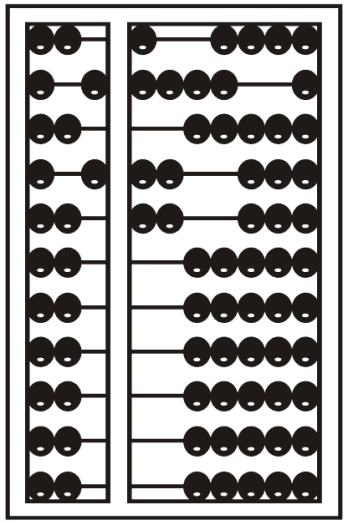
JAMES McGUINNESS & ASSOCIATES INC.
Consultants



Medicaid-Compliant Session Notes

(Updated November 2026)

INTRODUCTIONS

Who will you be working with at McGuinness?

- Deborah Frank, McGuinness Medicaid Specialist
  - Kelly Knowles, Medicaid Team
  - Ellen Farney, Medicaid Team
  - Darcy McMullen, Medicaid Team
  - Haley Wilson, Medicaid Team
  - Tristan Ng, Medicaid Team

TOPICS COVERED

- Purpose of Webinar
- What is required on a SSHSP Session Note
- Contemporaneous Record
- CPT Codes
- ICD Codes (Billable/Non-Billable/Most Specific)
- Setting & Location
- Group Sessions
- Make-Up Sessions
- Co-Treatments
- Therapist Signature
- When to Use ***"Does Not Meet Medicaid Requirements"***
- Session Note ***"Defaults"***

WHAT IS REQUIRED ON AN SSHSP SESSION NOTE? (Medicaid Q&A #25)

1) Student's Name
2) Service
3) Individual/ Group & Group Size
4) Setting
5) Time In/Time Out
6) Brief Description of Progress
7) Name/Title/Credentials
8) Signature & Signature Date

25. Q. What must be included in a session note?

A. Session notes specifically document that the service provider delivered certain evaluation and/or services to a student on a particular date. Session notes must be completed by all qualified service providers delivering preschool/school supportive health services that have been ordered by an appropriate practitioner and included in a student's IEP for each service delivered. Session notes must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify actual group size)
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session — record session start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature and credentials of the person furnishing the service
- Dated signature and / credentials of supervising clinician as appropriate (signature date must be within 45 days of the date of service).

SESSION NOTES

Sample Session Note – From the Medicaid Handbook

The duties of the provider are discussed in Social Services regulation at 18 NYCRR §504.3(a). Medicaid providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable. In addition to preparing contemporaneous records, providers in the Medicaid program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later.

SAMPLE SESSION NOTE – (Includes all Medicaid-required elements)

Student Name: John Smith
Service Type: Speech Therapy
Date: December 10, 2015
Location: Springdale Elementary
Time in/Time out: 10:00am /10:30am
Indiv (I) Group (G) (incl # in group): I
Practitioner Name: Martha Clark
Session Note: During this telehealth session John produced initial, medial, and final /l/ with 80% accuracy in words. John is demonstrating good progress. He continues to improve his production of the /l/ in all positions in single words.

Martha Clark, TSHH
Practitioner's signature, title, and credentials

Mary Brown, SLP 1/8/16
Dated supervising signature and credentials if UDO required

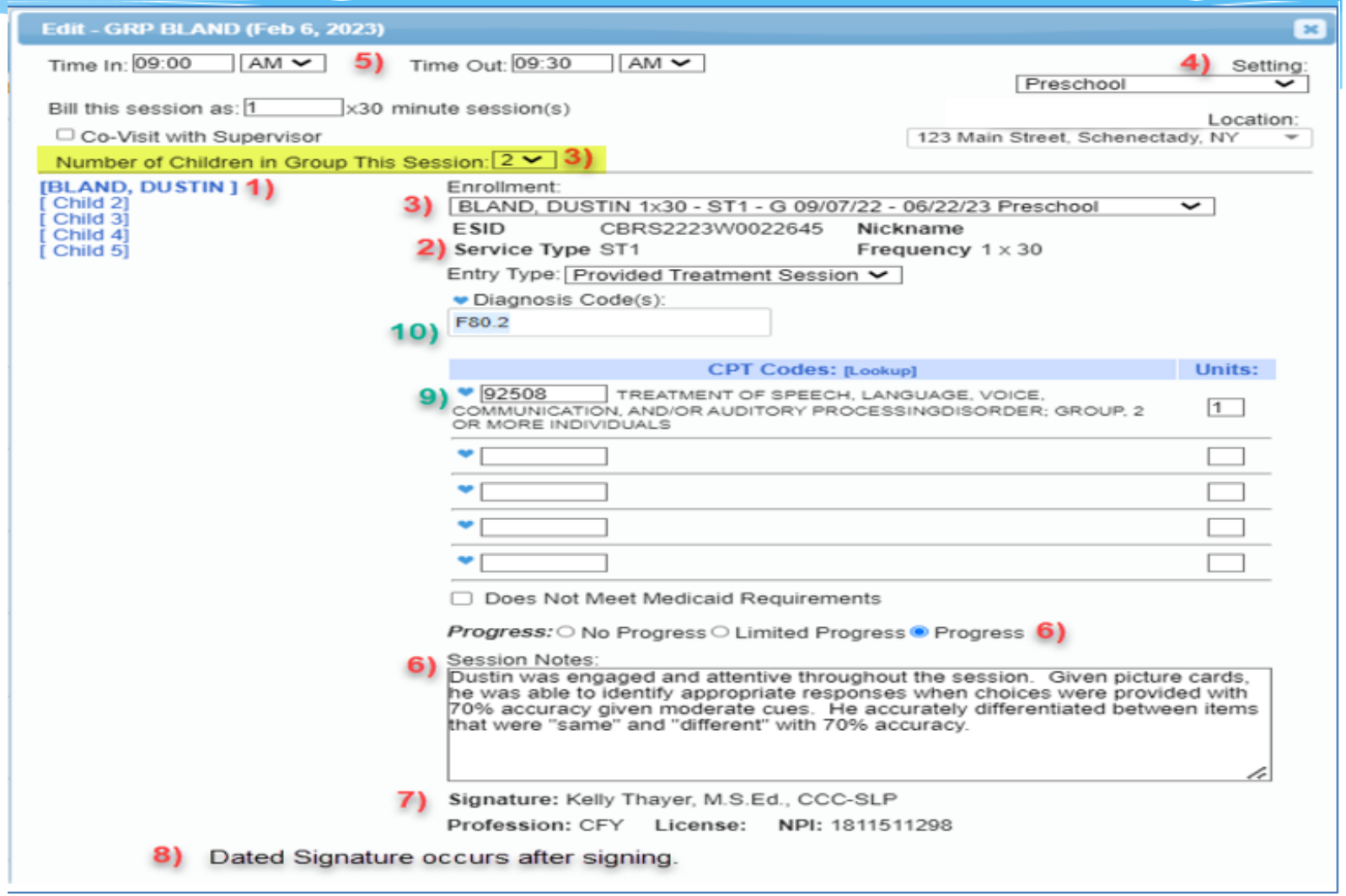
SAMPLE

WHAT IS REQUIRED ON AN SSHSP SESSION NOTE? (Weekly Attendance Screen)

1) Student's Name
2) Service
3) Individual/ Group & Group Size
4) Setting (*Location Recommended)
5) Time In / Time Out
6) Brief Description
7) Name/Title/Signature of provider
8) Dated Signature and Credentials

---

9) CPT Code(s) – Required for Claiming
10) ICD Code(s) – Required for Claiming



WHAT IS REQUIRED ON AN SSHSP SESSION NOTE? (Completed/Signed Session Note)

1) Student's Name
2) Service
3) Individual/ Group & Group Size
4) Setting (& Location)
5) Time In / Time Out
6) Brief Description
7) Name/Title/Signature of provider
8) Dated Signature & Credentials

9) CPT Code(s) – Required for Claiming
10) ICD Code(s) – Required for Claiming

(To Print: Go to Caseload Maintenance> My Caseload>Click *Attendances* Link>Click *Treatment Log* Link)

CPSE PORTAL

Treatment Log

Child Name				DOB	Billing Provider		NPI
CURRIE, QUENTIN 1)				12/12/17	ACHIEVEMENTS		1316190903
Service	**Individual/Group**	**IEP From**	**IEP To**		**District**		**County**
Speech Therapy 2)	3) Individual	09/07/22	06/23/23		ROTTERDAM-MOHONASEN CSD		SCHENECTADY
Frequency	**ESID**				**Rendering Provider**	**License**	**NPI**
2x30	RS2223W0017241				ADELAIDE CARVER	030860	1811511298
Date Of Service	**Time In 5)**	**Time Out**	**Duration**	**# in Group**	**Supervising Provider (UDO/USO)**	**License**	**NPI**
09/12/22	02:30 PM	03:00 PM	30				
Setting 4)	**Location** *				**Referring Provider**		**NPI**
Preschool	123 Main Street, Schenectady, NY						

CPT	Units	Minutes	Description	ICD	Description
92507	1	9)	TREATMENT OF SPEECH, LANGUAGE, VOICE, 10)	F80.1	Expressive language disorder

Session Notes: Activity Related to IEP Goals (including objectives and measures of success) and response(s) of child

6) Quentin was engaged and attentive throughout the session. Given picture cards, he was able to identify appropriate responses when choices were provided with 70% accuracy given moderate cues. He accurately differentiated between items that were the "same" and "different" with 70% accuracy.

	Name, Title and Credentials	NPI	License	Date Signed	Signature Method
Rendering Provider 7)	Kelly Thayer, M.S.Ed., CCC-SLP	1811511298	030860	8) 10/04/22	DIGITAL
UDO/USO Supervisor					
QA Review					

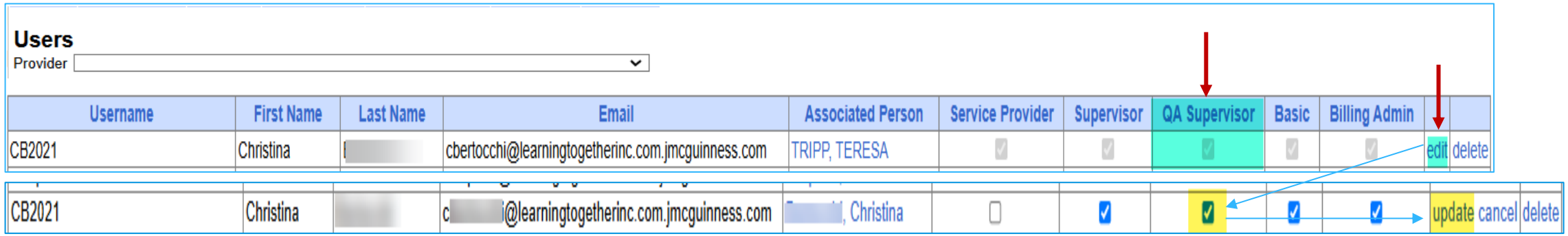
QA SUPERVISOR
(How to Assign a QA Supervisor)

	Name, Title and Credentials	NPI	License	Date Signed	Signature Method
Rendering Provider	Kelly Thayer, M.S.Ed., CCC-SLP	1811511298	030860	10/04/22	DIGITAL
UDO/USO Supervisor					
QA Review					



❑ Go to People >Users

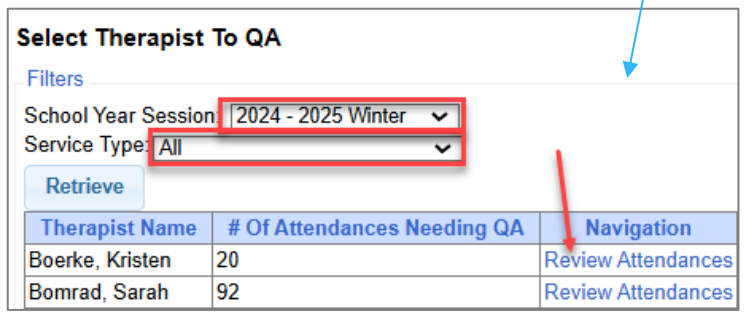
- *Select the Provider from the drop-down* (if more than one is in the drop-down)
- *Find the **User** in the list that will complete the QA process.*
- *Click the **Edit link** at the end of the row*
- *Check the **QA Supervisor** Option*
- *Click **Update.***



