

AA

Medicaid Billing Procedures

Billable Medicaid Services

- Speech/Language Services
- Occupational Therapy
- Physical Therapy
- School-Based Social Work
- School Psychology Services

Annual Case Reviews

1. For students who are receiving any billable Medicaid service(s), TOR is responsible to ensure that the appropriate therapist/personnel complete the **Medicaid Referral Form** identifying the service he/she provides. All services should be listed on a single **Medicaid Referral Form** for the student.
 - NOTE: If a student receives ONLY physical therapy services, the **Medicaid Referral Form** is not required. The AWSSC physical therapist is responsible for securing a prescription from a licensed medical physician, which satisfies the documentation requirement.
2. TOR generates the **Billing Medicaid for Health Related Services (Written Consent to Bill Medicaid)** form from the “Documents” tab in IIEP and secures parent signature.
 - Statement of Informed Consent: With your consent, the school may use Medicaid or other public benefits to provide or pay for special education or related services. If you decline to give consent for the school to bill Medicaid for covered services in your child’s IEP/ISP, the school must continue to provide all required IEP/ISP services at no cost to you. If you give your consent, you have the right to withdraw your consent at any time. The school will not require you to enroll in Medicaid or other public health coverage programs as a condition of providing IEP/ISP services. The school may not use your public benefits (Medicaid) if doing so would cause you to pay a deductible, co-payment or other out-of-pocket expenses or jeopardize your child’s eligibility for home and community based waiver services.

*NOTE: If the parent is unwilling to sign the **Billing Medicaid for Health Related Services** form, TOR should write, “Parent declined to sign” and date it.*
3. The TOR should fax the signed **Billing Medicaid for Health Related Services** form to the IIEP system and write the date that the fax was sent at the bottom of the form.
4. The **Medicaid Referral Form** and the **Billing Medicaid for Health Related Services** form are attached to the IEP in the prescribed order outlined in the Case Conference Procedures (Section E) and sent to AWSSC.

Provision of Billable Medicaid Services through Initial or Reevaluation Case Conferences

1. When billable Medicaid service(s) are added by the Case Conference Committee, the TOR is responsible to ensure that the appropriate therapist/personnel complete the **Medicaid Referral Form** identifying the service he/she provides. All services should be listed on a single **Medicaid Referral Form** for the student.
 - NOTE: If a student receives ONLY physical therapy services, the **Medicaid Referral Form** is not required. The AWSSC physical therapist is responsible for securing a prescription from a licensed medical physician, which satisfies the documentation requirement.
 2. TOR generates the **Billing Medicaid for Health Related Services (Written Consent to Bill Medicaid)** form from the “Documents” tab in IIEP and secures parent signature.
 - Statement of Informed Consent: With your consent, the school may use Medicaid or other public benefits to provide or pay for special education or related services. If you decline to give consent for the school to bill Medicaid for covered services in your child’s IEP/ISP, the school must continue to provide all required IEP/ISP services at no cost to you. If you give your consent, you have the right to withdraw your consent at any time. The school will not require you to enroll in Medicaid or other public health coverage programs as a condition of providing IEP/ISP services. The school may not use your public benefits (Medicaid) if doing so would cause you to pay a deductible, co-payment or other out-of-pocket expenses or jeopardize your child’s eligibility for home and community based waiver services.
- NOTE:* If the parent is unwilling to sign the **Billing Medicaid for Health Related Services** form, TOR should write, “*Parent declined to sign*” and date it.
3. The TOR should fax the signed **Billing Medicaid for Health Related Services** form to the IIEP system and write the date that the fax was sent at the bottom of the form.
 4. The **Medicaid Referral Form** and the **Billing Medicaid for Health Related Services** form are attached to the IEP in the prescribed order outlined in the Case Conference Procedures (Section E) and sent to AWSSC.

SPEECH-LANGUAGE/OCCUPATIONAL THERAPY /SOCIAL WORKER REFERRAL

Student Name: _____ DOB: _____ Conference Date: _____

Clinician/Therapist Name: _____ School Corporation: _____

Speech – Language

_____ Evaluation

_____ Treatment Services:

_____ Other:

Occupational Therapy

_____ Evaluation

_____ Treatment Services:

_____ Other:

Social Worker

_____ Evaluation

_____ Treatment Services:

_____ Other:

Precautions: _____

Additional Comments: _____

Authorized Signature: _____

Print Name & Title: _____

National Provider Identifier (NPI) #: _____

Date: _____