UNDERSTANDING MODIFIERS

HA: General Education: Caring 4 Students Program (C4S)

HT: Special Education: ELIGIBILITY RECOMMENDATION (IDEA Eval) – An evaluation must have been done, but it also encompasses all observations, meetings (except the IEP/IFSP, which has a separate code below) and reports which culminate in a determination or re-determination of eligibility for Special Education or Early On services. The service date is the date of the eligibility meeting.

TM: Special Education: IEP/IFSP MEETING – Participation in the IEP/IFSP meeting. Attendance is not necessary; participation includes written input submitted prior to the meeting. Date of service is the IEP meeting date.

No Modifier: Special Education: OTHER EVAL – Other evaluation completed for purposes other than the IDEA Assessment. The service date is the date the test was completed.

1] SBS: SPECIAL EDUCATION STUDENTS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>T1001 TM</td>
<td>1] SBS: IEP/IFSP Participation [T1001 TM] Participation in the IEP/IFSP meeting. Attendance is not necessary, but participation includes written input submitted prior to the meeting. Date of service is date IEP meeting was held.</td>
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<tr>
<td>H0034</td>
<td>1] SBS: Mental Health Medication Training and Support [H0034] – Use only for Mental Health Medication training and support.</td>
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<tr>
<td>T1001</td>
<td>1] SBS: Nursing Assessment, Not related to MET or IEP [T1001] - Use date evaluation was completed.</td>
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T1002 | 1] SBS: RN Service [T1002] Direct service interventions must be medically based services provided during a face-to-face encounter, and provided on a one-to-one basis. Such services include: Catheterizations or catheter care; maintenance of tracheotomies; medication administration; oxygen administration; tube feeding; suctioning; and ventilator care. Services considered observation or stand-by in nature are not covered.

2] NON-BILLABLE DOCUMENTATION

2] IEP: Consult-Use for logging students with Consult service listed in the Program & Services section of their IEP.
2] IEP: Monitoring-Use for logging students with Monitor service listed in the Accommodation section of their IEP.
2] Non-Billable: Behavior Plan Meeting – use to log for students with a behavior plan.
2] Non-Billable: Communication-Use to log communication with parent, other providers, staff etc
2] Non-Billable: Early On Family Training: Group-Use to log family training provided in a group setting.
2] Non-Billable: Educational Accommodations Delivered – Use to document the student received an accommodation.
2] Non-Billable: Educational Group Accommodations Delivered – Use to document the group received an accommodation.
2] Non-Billable: Home Visit-Use to record Home Visits at the student’s home.
2] Non-Billable: Manifestation Determination Review – Meeting determining if the behavior is related to the student’s disability.
2] Non-Billable: No School Day – use to note no school day. Start time = time intended to work with student
2] Non-Billable: Other-Use to log any provided service that does not meet criteria of any other selection.
2] Non-Billable: Parent and/or Staff Meeting – Do not use for IEP/IFSP meetings.
2] Non-Billable: Provider Absent-Use to note provider absence. Start time = time intended to work with student.
2] Non-Billable: Provider not Available-Use to note provider not available. Start time = time intended to work with student.
2] Non-Billable: Record Keeping-Use for any student record keeping purposes you want to track.
2] Non-Billable: REED-Use to document REED service.
2] Non-Billable: Related Service Case Management - Use to track Case Management for students that you are the case manager.
2] Non-Billable: Report Writing- Use to document the time it takes to write evaluation/report
2] Non-Billable: Student Absent-Use to report Student Absent. Start Time = time you intended to work with the student.
2] Non-Billable: Student Not Available-Use to log that student was not available. Start Time = time you intended to work with the student.
2] Non-Billable: Student Observation- Use to document time observing students for evaluation purposes.
2] Non-Billable: Student Refused Service– Use to document student refusing service.
2] Program 270 – Early On Work on Goals - ONLY use this option if you are delivering services under Program 270.
2] Program 270 – Early On Work on Goals Group- ONLY use this option if you are delivering services under Program 270.
3] C4S: GENERAL EDUCATION STUDENTS


H0034 HA  3] C4S: Mental Health Medication Training and Support [H0034 HA] - Use only for Mental Health Medication training and support

T1002 HA  3] C4S: RN Service [T1002 HA] Direct service interventions must be medically based services provided during a face-to-face encounter, and provided on a one-to-one basis. Such services include: Catheterizations or catheter care; maintenance of tracheotomies; medication administration; oxygen administration; tube feeding; suctioning; and ventilator care. Services considered observation or stand-by in nature are not covered.