QA SUPERVISOR

How to Complete the QA Process Once Assigned



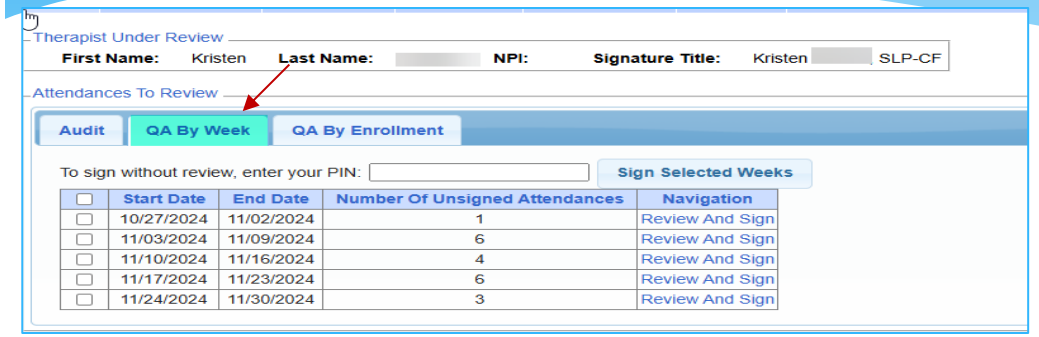


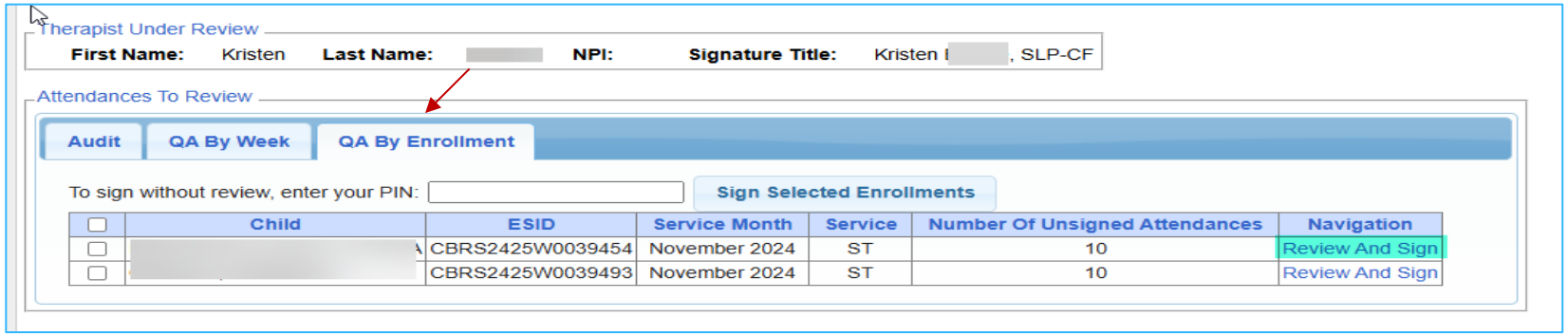
❑ **Go to Attendance >Digital Signature >QA Selection**

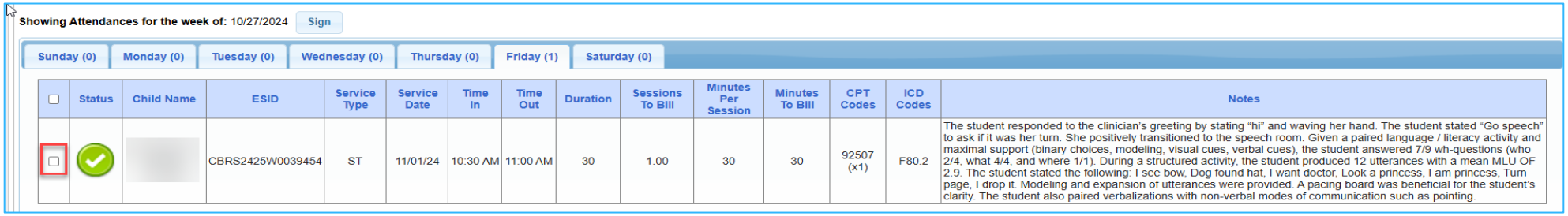
- Choose the ***School Year Session***, ***Service Type*** and Click ***Retrieve.***

- Find the therapist's name in the list and click on ***Review Attendances*** Link.
  - ✓ *You can review* **QA by Week or by Enrollment**
  - ✓ *Click the* **Review and Sign Link** *to* ***Review*** *and then* ***Sign*** *attendances*
  - ✓ *Either the* **Weekly** *attendance or attendance for the specific* ***Enrollment*** *will populate to the screen*

QA SUPERVISOR
(Screenshots - **Attendance >Digital Signature >QA Selection**)





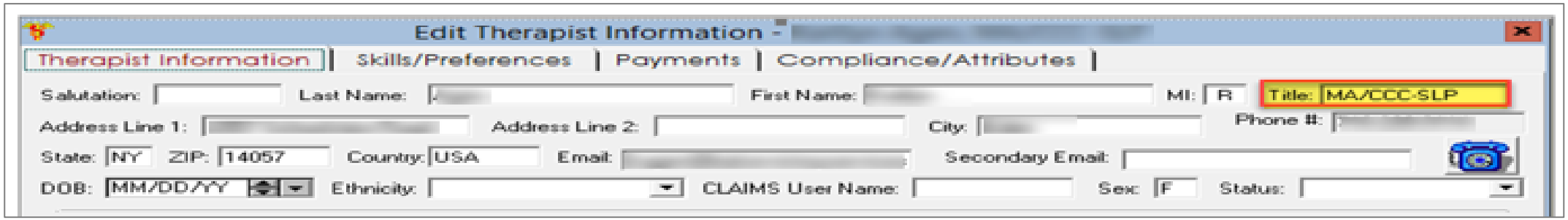


Where to Update your Signature (Portal/CLAIMS)

CPSE PORTAL > MY ACCOUNT> MY PROFILE **People->Signature Approval Listing Report**



CLAIMS > FIND THERAPIST SCREEN > TITLE FIELD



CONTEMPORANEOUS

- Session Notes must be completed by all qualified providers furnishing the services authorized in a student's IEP for each Medicaid service.

- Service providers must maintain *contemporaneous* records.

- What is the suggested time frame for completing contemporaneous Sessions Notes for Medicaid purposes? *Sessions should be documented as close to the conclusion of the session as practicable.* For *supervising clinicians*, the session note must be co-signed within 45 days.

CONTEMPORANEOUS

(Medicaid Questions & Answers # 25 & 100)

Service Provider

100. Q. What is the suggested time frame for completing contemporaneous session notes?

A. "Contemporaneous" means occurring at or about the same period of time. Sessions should be documented as close to the conclusion of the session as practicable.

Supervising Clinician

25. Q. What must be included in a session note?

A. Session notes specifically document that the service provider delivered certain evaluation and/or services to a student on a particular date. Session notes must be completed by all qualified service providers delivering preschool/school supportive health services that have been ordered by an appropriate practitioner and included in a student's IEP for each service delivered. Session notes must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify actual group size)
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session — record session start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature and credentials of the person furnishing the service
- Dated signature and / credentials of supervising clinician as appropriate (signature date must be within 45 days of the date of service).

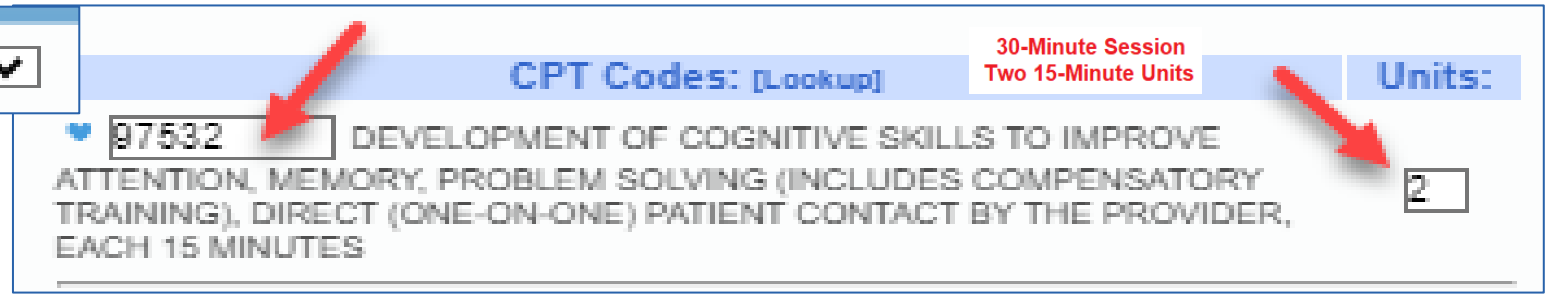
These are the citations that support when a session note should be completed to be contemporaneous.

Questions?

CPT (*Current Procedural Terminology*) CODES

- ***Current Procedural Terminology*** *(CPT)* is a uniform language for coding medical services and procedures. Using CPT Codes increases the accuracy and efficiency of reporting medical treatments.
- CPT codes are used to identify reimbursement rates. Claims that are submitted to Medicaid must include an appropriate CPT code.
- CPT Codes are either ***timed*** or ***untimed***. Timed codes require the ***entry of units***, which must be indicated on the session note. *(e.g., PT service (97532) is being billed for 30 minutes – two units would need to be billed because 97532 is a 15-minute CPT code.)*





- **Untimed codes** are used on a **one-*per-session*/per day** basis.

CPT CODE ENTRIES
(That will cause Billing Errors)

- **The following CPT Code entries will cause billing errors.**
  - *Entering the same CPT Code separately instead of using the # of units.*
  - *Entering zero units for a CPT Code instead of deleting the unnecessary code.*
  - *Entering a CPT Code along with a **NOCPT** Code.*
  - *Not entering a CPT Code. A **NOCPT** Code must be entered for a missed session.*
  - ***Link to Knowledge Base Article:***
    https://support.cpseportal.com/kb/a670/cpt-code-entries-that-will-cause-billing-errors.aspx

- **Please review the next few slides that give more detailed explanations.**

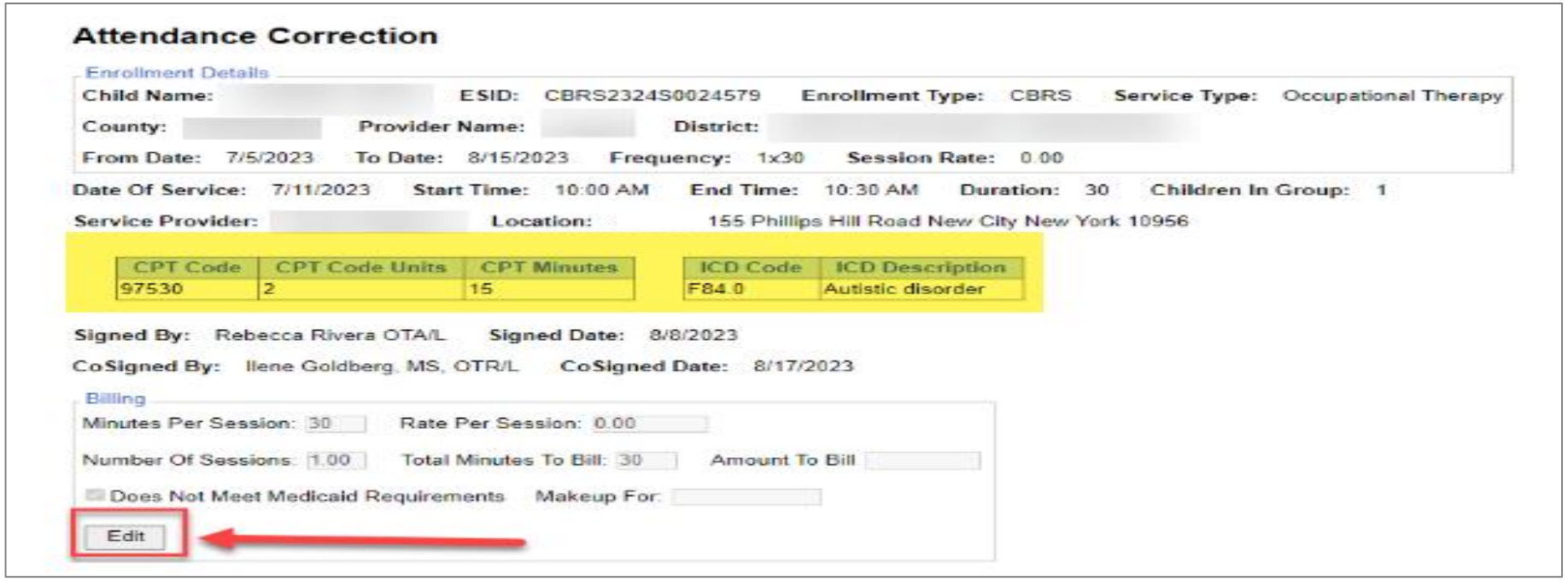
CPT CODE DEFAULTS

Defaults
If you list all of the CPT Codes that you will be using in your "Defaults" for each child, and you do not need to use all of the codes for each session, you will delete all of the codes that are not required for that particular session. Deleting CPT Codes on a particular session "after" Defaults are set-up, will NOT delete the CPT Codes from your Default Settings.

