

(a) Testing and evaluation services are procedures used to determine a health related need, diagnosis, or eligibility;

(b) Services must be provided by medically qualified providers who meet the standards of licensing or certification for the service being provided as described in OAR 410-133-0120 and the respective provider's governing definitions, scope of practice, and licensure or certification;

(c) Reimbursable time may include:

(A) Student-practitioner interactive services;

(B) Student observation by qualified staff;

(C) Preparation of the written evaluation/testing reports.

(3) Transportation to medical services as documented in the child's IEP/IFSP and defined in these rules.

(a) Ongoing transportation as a related service is billable only for the days medical services are provided. For transportation as a related service to be reimbursable the transportation must be identified in the child's IEP/IFSP and the medical service must also be listed in the IEP/IFSP;

(b) OMAP may only reimburse for transportation services to and from school for a child when the child receives a medical service other than transportation in the school on that day when either of the following situations exist:

(A) Child requires specialized transportation in a vehicle adapted to serve the needs of the disabled child and medical transportation is listed as a service in the child's IEP/IFSP; or

(B) Child has a medical need for transportation that is noted in the IEP/IFSP, but resides in an area that does not have regular school bus transportation such as those areas in proximity to a school.

(c) If a child is able to ride on a regular school bus, but requires the assistance of an aide to ride the bus, the transportation cost is not reimbursable. However, the aide can be paid when required on a regular, non-adapted transport;

(d) Transportation is not reimbursable by OMAP when provided by the parent or relative of the child;

(e) Transportation to an evaluation service is covered as long as:

(A) The evaluation is to determine or to redetermine IDEA eligibility;

(B) The evaluation is a Title XIX service;

(C) The provider meets licensing standards necessary to be an eligible OMAP provider.

(4) Delegated Health Care Aide service is reimbursed for health care services delegated to a health care aide under the Standards for Delegation and Assignment of Nursing Care Task as outlined in OAR 851-047-0000.

(5) Transportation Attendant service is reimbursable to accompany students/children who cannot be transported safely without an additional attendant for behavioral or physical reasons.

(6) Contracted Consult Service reimburses schools for furnishing consultations to IEP/IFSP students for the purpose of evaluation and/or testing from licensed medical professional other than provider staff.

(a) This service may be on a contracted basis for a number of students;

(b) Allowable services must be furnished through a personal service contract between the School Medical Provider and the licensed practitioner;

(c) This service would only be billable to OMAP when the licensed practitioner did not bill OMAP directly under other programs for the same services.

(7) Coordinated care as related services must be performed by medically qualified staff as described in OAR 410-133-0120, and directly related to health services required by a child's physical and/or mental conditions as described in Individual Education Plan (IEP or IFSP) or similar individualized plan to be billable, and must be one of the following to be billable.

(a) The medical portion only of the initial IEP/IFSP and annual reviews of IEP/IFSP, limited to two times per school year;

(b) The medical-related home monitoring assessment by medically qualified staff, limited to one time per school year;

(c) The medical portion only of team conferences involving medically qualified staff with teachers, staff and/or parents to facilitate integration of health services as specified in IEP/IFSP into student's school setting;

(d) The coordination by medically qualified staff of health services specified in the IEP/IFSP with other health professionals outside the school setting including but not limited to the student's treating physician.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0090 Provider Payment

Payment will be made to the enrolled public education entity as the performing provider for those services provided by the employed staff person. While the education entity shall hold primary responsibility for providing these services with its own qualified staff, it may also contract, on a supplemental basis only, for covered services with individuals or organizations that meet qualifications for medical staff as outlined in OAR 410-133-0120.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; HR 41-1992, f. 12-31-92, cert. ef. 1-1-93; OMAP 31-1998, f. & cert. ef. 9-1-98

410-133-0100 Provider Requirements

The School Medical provider is responsible to:

- (1) Provide services required in the child's individual plan for special education under OAR Chapter 581, Division 15;
- (2) Provide services through staff who are medically qualified to perform the service;
- (3) Provide appropriate medical supervision for delegated tasks;
- (4) Document service in writing as required in OAR 410-133-0320;
- (5) Maintain adequate records in the student file;
- (6) Make the records required by these rules and specifically OAR 410-133-0320 available for a period of seven years;
- (7) Establish a schedule of fees;
- (8) Provide access for on-site review of students' records and provisions of service;
- (9) Document any changes in the IEP/IFSP related to treatment;
- (10) Assure that services billed reflect health services and do not reimburse education services;
- (11) Comply with all applicable provisions of the OMAP General Rules.