GENERAL SERVICE INFORMATION

- Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable.
- Service entry is due within ten days of service delivery.
- Service comments must include enough detail to allow reconstruction of what transpired for each service.
- SBS treatment services are reportable only if the student’s IEP/IFSP includes Direct services with a time and frequency.

Service Documentation:

The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to students. For direct services, documentation must include a progress entry for each direct service describing the service rendered and the student’s response to that day’s service or treatment. **S.O.A.P. notes are best practice!** If not using the S.O.A.P. format ensure enough data is in your comment to support the service you are entering.

**Provider Note Example:** RN Service (T1002): “Administered breathing treatment per nebulizer per doctor’s orders without difficulty.”

Monthly Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary summarizes all services provided to the student throughout a month.

**Monthly Progress Summary Example:** “Breathing treatments ordered due to history of asthma and abnormal trachea. Treatment delivered via nebulizer without difficulty.”

Your documentation must indicate not only WHAT services are being rendered to meet the student’s needs, but HOW the student responded to each service.

**Annual Requirements:**

Nursing services must be prescribed by a physician and updated annually. Please follow your district’s procedure for uploading Prescriptions, Doctor Orders and Medication Consents in PowerSchool Special Programs

Staff Qualifications:

The services listed are reimbursable when provided by a licensed registered nurse (RN), a qualified school nurse (as defined by Public Act 269 of 1955 as amended), a certified nurse practitioner (NP), or a certified nurse specialist (CNS).

**Supervision & Under the Direction Of:**

**Michigan Department of Health and Human Services Provider Manual dated October 2017**

1.4 UNDER THE DIRECTION OF AND SUPERVISION

Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, “under the direction of” means that the clinician is supervising the individual’s care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. “Under the direction of” requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.
Help Desk Contacts
General questions regarding Medicaid, Service Capture, or PowerSchool Special Education can be answered by contacting:

Erin Burcham
eburcham@eatonresa.org
(517) 541-8742

False Claims Act
The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:
- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Examples of Medicaid Fraud
- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks)
- Falsifying cost reports
- Billing for missed appointments

Reporting Suspected Fraud or Abuse
Eaton RESA is committed to ensuring that all coding, billing and reimbursement procedures comply with all federal and state laws. The “back-end” billing system, MeduClaim provided by CompuClaim, has been designed to limit the recording of services to those procedure codes that are appropriate for the user’s profession and only up to the maximum amount allowed per day or month. However, the system cannot ensure that the services were provided as stated, that they were medically necessary or were not false or misleading.

In most cases, an employee's supervisor is in the best position to address an area of concern. Supervisors and managers are required to report suspected violations to the Compliance professional, Erin Burcham, who has specific and exclusive responsibility to investigate all reported violations regarding the filing of false or fraudulent claims. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak directly to the compliance professional, Erin Burcham.

Erin Burcham
Eaton RESA
Medicaid Coordinator
1790 E. Packard Hwy.
Charlotte, MI 48813
eburcham@eatonresa.org
517-541-8742
The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint.
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

You may also report suspected fraud and abuse by contacting the Office of Inspector General:

- Submitting an online complaint form with the Office of Inspector General:
  [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html)
- Phone: 1-855-MI-FRAUD (643-7283) (voicemail available for after hours)

**Whistle Blower Protection Act**

Staff reporting suspected fraud, waste and abuse are protected under the Whistle Blower Protection Act. Employers cannot discharge or cause the constructive discharge or discriminate against an employee because the employee or a person acting on behalf of the employee reports, or is about to report, a violation of local, state or federal law to a public body or is requested by a public body to take part in an investigation, hearing, inquiry or court action. Protections do not apply if the employee knows the report to be false.