CPT CODES
(*CPT Code Correction*)

Attendance Correction by Billing Admin Article in Knowledge Base

https://support.cpseportal.com/kb/a489/attendance-correction-by-billing-admin.aspx



GUIDANCE FOR USING CPT CODES
(Medicaid Q&A #113)

- McGuinness cannot (and will not) give a service provider advice on which CPT code to use. ***Medicaid Q&A #113*** provides links where OT/PT and Speech providers can obtain information related to CPT Codes. These links will be provided with the webinar follow-up.

113. Q. Where can I find additional guidance on Current Procedural Terminology (CPT) coding for therapy services?

A. Additional information on coding of physical and occupation therapy services is available at the http://www.cms.gov/TherapyServices/02_billing_scenarios.asp

Further information regarding physical and occupational therapy is also available through these professional organizations:
http://www.apta.org
http://www.aota.org/

Additional information on coding of speech-language services is available at:
http://www.asha.org/practice/reimbursement/coding/ [December 13, 2010]

CPT CODES
(Medicaid Handbook – Appendix A & Training Document #5)

A CPT Code Listing can be found in…

- ***Medicaid Provider & Billing Handbook (Update 9)* Appendix A**
  (https://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf)

- **SSHSP Medicaid Training Handout #5 – CPT Code Listing**
  (https://www.oms.nysed.gov/medicaid/billing_claiming_guidance/CPT_Code_Handout_5_April2011.pdf)

- **The CPT Code Billing List delineates the following information:**
  - *Service Type*
  - *CPT Code*
  - *Rate Code*
  - *Description*
  - *Session (Time/Units)*
  - *Payment Rate*

CPT CODES

(Medicaid Q&A #106)

- As per Medicaid **Q&A #106** – Billing & Claiming Guidance
  - Each service covered under SSHSP provided to a student in accordance with his/her IEP should be assigned a CPT code.
  - It is the responsibility of the clinician providing the service to assign the CPT code.
  - CPT Codes are required for Medicaid Claiming. As a result, McGuinness requires the CPT Code on the Session Note.

Billing and Claiming Guidance

106. Q. With regard to the 9/1/09 effective date of the SSHSP SPA 09-61 — how is "supporting documentation" to be managed "retroactively"? Assuming such documentation was not retained/maintained in accordance with recent protocols developed consistent with the SPA: specifically:

(a) In what way should providers "modify" the "contemporaneous" documentation created prior to 9/1/09?
(b) What activities/services must be assigned a CPT code?
(c) Who "assigns" the CPT code?
(d) Must "session notes" be assigned a CPT code? Must "progress notes"?
(e) Are "session notes" required for each discrete service provided, even those activities / services which are not specifically identified on the IEP but are an integral component of the "approved" education program (i.e. music therapy)?
(f) Is there a standard duration of a "therapeutic session" for Medicaid? Must the duration be specified in the IEPs?

A. (a) If providers/clinicians have the documentation specified in SSHSP Billing/Claiming Guidance to support the services they rendered during the 2009-2010 school year, claims for those services may be submitted to Medicaid. If the required documentation is not available to support the services furnished to students during the 2009-2010 school year, claims should not be submitted to Medicaid.
(b) Refer to the list of CPT codes for SSHSP. Each service covered under SSHSP provided to a student in accordance with his or her IEP by a qualified Medicaid practitioner should be assigned a CPT code. The ten covered SSHSP services are physical therapy, occupational therapy, speech therapy, psychological evaluations, psychological counseling services, audiological evaluations, medical evaluations, medical specialist evaluations, skilled nursing services and special transportation.
(c) It is the responsibility of the clinician providing the service to assign the CPT codes.
(d) No, neither session notes nor progress notes must be assigned a CPT code. There is no separate Medicaid reimbursement for preparation of session notes or progress notes.
(e) Session notes are required for the SSHSP services for which Medicaid reimbursement is sought.
(f) The duration of each related service is specified in the student's IEP.
[December 13, 2010]

ICD (*International Classification of Diseases*) CODES

- ***International Classification of Diseases*** *(ICD Coding)* is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with medical care.

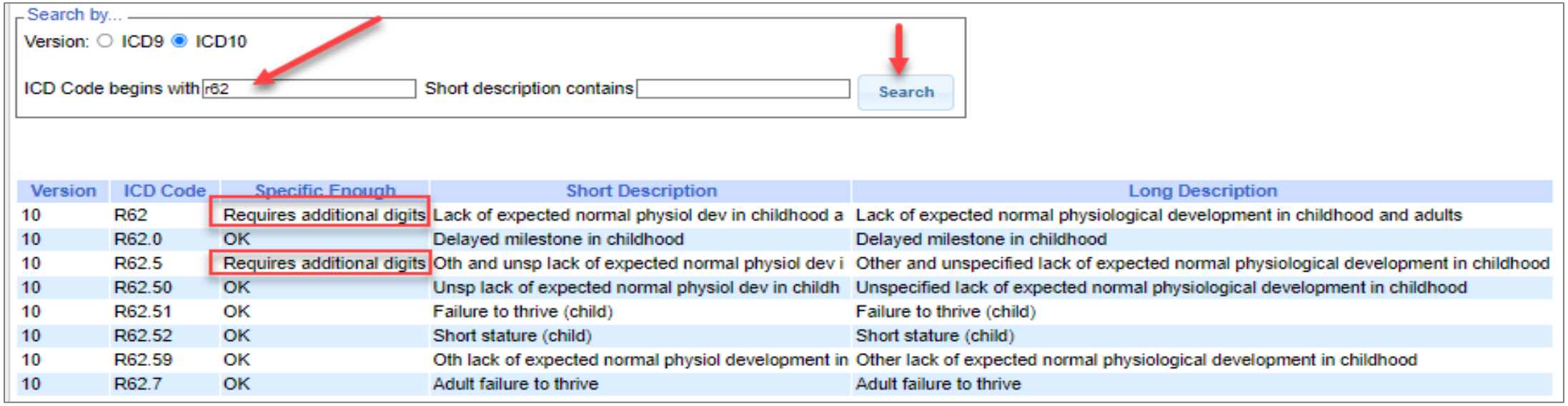
- Medical coding transforms provided billable medical care into medical reimbursement codes for paying claims. (*Effective 10/1/2015 Medicaid claims must contain an appropriate ICD-10 Code.)*

- There are two types of Codes – **Billable and Non-Billable** (or specific & non-specific). Billable codes have additional sub-types that provide greater specificity (or more digits). Non-Billable codes are not specific enough for reimbursement purposes.

ICD CODES

Billable versus Non-Billable Codes

- Medicaid does not accept all ICD Codes for Medicaid reimbursement purposes.
- The Portal has an ***ICD Code Lookup*** feature (Lookup>ICD Code Lookup) where you can enter a specific ICD Code to see if the code will meet Medicaid requirements for billing.
- The list will tell you whether the code is ***OK*** or if the code ***Requires additional digits***.



Version	ICD Code	Specific Enough	Short Description	Long Description
10	R62	Requires additional digits	Lack of expected normal physiol dev in childhood a	Lack of expected normal physiological development in childhood and adults
10	R62.0	OK	Delayed milestone in childhood	Delayed milestone in childhood
10	R62.5	Requires additional digits	Oth and unsp lack of expected normal physiol dev i	Other and unspecified lack of expected normal physiological development in childhood
10	R62.50	OK	Unsp lack of expected normal physiol dev in childh	Unspecified lack of expected normal physiological development in childhood
10	R62.51	OK	Failure to thrive (child)	Failure to thrive (child)
10	R62.52	OK	Short stature (child)	Short stature (child)
10	R62.59	OK	Oth lack of expected normal physiol development in	Other lack of expected normal physiological development in childhood
10	R62.7	OK	Adult failure to thrive	Adult failure to thrive

ICD CODES
Non-Billable ICD Codes on Prescriptions

- Typically, the diagnosis on a written order is determined by the ordering practitioner.
- If the diagnosis on the written order is not specific enough (a non-billable code), there are several options for the provider to determine which billable code to enter on the session note.
  - *The Service provider's education and training*
  - *Evaluation Reports may provide diagnostic information*
  - *The ordering practitioner can provide guidance*
  - *The provider can consult the governing agency for their discipline, or*
  - *The provider can reach out to SED*

(ICD Code Citations: Medicaid Q&A # 157 & 176. Also Medicaid Alert #12-04)

SETTING / LOCATION

- McGuinness has participated in several ***SED Medicaid Document Reviews*** with various counties.
- In each of those reviews the ***Setting & Location fields*** on some of the session notes have been flagged as not meeting Medicaid requirements, which means that there could be financial implications for the county in the event of an audit.
- The approved entries for the Setting Field are noted below:

Home	Therapy Room
Daycare	Classroom
Preschool	Cafeteria
Nursery School	Gym
Universal Pre-K	Head Start
Medical Site	Teletherapy
Community Setting	Flexible Setting
Facility Location/Private Office	

SED has confirmed that the location noted on the IEP does not have to match what is entered on the Session Note. As long as one of the approved settings in this list is defined in the location field to show "where" the service is delivered it will meet Medicaid requirements.

SETTING / LOCATION

(*Specific Enough & Not Specific Enough*)

- *The **setting** indicated on session notes should be **reflective of the actual location** in which the service was delivered. The **location** should be used to specify the setting.*
- *The chart below gives some examples of entries that meets Medicaid requirements and some entries that do not.*

Not Specific Enough *(Does not meet Medicaid Requirements)*	**Specific Enough** *(Meets Medicaid Requirements)*
Setting: School **Location:** Therapy Room	**Setting:** Preschool **Location:** ABC Preschool, 123 Main St., Albany, NY
Setting: Universal Pre-K **Location:** Preschool	**Setting:** Universal Pre-K **Location:** ABC Preschool, Classroom 3
Setting: Preschool **Location:** Sensory Gym	**Setting:** Preschool **Location:** ABC Preschool, Sensory Gym
Setting: Community Setting **Location:** Classroom A	**Setting:** Community Setting **Location:** Classroom A, 254 South Main Street, Albany NY,

GROUP SESSIONS

- As per Medicaid Q&A #25, the session note must list whether the service was provided as an individual or group service. If a group service was provided, the actual group size must be recorded.

- Is it permissible to provide service (in a group setting) to Medicaid and Non-Medicaid children? *Medicaid eligibility status is not a consideration when deciding the composition of the students in the group.* ***Session Notes must be completed for each Medicaid-eligible student in the group session; claims may be submitted for those services that have been documented appropriately.*** *(Medicaid Q&A 175)*

GROUP SESSIONS

- If the IEP only states Group Therapy, but both Individual and Group Services were provided, what can be submitted to Medicaid?

  Only the service(s) that are delineated on the IEP can be submitted to Medicaid. (Medicaid Q&A #75)

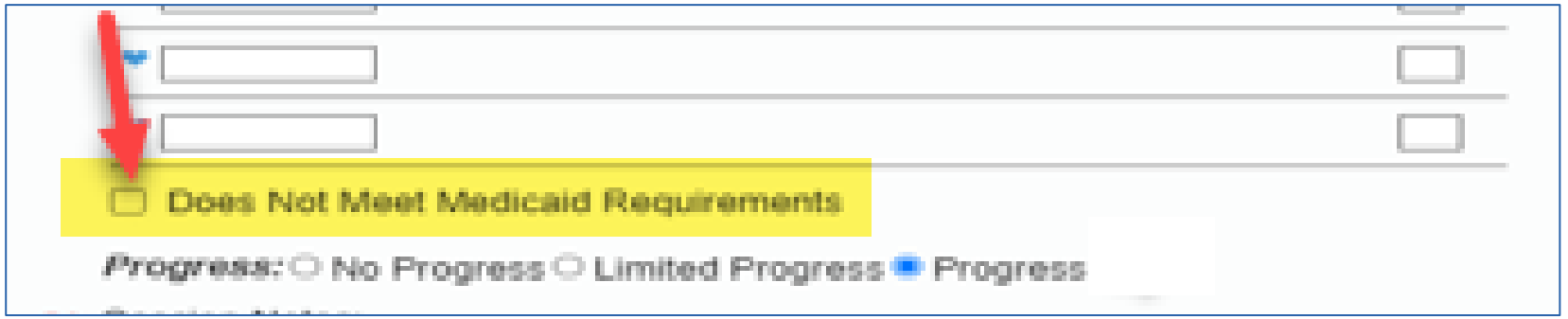
- A Group Session includes two (or more) students.

  If the IEP indicates Group Therapy *in a Group of two* and only one child shows for the session, the session is no longer a Medicaid billable service. Since the student's IEP only states Group Therapy, you may not bill the *Individual* session to Medicaid.