Stat. Auth.: ORS. 184

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0120 Medically Qualified Staff

The School Medical provider shall furnish reimbursable services through the following qualified staff who provide services within the scope of their licensure:

(1) Physical or occupational therapy treatments shall be provided by licensed physical therapists, licensed occupational therapists, licensed physical therapy assistants or certified occupational therapy assistants within the scope of their licensure. Physical or occupational therapy evaluations and treatment plan development can only be provided by licensed physical therapists or licensed occupational therapists. Special education teachers are not recognized as medically qualified staff for these services.

(2) Medical evaluations, assessments or testing are services that are provided by licensed physicians and osteopaths.

(3) Nursing evaluations and treatment for disabled children shall be provided by licensed Registered Nurses, Licensed Practical Nurses or licensed Nurse Practitioners within the scope of their licensure. Delegated nursing tasks shall be provided by trained health care aides.

(4) Psychological/mental health evaluations, testing, psychological services and/or treatments shall be provided by individuals who meet the relevant requirements of their respective professional state licensure and/or the Teachers' Standards and Practices Commission, and practice within their respective scope. Individuals who meet those requirements include: Basic School Psychologist (584-044-0014), Standard School Psychologist (584-044-0023), Standard Counselor (584-044-0023), Child Development Specialist with Master's Degree (581-023-0050), Qualified Mental Health Professional, licensed physician, licensed psychologist, licensed psychiatrist, licensed clinical social worker, Masters of Social Work, and licensed Counselor.

(5) Speech therapy treatments and speech therapy evaluations shall be provided by speech pathologists who are either licensed by the Board of Speech Examiners in Speech Pathology and Audiology or hold the American Speech and Hearing Association (ASHA) Certificate of Clinical

Competence (CCC) or a graduate speech pathologist being supervised in the Clinical Fellowship Year (CFY). A covered speech-language pathology service performed by a certified speech-language pathology assistant performing within his/her scope of practice and under the supervision of a licensed speech-language pathologist is reimbursable under the supervising licensed speech-language pathologist.

(6) Audiological evaluations/screenings and services shall be provided by licensed audiologists or licensed audiometrists within the scope of State law.

(7) Vision services shall be provided by licensed ophthalmologists or optometrists for services within the scope of their licensure.

(8) Delegated Health Care Services shall be provided by medically trained health care aides specifically trained and supervised by a registered nurse or nurse practitioner, within the scope of their licensure.

(9) Delegated transportation attendants are specifically trained for health and safety issues.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0140 Enrollment Provisions

(1) Providers of School Medical Health Services will be certified to OMAP by the Oregon Department of Education as qualified public educational entities to be enrolled as School Medical (SM) providers.

(2) The provider enrollment process will consist of:

(a) Certifying letters of approval from the Oregon Department of Education;

(b) Enrollment with the Office of Medical Assistance Programs.

(3) An approved enrollment application is a contracting agreement that binds the provider to comply with OMAP General Rules and OMAP SBHS [] rules.

Stat. Auth.: ORS 184

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0160 Licensed Practitioner Recommendation

Requests for payment of medical services required by a child's individualized plan must be supported by written documentation of a licensed medical practitioner recommending the service. The recommendation must be updated annually and can be satisfied by the annual IEP/IFSP review process.

Stat.Auth.: ORS 409.010

Stats. Implemented: ORS 414.065

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; HR 22-1995, f. & cert. ef. 12-1-95

410-133-0180 Duplication of Service

(1) A contracted provider may only bill OMAP for services when the School Medical provider and the contracted provider have previously agreed that the School Medical provider will not also bill for the same service.

(2) Duplicate billings are not allowed and payments will be recovered. Services will be considered as duplicate if the same services are billed by more than one educational entity to address the same need; i.e., an Education Service District and a local school district cannot both bill the same services provided to the student.

(3) A unit of service can only be billed once; under one procedure code, under one provider number.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; OMAP 38-1999, f. & cert. ef. 10-1-99

410-133-0200 Not Covered Services

(1) Education-based costs normally incurred to operate a school and provide an education are not covered for payment by the Office of Medical Assistance Programs (OMAP).

(2) Medical care not documented on the child's individualized plan is not covered for payment by OMAP, under the School-Based Health Services program.

