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PROVIDER REQUIREMENTS

To receive Medicaid reimbursement for medically necessary health services provided to children ages three through the age of 20, a local education agency (LEA) must be enrolled and in good standing as a provider of Medicaid services in schools, provider type 70. All Medicaid providers are enrolled in accordance with applicable requirements for the provider's designated type and specialty. Medicaid provider enrollment is facilitated by Medicaid's fiscal intermediary.

The enrollment packet can be found at:

https://www.lamedicaid.com/provweb1/Provider_Enrollment/PT70_EPSDTHHealthServices.pdf

As part of the documents required for enrollment in Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) health services, the LEA (school board) must certify and assure that it does have the state and/or local match funds available to draw down the federal share of the EPSDT health services reimbursements for services provided to children with special needs. The LEA must also certify and assure that by participating in this program and qualifying for matching funds, no federal funds received by or available to the LEA will be used for matching or recapturing federal funds for reimbursement for provision of Medicaid covered services.

Local Education Agency Responsibilities

The LEA shall ensure the following:

1. Practitioners who provide EPSDT services are employed or contracted by the LEA (Medicaid provider);
2. Licensed practitioners who provide services to children meet professional requirements of the state licensing board for their specialty and practice within the scope of practice defined by the professional licensure board;
3. All practitioners and staff who provide EPSDT services or other authorized health services to students must operate within their professional licensure and scope of practice or certification under the supervision of a licensed practitioner; and
4. Licensed practitioners must assume professional liability for unlicensed/certified staff who provide health services to children under their supervision and within their scope of practice. The provider (LEA) shall maintain documentation of current licensure, training, and skill verification for all practitioners and staff who provide health services to children.

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Additional Information required for Claims Submission – National Provider Identifier (NPI)

Effective with dates of service on or after **May 31, 2022**, a physician or non-physician practitioner within their defined scope of practice must authorize all LEA medical services prior to submitting claims to Medicaid¹. The only exceptions to this authorization include evaluations, assessments, screenings, and psychotherapy.

Effective for claims with dates of service on and after **May 31, 2022**, LEA billing providers will be required to enter the name and NPI number of the “ordering provider” in the ordering fields of the hard copy (CMS1500) and electronic (837P) claims²- **with qualifier DK**.

The ordering provider NPI number must be:

1. For an individual (NPI type 1) and not an organization or practice;
2. Enrolled in legacy Medicaid also known as “fee-for-service,” as a fully participating provider for the date of service; and
3. Have licensing authority to order services within their defined scope of practice.

The ordering provider may be for an individual physician or other licensed practitioner associated with the student’s authorizing plan of care (i.e. individual education plan (IEP), 504 Accommodation plan, individualized health care plan (IHCP), or included in otherwise medically necessary documentation) or may be the actual provider performing the service (rendering provider) if they have licensing authority to order the service.

Phase 1: Educational messaging with edit 047 will begin for claims with dates of services on and after **May 31, 2022**, to alert LEA billing providers that the identification of the ordering provider is missing, incomplete, not enrolled in fee-for-service Medicaid for the date of service, or does not have licensing authority to order the service.

Phase 2: Effective with dates of services on and after **September 30, 2022**, Medicaid will turn edit 047 to deny LEA billing provider claims that fail to meet the ordering provider requirements.

The following is a list of specific health professionals who are qualified ordering, prescribing, and referring (OPR) practitioners for services within their defined scope of practice:

¹ Including medication management administration and chronic disease management.

² 42 CFR 455.440

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1. Audiologist;
2. Speech language pathologist;
3. Certified nurse midwife;
4. Clinical nurse specialist;
5. Nurse practitioner;
6. Optometrist;
7. Oral surgeon;
8. Physician;
9. Physician assistant;
10. Podiatrist;
11. Psychologist; and
12. Physical therapist.

Please refer to the following links for more information:

1. Process for registering with Medicaid as a provider:
 - a. Instructions for getting an NPI number: <https://nppes.cms.hhs.gov/#/>; and
 - b. Instructions for enrolling in fee-for-service Medicaid: To be announced.
2. Instructions for billing Medicaid for services provided:
 - a. Instructions for billing with an ordering provider on hard copy claims (CMS 1500):
https://www.lamedicaid.com/provweb1/billing_information/CMS_1500_Professional-Instructions.pdf; and

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- b. Instructions for billing with ordering provider on electronic claims (837P):
https://www.lamedicaid.com/provweb1/HIPAABilling/837_Health_Care_Claim_Professional.pdf.

Random Moment Time Study (RMTS) - Failing to respond

LEAs must make every effort to ensure all time study moments are completed and submitted by all participants. Participants have 48 hours from the time of the moment to complete each moment. Reminder emails are sent to the participant and the Medicaid coordinator each morning until the moment expires. When a time study moment has expired, it can no longer be completed and is deemed not returned. Any LEA that fails to return at least 85 percent of their moments from the time study for two quarters in a cost report year for any program will be suspended from that program for the entire cost report year.

The time study percentage used for cost reimbursement calculation is an average of the four quarterly statewide time study results for each school based Medicaid program. LEAs must participate in all four time study quarters to be reimbursed all cost for the fiscal year. Any LEA that does not submit a cost report for any program for which any billings were submitted will be required to pay back any billing dollars received for that cost report year. This will be handled in the school based claiming cost settlement process.

Care Coordination

Care coordination between the LEAs and the child's primary care provider (PCP) is required to reduce or avoid duplications of services whenever possible. Care coordination is a responsibility of all health care providers who participate in the care of a student and must be carried out in a manner that complies with privacy and confidentiality requirements in accordance with state and federal law and regulations including Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA). It is the expectation that LEAs, practitioners, and staff will participate in multidisciplinary team and health conferences and other planning activities with other members of the student's health care team and parents when requested to ensure provision of coordinated health services to students.