  - ***Group of One**: For billing purposes, the **Group** enrollment should be selected, but due to the absence of the other student a* CPT Code that does not indicate ***a group of two or more** should **not** be used for the session.*

GROUP SESSIONS

- Group Limit: When a Medicaid-related service is provided to a number of students at the same time, the number of students in the group shall not exceed five (5) students per teacher or specialist (except in NYC). If the group exceeds five students, the group session should be marked as, ***"Does Not Meet Medicaid Requirements"*** on the session note. (Medicaid Q&A #76)



- Medicaid reimbursement is available for group therapy sessions that involve two or more students, but no more than five. **A *group of one* is not Medicaid reimbursable.**

MAKE-UP SESSIONS
(Medicaid Q&A # 77)

- **Are Make-Up Sessions reimbursable for Medicaid purposes?**

  - If a session is made up within the same week, it is not a make-up.

  - If the session is not made up within the same week, it should be flagged as a "**Make-Up**" session and a "**Make-Up For Date**" should be entered.

  - The Portal will handle whether the session is billed to Medicaid or not.
    You do not have to check the "*Does Not Meet Medicaid Requirements*" box.

CO-TREATMENTS
(Medicaid Q&A #78)

- **Can more than one therapist that is providing co-treatment bill for the same session? No.**

  Co-Treatment consists of more than one professional providing treatment at the same time. Therapists, or therapy assistants, working together as a "Team" to treat one or more individuals cannot bill separately for the same (or different) service provided at the same time to the same individual. For co-treatments only one CPT code may be billed per session.

- Both therapists should complete a session note for the co-treatment, but one therapist should mark their session as, ***"Does Not Meet Medicaid Requirements."***

- If one of the therapists that is providing co-treatment is an ***SLP***, the SLP should bill the session and the other therapist should mark their session as ***Medicaid ineligible***.

BACK-TO-BACK SESSIONS
(Medicaid Q&A #160)

- Are back-to-back sessions reimbursable? How should **time in/time out** be documented in the session note? **(e.g., Student A – 12:00 to 12:30 / Student B – 12:30 to 1:00)**

  Back-to-back sessions are Medicaid reimbursable. If sessions were delivered consistent with the written order, IEP and Medicaid policy then Medicaid may be billed for the sessions. ***The session note must reflect the "exact" time that the session was provided.***

THERAPIST SIGNATURE IN PORTAL
(My Account>My Profile)

- The Portal Signature shown on the ***My Profile Screen*** *(My Account>My Profile)* is used on Session Notes and Digital Speech Recommendations.

- The screenshot below shows the proper signature for an SLP. If the Provider's Name, Title and Credentials are **not** listed in the signature, the signature is not Medicaid compliant.

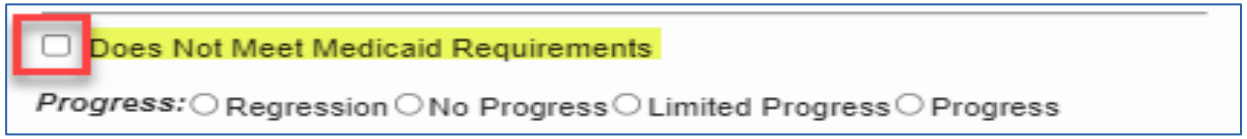
Sarah Brown is not the same as ***Sarah Brown, Speech Pathologist, CCC-SLP.***



Questions?

WHEN TO USE
"Does Not Meet Medicaid Requirements"

- If a service provider provides a session that does not meet Medicaid requirements, the, "***Does Not Meet Medicaid Requirements,***" box on the session note should be checked.



- The checkbox should be checked for situations where the provided session does not meet Medicaid requirements. Such as…
  - *The child is sleeping during the session.*
  - *The child was picked up by the parent in the middle of the session.*
  - *The child's behavior did not allow the session to be completed in its entirety.*
  - *The service provider and child were outside for a fire drill and as a result the session was not provided.*

- The checkbox does not need to be checked for the following circumstances:
  - *Is not necessary for a "**Group of 1**." Billing edits will not allow Medicaid to be billed for a group of one.*
  - *Is not necessary for **Make-up sessions** if the session is **marked specifically as a Make-up**.*

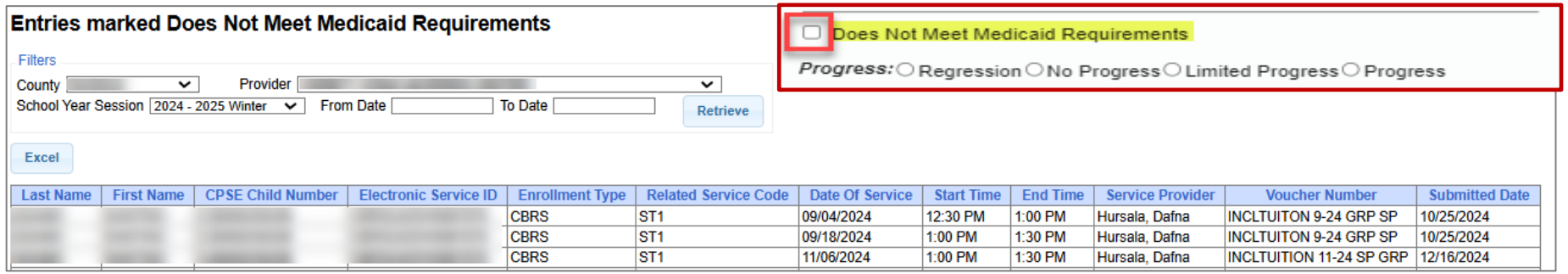
NEW REPORT

Attendances Not Meeting Medicaid Requirements

- The Portal has a new report that can be accessed by going to ***Reports > Attendances Not Meeting Medicaid Requirements.*** *(The County also has access to this report.)*

- Agencies should review this report prior to each monthly billing period to ensure that the designation is being used appropriately by service providers.

- This report gives information on the child, enrollment, DOS, Voucher Number and Submitted Date for the voucher.

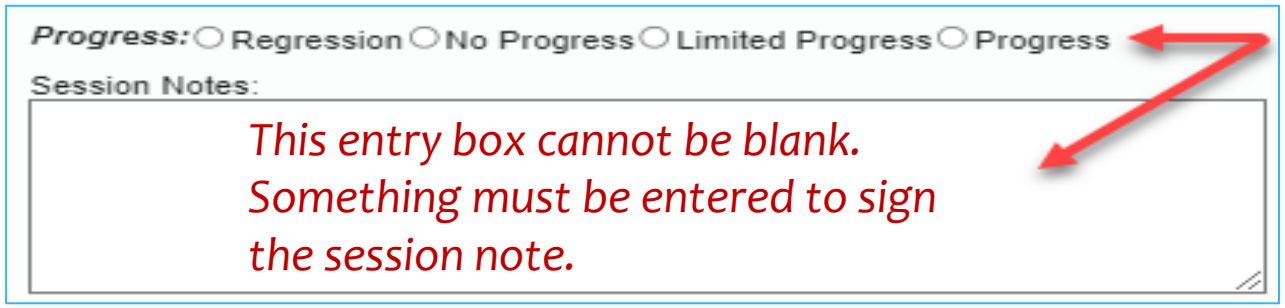


Last Name	First Name	CPSE Child Number	Electronic Service ID	Enrollment Type	Related Service Code	Date Of Service	Start Time	End Time	Service Provider	Voucher Number	Submitted Date
				CBRS	ST1	09/04/2024	12:30 PM	1:00 PM	Hursala, Dafna	INCLTUITON 9-24 GRP SP	10/25/2024
				CBRS	ST1	09/18/2024	1:00 PM	1:30 PM	Hursala, Dafna	INCLTUITON 9-24 GRP SP	10/25/2024
				CBRS	ST1	11/06/2024	1:00 PM	1:30 PM	Hursala, Dafna	INCLTUITION 11-24 SP GRP	12/16/2024



A Brief Description of the Student's Progress Must be Included

- A brief description of the student's ***"Progress"*** for the session must be documented. Progress can also be noted by using the radio buttons for Regression, *No Progress, Limited Progress and Progress (Medicaid Q&A #25)*.



- For example, for a Speech Service the provider might enter the following note.

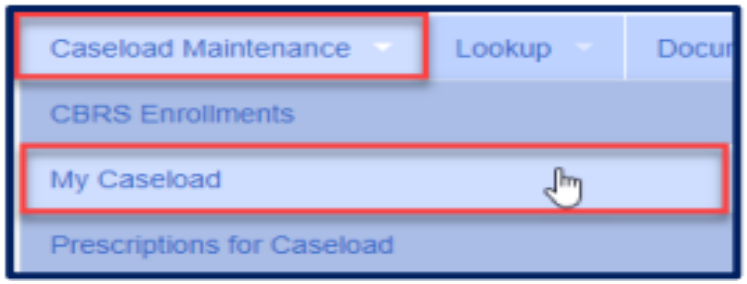
Session Notes: Activity Related to IEP Goals (including objectives and measures of success) and response(s) of child
was engaged and attentive throughout the session. and the clinician targeted basic concepts and responding to "wh" questions. Given picture cards, he was able to identify appropriate responses when choices were provided with 70% accuracy given moderate cues. He accurately differentiated between items that were the "same" and "different" with 70% accuracy. Therapy will continue to target expanding utterances and responding to "wh" questions.

SETTING UP ***DEFAULTS*** FOR PORTAL SESSION NOTES

- The following Medicaid items should be entered for every session; the Portal can be set up with ***"Defaults"*** for the following items.
  - ***Service Setting***
  - ***Location*** *(The Location is required for all Full-Service Medicaid Counties)*
  - ***CPT Code(s)***
  - ***ICD Code(s)***

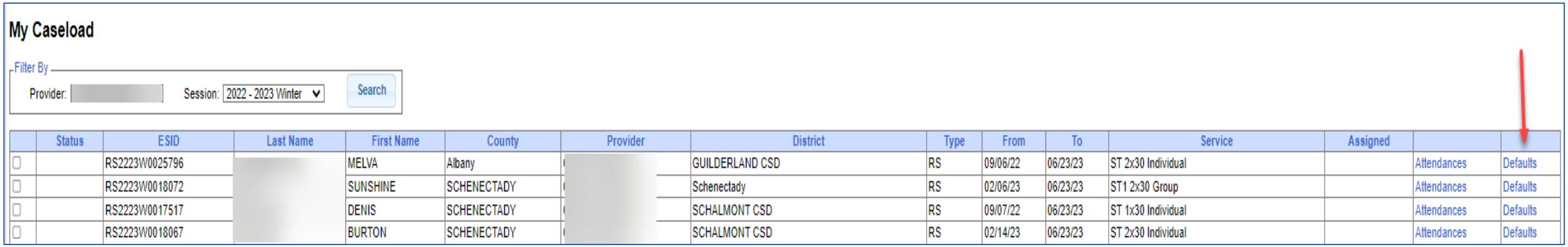
- Setting up ***Defaults*** will ensure that the correct information is entered on each note as well as ensuring that required Medicaid information is not missed.

- Go to **Caseload Maintenance>My Caseload**



SETTING UP **DEFAULTS** FOR PORTAL SESSION NOTES
(Caseload Maintenance>My Caseload)

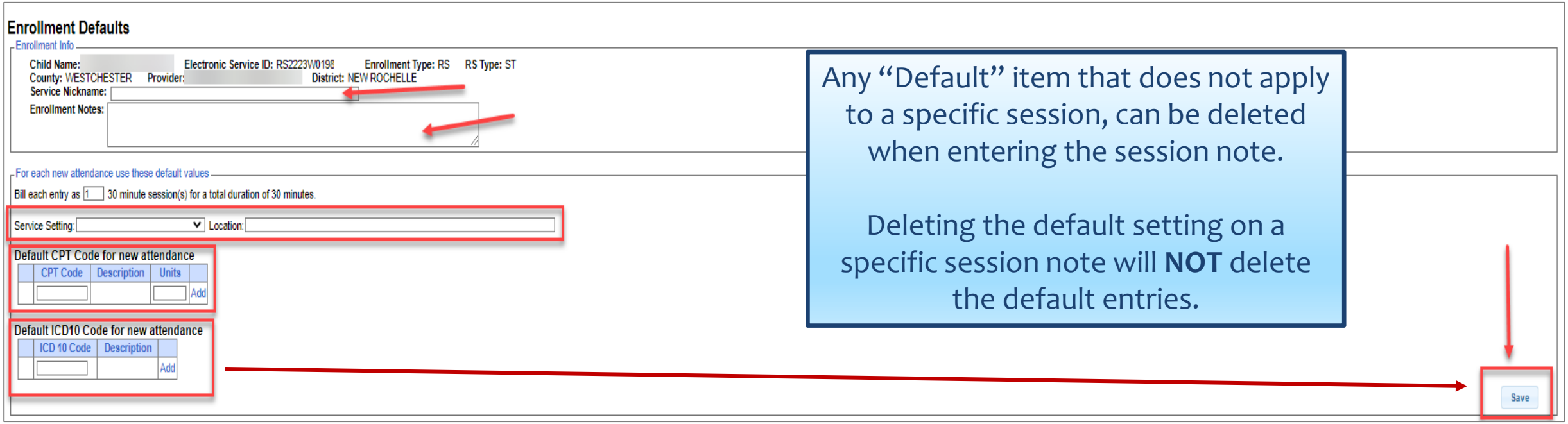
- The ***My Caseload Screen*** comes up. Click on the ***Defaults*** link at the end of the row to set up your *default* settings.