(3) Coordinated care services (410-133-0000, Definitions and 410-133-0080, Coverage) do not include the following:

(a) Reviewing records;

(b) Meeting preparation;

(c) Health services preparation including materials preparation;

(d) Report writing and correspondence, other than service log documentation.

(4) Medication management not specific to mental health related services listed in the IEP/IFSP.

(5) Also not covered:

(a) Activities related to researching student names, determine Medical Assistance Program eligibility status, administrative activities such as data entry of billing claim forms, and travel time by service providers;

(b) Family therapy where the focus of treatment is the family;

(c) Routine health nursing services provided to all students by school nurses; nursing intervention for acute medical issues in the school setting, e.g. students who become ill or are injured, or short duration acute services not listed on the IEP;

(d) Educational workshops, training classes, and parent training workshops.

(e) Transportation services to and from school;

(f) Vocational services;

(g) Screening services;

(h) Evaluation services performed by a provider without licensure to make a diagnosis within the scope of practice;

(i) Service provided to non-Medicaid student, group, class, or school free of charge.

(j) Recreational services.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0220 Billing and Payment -- For Services Provided on or After September 1, 1991

(1) The School Medical Provider must bill OMAP at a rate no greater than the rate established by the provider for billing the service to any other resource. Payment by OMAP will not exceed OMAP established rates.

(2) Services must be billed on a CMS-1500 or by electronic media claims (EMC) submission using only those procedure codes specified for the School-Based Health Services program.

(3) OMAP will accept a claim up to 12 months from the date of service. See General Rules OAR 410-120-1300, Timely Submission of Claims.

Stat. Auth.: ORS 184.750 & ORS 184.770

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0280 Rebilling -- For Services Provided on or After September 1, 1991

In order to correct a claim that does not include all services given during the same time period, the provider must request an adjustment. The paid claim must be corrected on the Individual Adjustment Request Form (OMAP 1036) to allow revision of the original claim. Rebilling additional units of service on a CMS-1500 for the same timeframe would be denied as duplicate services.

Stat. Auth.: ORS 184.750 & ORS 184.770

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0300 Procedure Codes

(1) The provider must use the procedure code from the School-Based Health Services table which best describes the specific service or item provided. Refer to 410-133-0080 Coverage for service requirements and limitations.

(2) Unit values equal 15 minutes of service unless otherwise stated. These time units must be documented in the child's records under the services billed. Account for each unit of service under one code only.

Stat. Auth.: ORS 409

Stats. Implemented: ORS 414.065

September 1, 2003

410-133-0320 Recordkeeping Requirements

(1) Providers will retain information to document the level of service provided to the child as billed to OMAP for seven years. (See General Rules OAR 410-120-1360). OMAP recognizes that much of this required documentation may already be collected on the IEP. It is not the intent to require that this information be re-created on another record. These requirements will be met if the information is included in the IEP and supporting documentation.

(2) The student health record will include:

(a) A copy of the child's IEP or IFSP or similar special education plan as well as any addendum to the plan;

(b) A notation of the diagnosis and/or condition being treated or evaluated;

(c) Results of analysis of any mental health/medical analysis, testing, evaluations, and/or assessments for which reimbursement is requested;

(d) Documentation of the place or setting, duration, and extent of each service or intervention activity given, by the date of service, signed and initialed by provider (electronic records can be printed);

(e) The record of who performed the service and their credentials or position;

(f) The medical recommendation to support the service;

(g) Periodic evaluation of therapeutic value and progress of student to whom a medical service is being provided;

(h) Record of medical need for transportation to a medical service, specific date transported, and number of door to door miles; and

(i) Maintain date specific attendance records for students for dates of service billed.

Stat. Auth.: ORS 409.010

Stats. Implemented: ORS 414.065
September 1, 2003

410-133-0340 Client Rights or Record Confidentiality

Providers are required to provide the Office of Medical Assistance Programs (OMAP) access to client medical records when requested as a condition of accepting Medical Assistance Program reimbursement. Client rights of confidentiality are respected in accordance with the provisions of 42 CFR Part 431, Subpart F and ORS 411.320.

[Publications: The publication(s) referenced in this rule are available from the agency.]

Stat. Auth.: ORS 184.750 & ORS 184.770

Stats. Implemented: ORS 411.320

Hist.: HR 39-1991, f. & cert. ef. 9-16-91; OMAP 15-2000, f. 9-28-00, cert. ef. 10-1-00