	Status	ESID	Last Name	First Name	County	Provider	District	Type	From	To	Service	Assigned		
☐		RS2223W0025796		MELVA	Albany		GUILDERLAND CSD	RS	09/06/22	06/23/23	ST 2x30 Individual		Attendances	Defaults
☐		RS2223W0018072		SUNSHINE	SCHENECTADY		Schenectady	RS	02/06/23	06/23/23	ST1 2x30 Group		Attendances	Defaults
☐		RS2223W0017517		DENIS	SCHENECTADY		SCHALMONT CSD	RS	09/07/22	06/23/23	ST 1x30 Individual		Attendances	Defaults
☐		RS2223W0018067		BURTON	SCHENECTADY		SCHALMONT CSD	RS	02/14/23	06/23/23	ST 2x30 Individual		Attendances	Defaults

SETTING UP **DEFAULTS** FOR PORTAL SESSION NOTES
(Caseload Maintenance>My Caseload)

- Enter a *Nickname* for the enrollment *(Optional)*
- Enter the ***Service Setting*** and ***Location***
- Enter the Default ***CPT Code(s)***
- Enter the Default ***ICD Code(s)***
- Click ***Save***



Any "Default" item that does not apply to a specific session, can be deleted when entering the session note.

Deleting the default setting on a specific session note will **NOT** delete the default entries.

SETTING UP ***DEFAULTS*** FOR PORTAL SESSION NOTES
(Caseload Maintenance>My Caseload)

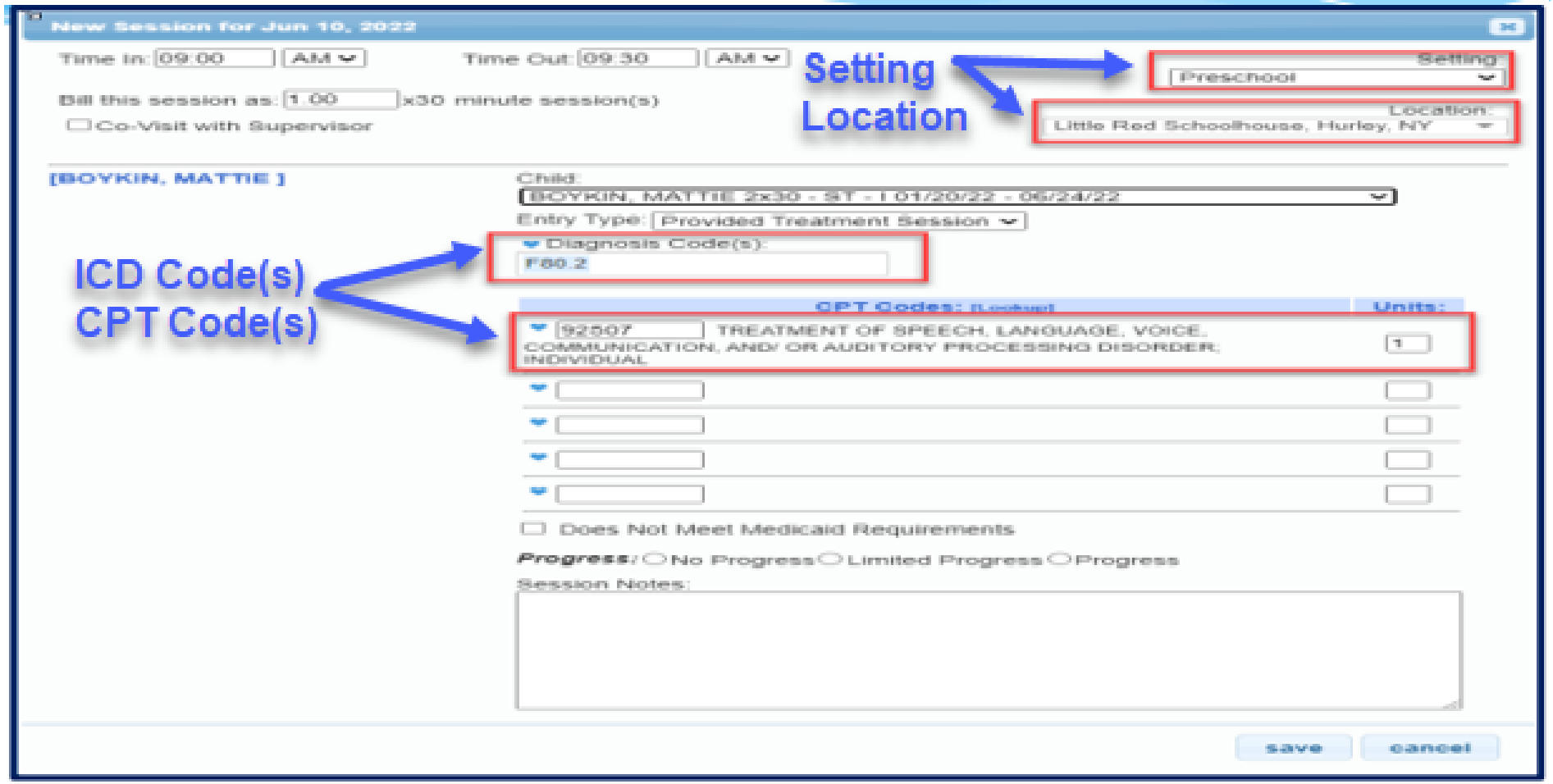
- Here is an example of the session note that will populate with the defaults that were created for this child's enrollment.

Setting:
Preschool

Location:
Little Red School House, Hurley, NY

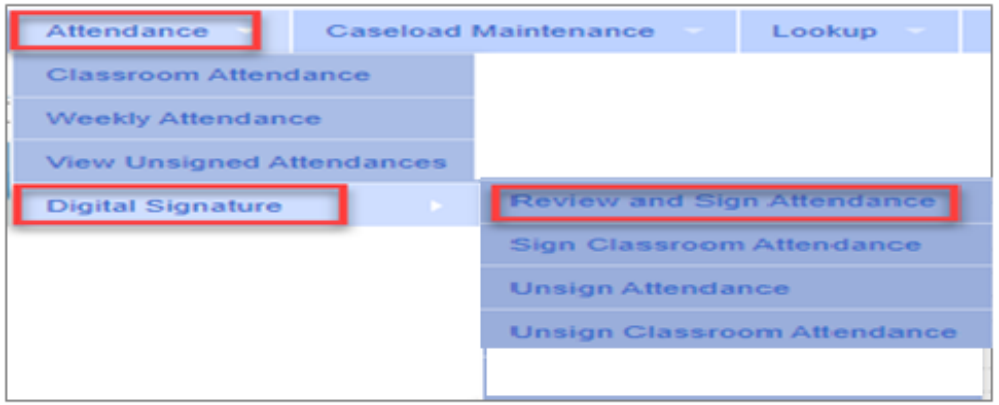
ICD Code:
F80.2

CPT Code:
92507



SESSION NOTES
(Review & Sign Attendance)

- When signing session notes in the Portal, the ***Review & Sign Attendance*** Screen should be used.

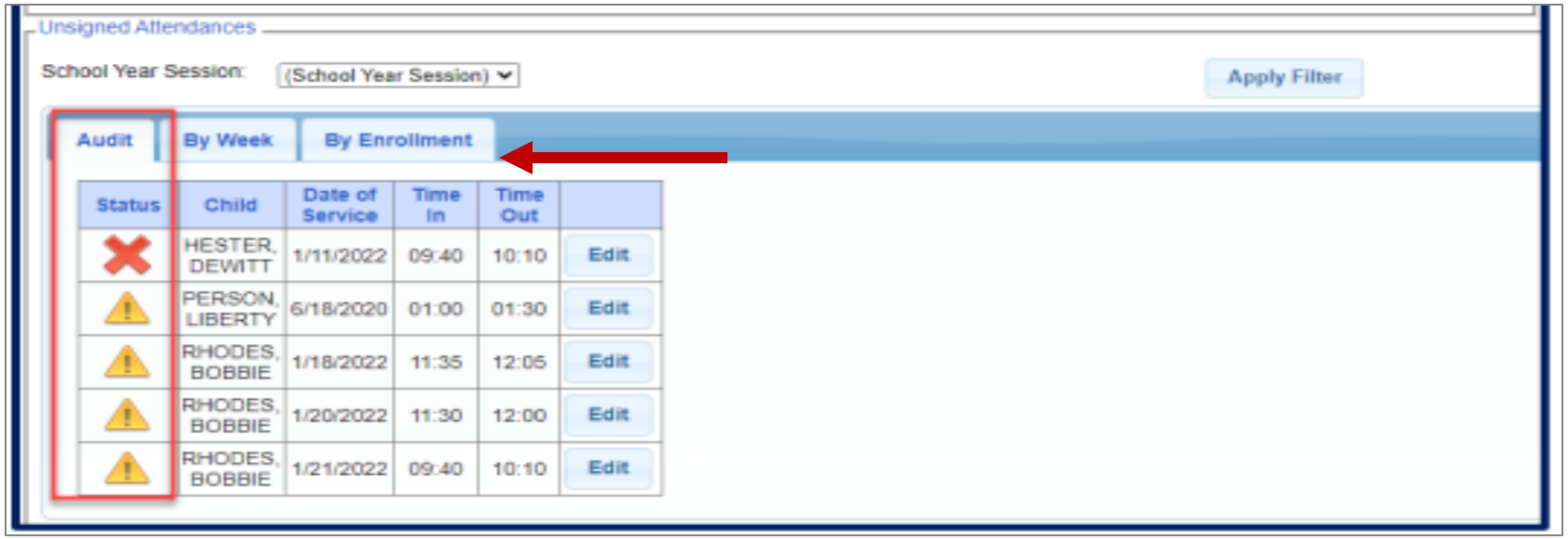


Attendance>Digital Signature>Review and Sign Attendance

- The ***Review & Sign Attendance*** Screen will show you ***"Audits"*** that will highlight attendances with…
  - **Warnings**, and/or
  - **Errors** that will Prevent Signing

SESSION NOTES
(Review & Sign Attendance)

- This is an example of the ***Review & Sign Attendance*** Screen. There are three tabs, an ***Audit Tab***, ***By Week Tab*** and ***By Enrollment Tab***. The Audit Tab will show the following ***Audit Icons*** in the ***Status Column.***
  - A **green check mark** means there are ***no errors***.
  - A **Yellow exclamation point** is a warning and ***will not prevent signing***.
  - A **Red X** means there is an error that ***will prevent signing***.



NEW APPROVAL SCREENS
(Required for Billing)

1) **Signature Approval**

*Due to recent SED Medicaid Document Reviews that have shown that Medicaid documents have been signed electronically/digitally with signatures that do **not** meet Medicaid requirements, McGuinness will now be performing a **Signature Approval Process** (similar to the Credential Approval Process) that may affect billing.*

- *If the service provider's electronic/digital signature meets Medicaid requirements (has the Name, Title & Credentials), the signature will be **approved** by McGuinness.*

- *If the signature does **not** include the **Name, Title and Credentials**, the signature will be **Invalidated**. Billing cannot be submitted to the County with Invalidated signatures.*

- *Billing can only occur **after** the service provider's signature has been updated to include all the Medicaid-compliant components and subsequently approved by McGuinness.*

NEW APPROVAL SCREENS
(Required for Billing)

2) **Service Location Approval**

*Due to recent **SED Medicaid Document Reviews** that have shown that the **Setting and Location** Fields on some Session Notes have been too vague to determine "where" the child's service was rendered, McGuinness will now be performing* **Service Location Approvals.**

- *The **Provider Locations** for each FSM agency will be reviewed to ensure that between the Setting and Location fields on the Session Note that there is enough information to determine where the service was rendered.*

- *If between the Setting and Location Fields, the information is too vague to determine where the service occurred (or will occur), the service location will be Invalidated. Attendances with Invalidated Service Locations cannot be submitted to the county.*

- *Billing can only occur **after** receiving a Service Location Approval from McGuinness.*

NEW APPROVAL SCREENS
(Status Reports)

There are reports that will show the agency whether (or not) a signature or a service location has been approved or invalidated.

- **Invalid signatures must be corrected and approved before billing can occur.**
  - *Invalid signatures must be corrected on the affected session notes. Status can be checked by going to* ***People>Signature Approval Listing.***

Provider	Last Name	First Name	CPSE Signature	Attendance Signature	Approved	Invalidated	Invalid Reason

- **Invalid Service Locations must be approved before billing can occur.**
  - *Invalid service locations must be corrected on the affected session notes. The report shows the enrollments that do not meet Medicaid Requirements. Status can be checked by going to* ***Caseload Maintenance>Service Location Approvals.***

County	EnrollmentType	Setting	Location	Latest Service Date	Status	
[redacted]	CBRS	Classroom	[redacted] First EDPS, New Windsor NY	09/25/25	APPROVED	Enrollments

Questions?

FOLLOW-UP

- **This presentation is being recorded, and the PowerPoint presentation will be uploaded to the Portal Knowledge Base for future reference.**
  - Search for help in our Knowledge Base: http://support.cpseportal.com/Main/Default.aspx
  - Email: **Medicaid@CPSEPortal.com**

- **MEDICAID REFERENCES**
  - Provider Policy & Billing Handbook - http://www.oms.nysed.gov/medicaid/handbook/
  - Medicaid Questions & Answers
    http://www.oms.nysed.gov/medicaid/q_and_a/q_and_a_combined_revised_12_9_16.pdf

CITATIONS & HANDOUTS

(Medicaid Handbook ,Medicaid Q&A, & Training Handouts)

Topic	Medicaid Questions & Answers #
What must be included on a session note?	**25**
Definition of Contemporaneous	**100**
CPT Codes	
Billing Units	**104**
Billing Units/Per Session	**110**
Untimed Codes	**111**
Links to CPT Code Guidance	**113**
CPT Code Listing (Medicaid Handbook – Appendix A	https://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf
Setting & Location	
How specific does the setting need to be?	**105 & 164**
Group Sessions	
Group Limit	**76**
Medicaid & Non-Medicaid Children	**175**
Group Session Note	**102**
Group & Individual Sessions on the Same Day	**138, 170, 171**
Make-up Sessions	**77**
Back-to-Back Sessions	**160**
Co-Treatments	**78**
Name Change	**125**
Medicaid Training Handouts	**#3, #5 & #7**

CITATIONS
(What must be Included on a Medicaid Session Note)

25. Q. What must be included in a session note?

A. Session notes specifically document that the service provider delivered certain evaluation and/or services to a student on a particular date. Session notes must be completed by all qualified service providers delivering preschool/school supportive health services that have been ordered by an appropriate practitioner and included in a student's IEP for each service delivered. Session notes must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify actual group size)
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session — record session start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature and credentials of the person furnishing the service
- Dated signature and / credentials of supervising clinician as appropriate (signature date must be within 45 days of the date of service).

[July 21, 2015]

CITATIONS
(Definition of Contemporaneous)

100. Q. What is the suggested time frame for completing contemporaneous session notes?

A. "Contemporaneous" means occurring at or about the same period of time. Sessions should be documented as close to the conclusion of the session as practicable. [December 13, 2010]

CPT CODES
Timed vs. Untimed

- From CPT Code list on Resources page of SED Medicaid in Education site (http://www.oms.nysed.gov/medicaid/resources/)
  - *CPT codes are either timed or untimed.*
  - *Timed codes require the entry of units. When the practitioner chooses a code, the number of units must also be indicated. For example, if the physical therapist provided a service (CPT code 97140), and the session lasted 30 minutes, two units would be billed.*
  - *Untimed codes are used on a one-per-session/per day basis. With one exception, providers should not report more than one physical medicine and rehabilitation therapy service for the same 15 minute time period. The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same 15 minute time period as other therapy services. For more information on the use of CPT codes and the claiming parameters, please contact your individual professional organizations.*

CITATIONS
(CPT Codes – Untimed CPT Codes)

111. Q. Is there a minimum session length requirement for a speech therapy session when billing Medicaid with an untimed CPT code?

A. A typical speech therapy session will last for 30-45 minutes. Medicaid reimbursement for speech therapy is only available for sessions lasting a minimum of 30 minutes. Because untimed CPT codes are billed using a one code per encounter logic, no additional 'units' can be billed when the therapy session exceeds 30 minutes. [December 13, 2010]

CITATIONS
(CPT Codes – Billing Units/Per Session)

110. Q. On the SSHSP CPT Code list some of the Session Time/Units have 15 minutes or 60 minutes while others say "1 per session". What is a session in this case?

A. A session is an encounter. For billing purposes, some CPT codes are timed and some are not. Sessions that are billed using timed CPT codes require a unit(s). When the session length is in excess of the time described in the CPT code definition, multiple units must be billed. For example, a 30-minute physical therapy session can be billed as CPT code 97110 X 2 units. Sessions that are billed using untimed CPT codes cannot be submitted with more than one unit specified. For example, a 45 minute therapy session can be billed as CPT code 92507 (one unit specified because one code per session is billed). [December 13, 2010]

CITATIONS
(CPT Codes – Billing Units)

104. Q. Some therapy sessions are billable in 15 minute increments. Is a separate session note required for each CPT code or each unit being billed?

A. Session notes must be written to reflect the services that were furnished during the session (encounter) whether the session encompasses one or several billing units. [December 13, 2010]

CITATIONS
(CPT Codes – Links to CPT Code Listing)

Medicaid Provider & Billing Handbook (Update 9)

Appendix A

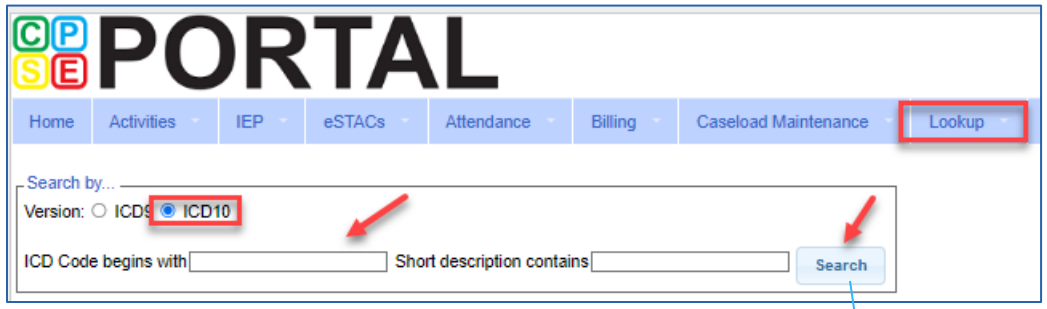
https://www.oms.nysed.gov/medicaid/handbook/sshsp_handbook_9_march_21_2018_final.pdf

SSHSP Medicaid Training #5 – CPT Code Listing

https://www.oms.nysed.gov/medicaid/billing_claiming_guidance/CPT_Code_Handout_5_April2011.pdf

CITATIONS
(Portal ICD Code Listing)

Lookup>ICD Code Lookup



Search by...

Version: ICD9 ICD10

ICD Code begins with R62 Short description contains Search

Version	ICD Code	Specific Enough	Short Description	Long Description
10	R62	Requires additional digits	Lack of expected normal physiol dev in childhood a	Lack of expected normal physiological development in childhood and adults
10	R62.0	OK	Delayed milestone in childhood	Delayed milestone in childhood
10	R62.5	Requires additional digits	Oth and unsp lack of expected normal physiol dev i	Other and unspecified lack of expected normal physiological development in childhood
10	R62.50	OK	Unsp lack of expected normal physiol dev in childh	Unspecified lack of expected normal physiological development in childhood
10	R62.51	OK	Failure to thrive (child)	Failure to thrive (child)
10	R62.52	OK	Short stature (child)	Short stature (child)
10	R62.59	OK	Oth lack of expected normal physiol development in	Other lack of expected normal physiological development in childhood
10	R62.7	OK	Adult failure to thrive	Adult failure to thrive

CITATIONS

(Setting & Location – How Specific does the Setting Need to Be?)

105. Q. How specific do we need to be when indicating the 'setting' the therapy took place in on a session note? Do we need to identify the precise setting where each therapy is delivered?

A. The setting indicated on session notes should be reflective of the actual location in which the services were delivered. Examples include:

- Public school,
- Board of Cooperative Educational Services (BOCES) classroom,
- Approved private day or residential school, or
- Private preschool or daycare setting. [December 13, 2010]

CITATIONS
(Group Sessions – Group Limit)

76. Q. Is there a limit on how many students can be in a group for related services (e.g., speech therapy, occupational therapy, physical therapy)?

A. Part 200.6(e)(3) of the regulations of the Commissioner of Education states *"When a related service is provided to a number of students at the same time, the number of students in the group shall not exceed five students per teacher or specialist, except that, in the city school district of the city of New York, the commissioner shall allow a variance of up to 50 percent rounded up to the nearest whole number from the maximum of five students per teacher or specialist."*

The ratio of 5:1 for speech group therapy sessions is allowed per Part 200.6(e)(3) of the regulations of the Commissioner of Education. This ratio is also allowable for Medicaid billing purposes. Medicaid reimbursement is available for group therapy sessions involving two or more students. [December 13, 2010]

CITATIONS

(Group Sessions – Medicaid & Non-Medicaid Children)

175. Q. Can a therapy group consist of both Medicaid-eligible and non-Medicaid-eligible students? How would this be documented for billing?

A. Consistent with Section 200.1 of the Regulations of the Commissioner of Education, students should be grouped together according to similarity of individual needs for the purpose of special education. The student's Medicaid eligibility status is not a consideration when deciding the composition of the students in the group. Session notes must be completed for each Medicaid eligible student in the group therapy session, and when the student's Medicaid eligibility has been verified, the school district, county, or §4201 school may submit claims for those services that have been documented appropriately. [December 5, 2011]

CITATIONS

(Group Sessions – Group Session Note)

102. Q. Can one session note work for the entire group?

A. No, this is not permissible. A separate session note is required for each student in the group for purposes of confidentiality and appropriate record keeping. [December 13, 2010]

CITATIONS

(Group & Individual Sessions on the Same Day)

138. Q. Can a group and individual session(s) be billed for a student on the same day?

A. Yes, billing for both individual (one-to-one) and group services provided to the same student in the same day is allowed, provided the Current Procedural Terminology (CPT) and Centers for Medicare and Medicaid Services (CMS) rules for individual and group therapy are both met. The Correct Coding Initiative (CCI) edits require the group therapy and the individual therapy to occur in different sessions, timeframes, or separate encounters that are distinct or independent from each other when billed on the same day. [June 6, 2011]

CITATIONS
(Group & Individual Sessions on the Same Day)

170. Q. Can Medicaid be billed for more than one group physical or occupational therapy session per day?

A. Yes. A Medicaid claim with two units of CPT code 97150 (untimed code) may be submitted only when a student receives:

- group physical therapy and group occupational therapy on the same day, or
- two distinctly separate group physical therapy sessions on the same day and one of the sessions is a make-up for a session missed during the same week or cycle, or
- two distinctly separate group occupational therapy sessions on the same day and one of the sessions is a make-up for a session missed during the same week or cycle.

To bill Medicaid for multiple sessions on the same date of service the school district, county, or §4201 school needs to submit one claim with two units of 97150. Each unit billed represents one session provided. [December 5, 2011]

CITATIONS

(Group & Individual Sessions on the Same Day)

171. Q. Can Medicaid be billed for more than one individual or group speech therapy session per day?

A. Yes. A Medicaid claim with two units of CPT codes 92507 or 92526 may be submitted only when the student receives two distinctly separate individual speech therapy sessions on the same day and one of the sessions is a make-up for a session missed during the same week or cycle. A Medicaid claim with two units of CPT code 92508 may be submitted only when the student receives two distinctly separate group speech therapy sessions on the same day and one of the sessions is a make-up for a session missed during the same week or cycle. Speech therapy session must be a minimum of 30 minutes to be Medicaid reimbursable and sessions lasting longer can only be billed as one unit.

To bill Medicaid for multiple sessions on the same date of service the school district, county, or §4201 school needs to submit one claim with two units of 92507, or 92526, or 92508. Each unit billed represents one session provided. [December 5, 2011]

CITATIONS
(Make-Up Sessions)

77. Q. Is Medicaid reimbursement available for therapy sessions that have to be made-up?

A. In order for a make-up therapy session to be Medicaid reimbursable it must be consistent with the written order/referral (medically necessary) and must:

- Be a service that is documented in the IEP
- Occur within the week within which the missed visit occurred
- Be documented (session notes must be kept for each session including made up sessions)
- Be provided by a qualified Medicaid provider
- Fit with the desired treatment outcome

Example:
The written order and the IEP specify three 30-minute physical therapy sessions per week must be provided. The student misses one session due to absence from school. If the session is made-up within the same week Medicaid can be billed for all three sessions because only the three sessions have been provided within one week. If the missed session is provided in a subsequent week Medicaid can only be billed for three of the four sessions provided that week because the IEP specified three therapy sessions per week, not four. [December 13, 2010]

CITATIONS
(Back-to-Back Sessions)

Session Notes

160. Q. Are back-to-back therapy sessions (e.g., session with Student A from 12:00 - 12:30 PM and session with Student B from 12:30-1:00 PM) Medicaid reimbursable? How should the time in/time out be documented in the session notes?

A. Yes. Back-to-back therapy sessions are Medicaid reimbursable. If sessions were delivered consistent with the written order, the IEP, and Medicaid policy (e.g., to be Medicaid reimbursable the speech therapy session must be a minimum 30 minutes and properly documented) then Medicaid may be billed for the sessions. Session notes must always document the actual time in/time out. If first session was from 12:00-12:30 PM and second session was from 12:30-1:00 PM, the session notes must reflect that. [December 5, 2011]

CITATIONS
(Co-Treatments)

78. Q. Can more than one therapist providing co-treatment bill for the same session?

A. Co-treatment consists of more than one professional providing treatment at the same time. Therapists, or therapy assistants, working together as a "team" to treat one or more individuals **cannot** bill separately for the same or different service provided at the same time to the same individual. For co-treatments only one Current Procedural Terminology (CPT) code may be billed per session (untimed CPT codes) or per unit (timed CPT codes).

Where a physical and an occupational therapist (timed CPT code) both provide services to one individual at the same time, either one therapist can bill for the entire service or the PT and OT can divide the service units if applicable. If services are provided by a speech-language pathologist (untimed CPT code) and an occupational or physical therapist (timed CPT code), only one discipline per session may be billed. The session note should reflect the service provided by each practitioner during the session. [December 13, 2010]

CITATIONS
(Name Change)

125. Q. How should a practitioner sign their session notes if their name has legally changed (e.g., marriage, divorce, etc.)? Should they use the name on their license or their new legal name?

A. School Supportive Health Services staff consulted with the Office of the Professions, Records and Archives Unit, which indicated that practitioners should always sign their name as it appears on their ~~license~~ registration. Practitioners are required by NYSED to change their name with Office of the Professions (OP) within 30 days of any legal name change (e.g., marriage, divorce, etc.). The name will be changed in the official database and will display immediately on ~~This change will show on the registration certificate and on~~ the website on-line license verification page. A new registration certificate displaying the new name will be mailed to the address on record.

Practitioners are not required to get a new license parchment ~~change the name on their license~~ [11x14 tan document ~~(parchment)~~]. ~~However, the practitioner must use whatever name is on the license when signing documents even if the current registration has a different name.~~

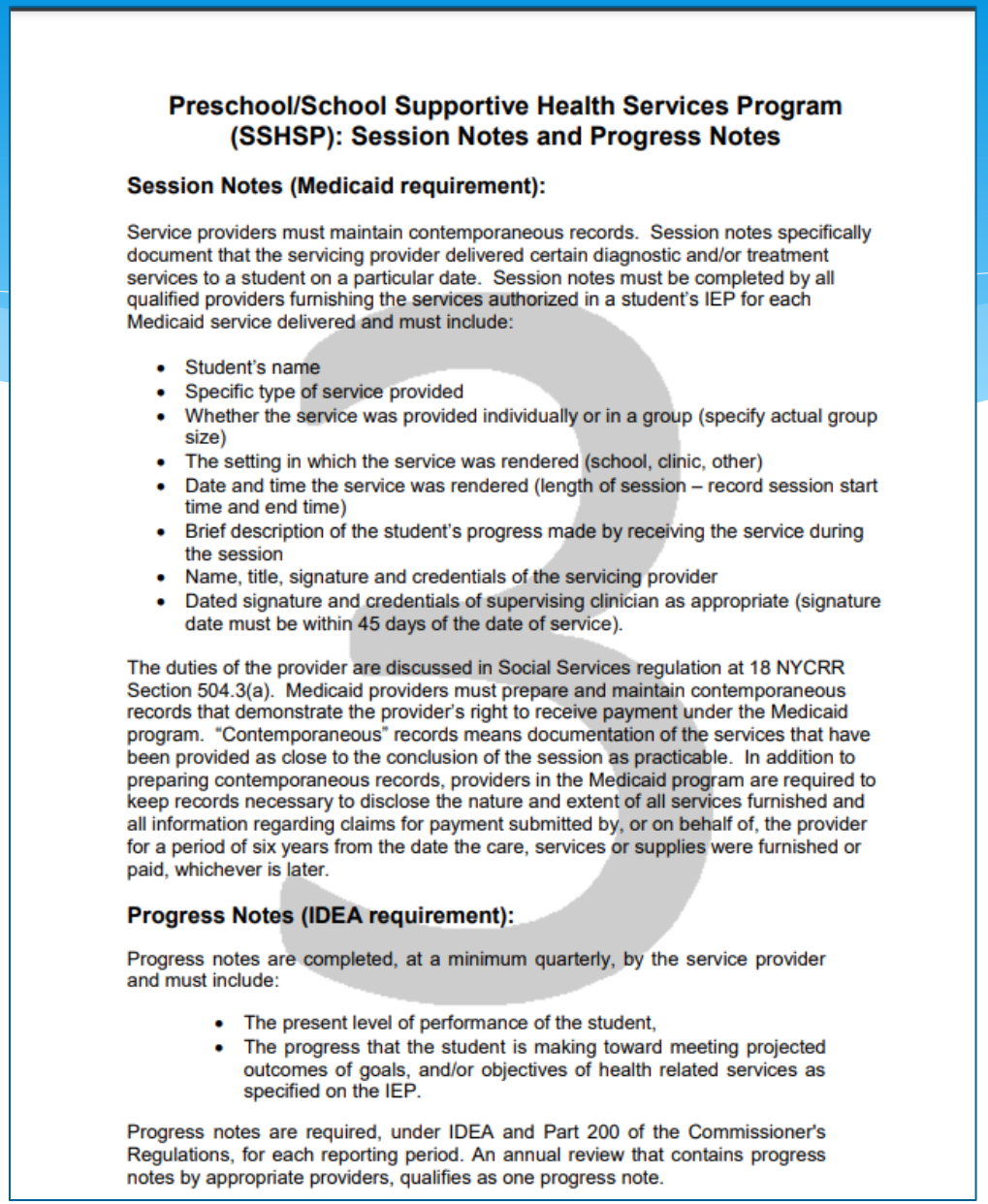
The OP has specific requirements for submitting name/address changes. Practitioners should follow these guidelines and complete/submit the appropriate form(s) to OP found at: http://www.op.nysed.gov/documents/anchange.pdf. The on-line license verification page can be found at http://www.op.nysed.gov/opsearches. [August 1, 2011]

MEDICAID TRAINING HANDOUT

Medicaid Training Handout #3

SSHSP SESSION NOTES & PROGRESS NOTES

The link below will be provided with the webinar follow-up.



Preschool/School Supportive Health Services Program (SSHSP): Session Notes and Progress Notes

Session Notes (Medicaid requirement):

Service providers must maintain contemporaneous records. Session notes specifically document that the servicing provider delivered certain diagnostic and/or treatment services to a student on a particular date. Session notes must be completed by all qualified providers furnishing the services authorized in a student's IEP for each Medicaid service delivered and must include:

- Student's name
- Specific type of service provided
- Whether the service was provided individually or in a group (specify actual group size)
- The setting in which the service was rendered (school, clinic, other)
- Date and time the service was rendered (length of session – record session start time and end time)
- Brief description of the student's progress made by receiving the service during the session
- Name, title, signature and credentials of the servicing provider
- Dated signature and credentials of supervising clinician as appropriate (signature date must be within 45 days of the date of service).

The duties of the provider are discussed in Social Services regulation at 18 NYCRR Section 504.3(a). Medicaid providers must prepare and maintain contemporaneous records that demonstrate the provider's right to receive payment under the Medicaid program. "Contemporaneous" records means documentation of the services that have been provided as close to the conclusion of the session as practicable. In addition to preparing contemporaneous records, providers in the Medicaid program are required to keep records necessary to disclose the nature and extent of all services furnished and all information regarding claims for payment submitted by, or on behalf of, the provider for a period of six years from the date the care, services or supplies were furnished or paid, whichever is later.

Progress Notes (IDEA requirement):

Progress notes are completed, at a minimum quarterly, by the service provider and must include:

- The present level of performance of the student,
- The progress that the student is making toward meeting projected outcomes of goals, and/or objectives of health related services as specified on the IEP.

Progress notes are required, under IDEA and Part 200 of the Commissioner's Regulations, for each reporting period. An annual review that contains progress notes by appropriate providers, qualifies as one progress note.

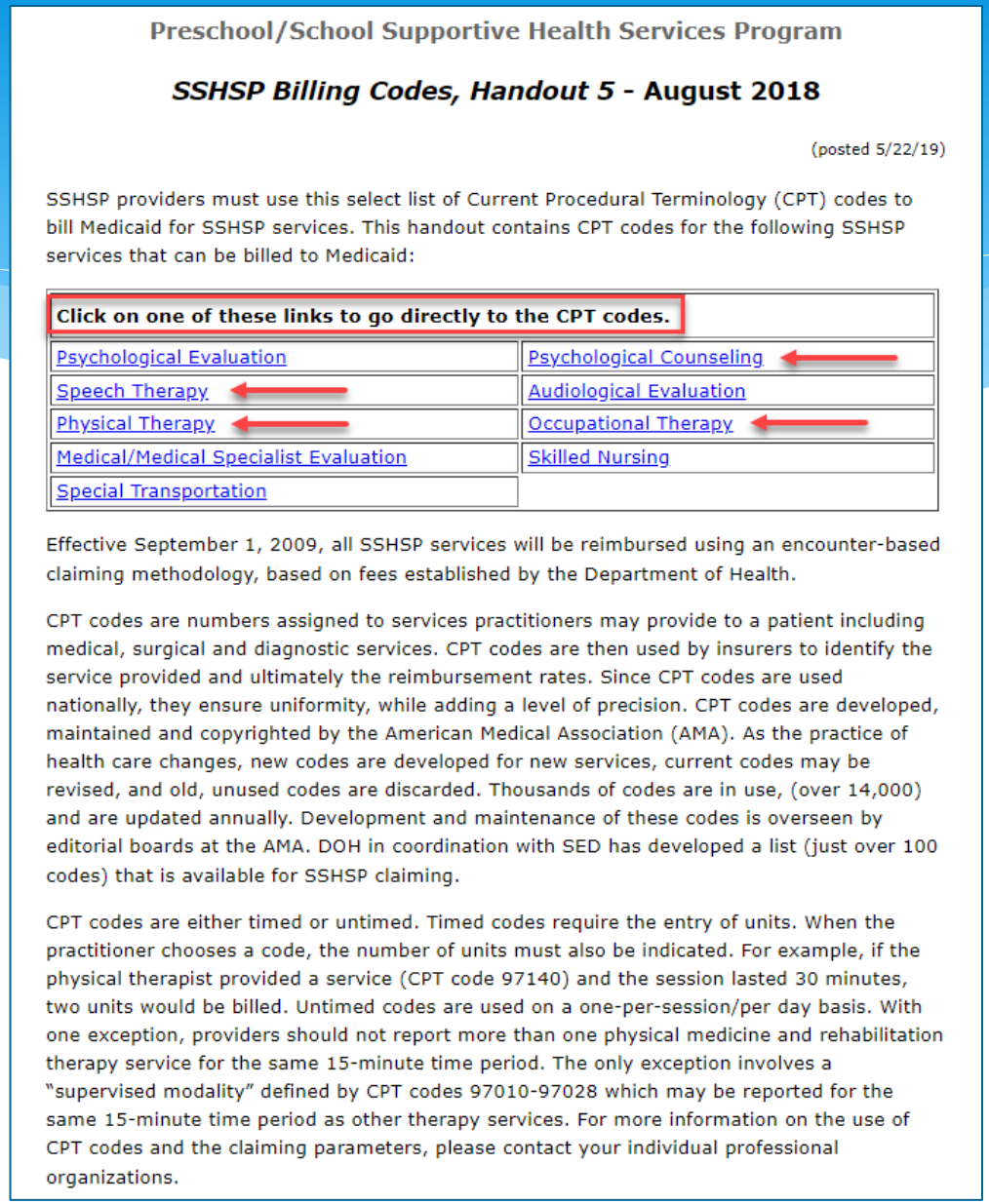
Link: https://www.oms.nysed.gov/medicaid/training_materials/handout_3_session_note_and_progess_note_revised_7_13_15.pdf

MEDICAID TRAINING HANDOUT

Medicaid Training Handout #5

SSHSP BILLING CODES – CPT

The link below will be provided with the webinar follow-up.



Preschool/School Supportive Health Services Program

***SSHSP Billing Codes, Handout 5* - August 2018**

(posted 5/22/19)

SSHSP providers must use this select list of Current Procedural Terminology (CPT) codes to bill Medicaid for SSHSP services. This handout contains CPT codes for the following SSHSP services that can be billed to Medicaid:

Click on one of these links to go directly to the CPT codes.	
Psychological Evaluation	Psychological Counseling
Speech Therapy	Audiological Evaluation
Physical Therapy	Occupational Therapy
Medical/Medical Specialist Evaluation	Skilled Nursing
Special Transportation	

Effective September 1, 2009, all SSHSP services will be reimbursed using an encounter-based claiming methodology, based on fees established by the Department of Health.

CPT codes are numbers assigned to services practitioners may provide to a patient including medical, surgical and diagnostic services. CPT codes are then used by insurers to identify the service provided and ultimately the reimbursement rates. Since CPT codes are used nationally, they ensure uniformity, while adding a level of precision. CPT codes are developed, maintained and copyrighted by the American Medical Association (AMA). As the practice of health care changes, new codes are developed for new services, current codes may be revised, and old, unused codes are discarded. Thousands of codes are in use, (over 14,000) and are updated annually. Development and maintenance of these codes is overseen by editorial boards at the AMA. DOH in coordination with SED has developed a list (just over 100 codes) that is available for SSHSP claiming.

CPT codes are either timed or untimed. Timed codes require the entry of units. When the practitioner chooses a code, the number of units must also be indicated. For example, if the physical therapist provided a service (CPT code 97140) and the session lasted 30 minutes, two units would be billed. Untimed codes are used on a one-per-session/per day basis. With one exception, providers should not report more than one physical medicine and rehabilitation therapy service for the same 15-minute time period. The only exception involves a "supervised modality" defined by CPT codes 97010-97028 which may be reported for the same 15-minute time period as other therapy services. For more information on the use of CPT codes and the claiming parameters, please contact your individual professional organizations.

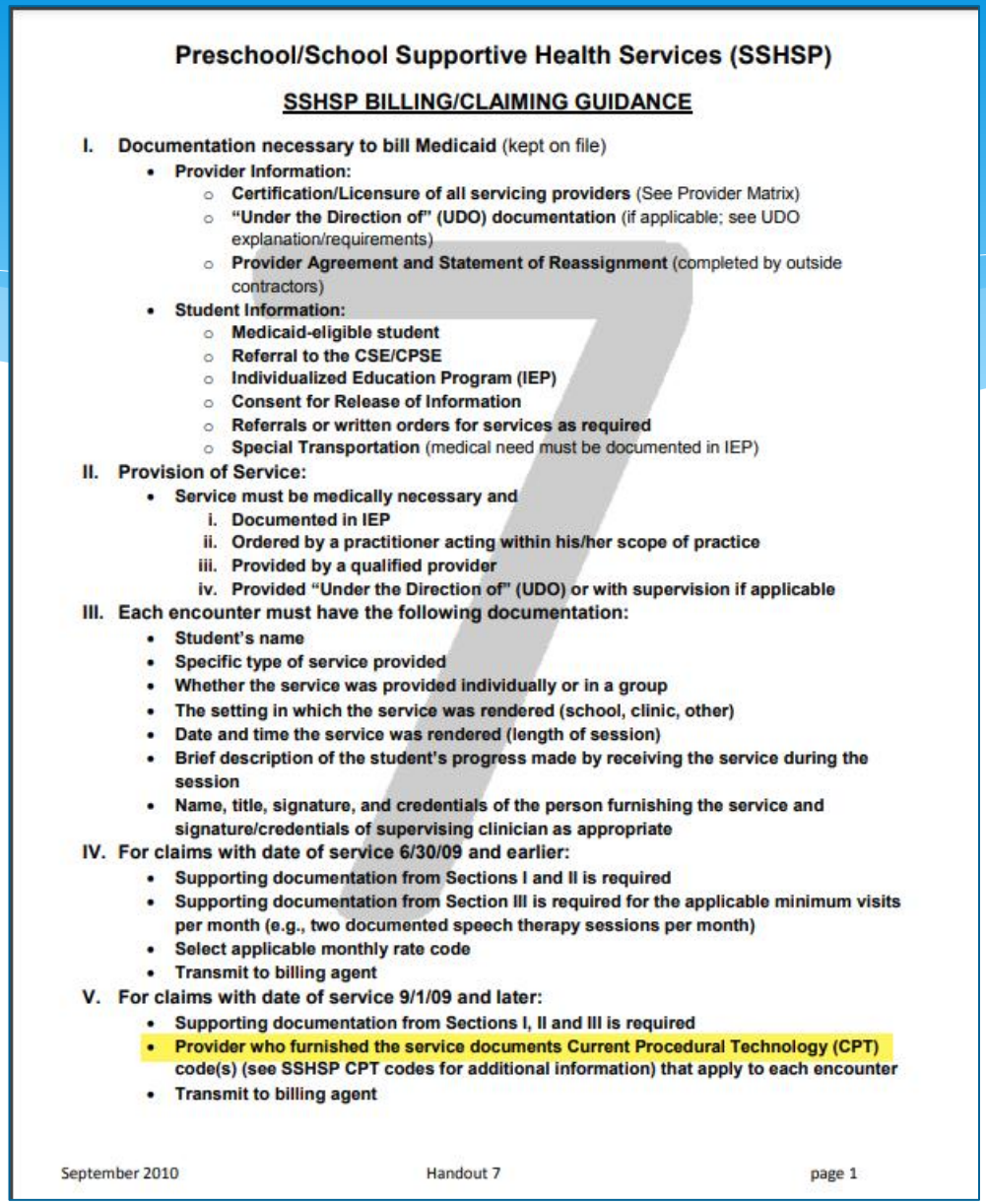
Link: https://www.oms.nysed.gov/medicaid/training_materials/handout_5_august_2018.html

MEDICAID TRAINING HANDOUT

Medicaid Training Handout #7

SSHSP Billing/Claiming Guidance (Page 1 of 2)

The link below will be provided with the webinar follow-up.



Preschool/School Supportive Health Services (SSHSP)

SSHSP BILLING/CLAIMING GUIDANCE

I. **Documentation necessary to bill Medicaid** (kept on file)
- **Provider Information:**
  - **Certification/Licensure of all servicing providers** (See Provider Matrix)
  - **"Under the Direction of" (UDO) documentation** (if applicable; see UDO explanation/requirements)
  - **Provider Agreement and Statement of Reassignment** (completed by outside contractors)
- **Student Information:**
  - **Medicaid-eligible student**
  - **Referral to the CSE/CPSE**
  - **Individualized Education Program (IEP)**
  - **Consent for Release of Information**
  - **Referrals or written orders for services as required**
  - **Special Transportation** (medical need must be documented in IEP)

II. **Provision of Service:**
- **Service must be medically necessary and**
  - i. **Documented in IEP**
  - ii. **Ordered by a practitioner acting within his/her scope of practice**
  - iii. **Provided by a qualified provider**
  - iv. **Provided "Under the Direction of" (UDO) or with supervision if applicable**

III. **Each encounter must have the following documentation:**
- **Student's name**
- **Specific type of service provided**
- **Whether the service was provided individually or in a group**
- **The setting in which the service was rendered (school, clinic, other)**
- **Date and time the service was rendered (length of session)**
- **Brief description of the student's progress made by receiving the service during the session**
- **Name, title, signature, and credentials of the person furnishing the service and signature/credentials of supervising clinician as appropriate**

IV. **For claims with date of service 6/30/09 and earlier:**
- **Supporting documentation from Sections I and II is required**
- **Supporting documentation from Section III is required for the applicable minimum visits per month (e.g., two documented speech therapy sessions per month)**
- **Select applicable monthly rate code**
- **Transmit to billing agent**

V. **For claims with date of service 9/1/09 and later:**
- **Supporting documentation from Sections I, II and III is required**
- **Provider who furnished the service documents Current Procedural Technology (CPT) code(s) (see SSHSP CPT codes for additional information) that apply to each encounter**
- **Transmit to billing agent**

September 2010 Handout 7 page 1

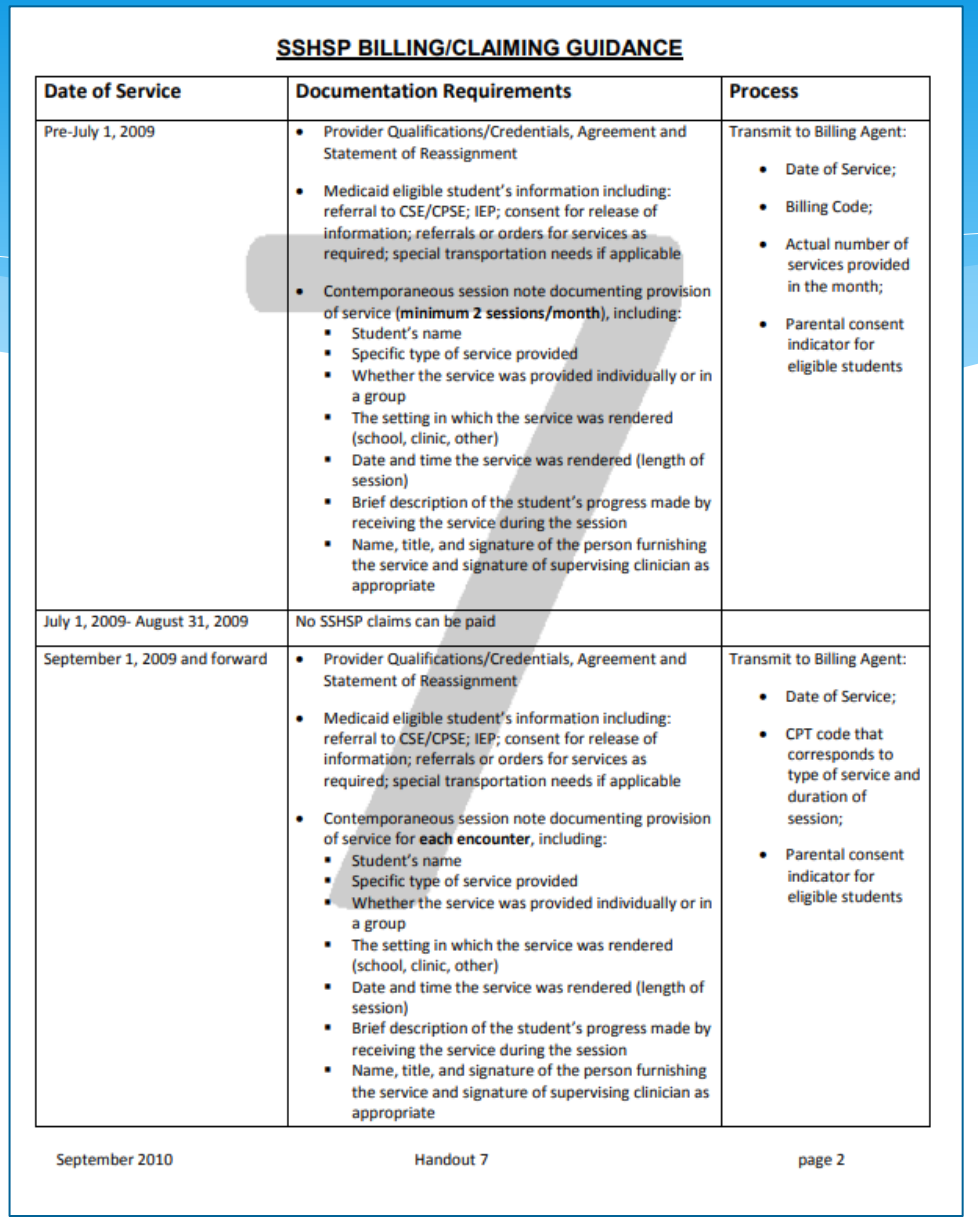
Link: https://www.oms.nysed.gov/medicaid/training_materials/billing_claiming_guidelines_sept_2010.PDF

MEDICAID TRAINING HANDOUT

Medicaid Training Handout #7

SSHSP Billing/Claiming Guidance (Page 2 of 2)

The link below will be provided with the webinar follow-up.



SSHSP BILLING/CLAIMING GUIDANCE

Date of Service	Documentation Requirements	Process
Pre-July 1, 2009	• Provider Qualifications/Credentials, Agreement and Statement of Reassignment • Medicaid eligible student's information including: referral to CSE/CPSE; IEP; consent for release of information; referrals or orders for services as required; special transportation needs if applicable • Contemporaneous session note documenting provision of service (**minimum 2 sessions/month**), including: ▪ Student's name ▪ Specific type of service provided ▪ Whether the service was provided individually or in a group ▪ The setting in which the service was rendered (school, clinic, other) ▪ Date and time the service was rendered (length of session) ▪ Brief description of the student's progress made by receiving the service during the session ▪ Name, title, and signature of the person furnishing the service and signature of supervising clinician as appropriate	Transmit to Billing Agent: • Date of Service; • Billing Code; • Actual number of services provided in the month; • Parental consent indicator for eligible students
July 1, 2009- August 31, 2009	No SSHSP claims can be paid	
September 1, 2009 and forward	• Provider Qualifications/Credentials, Agreement and Statement of Reassignment • Medicaid eligible student's information including: referral to CSE/CPSE; IEP; consent for release of information; referrals or orders for services as required; special transportation needs if applicable • Contemporaneous session note documenting provision of service for **each encounter**, including: ▪ Student's name ▪ Specific type of service provided ▪ Whether the service was provided individually or in a group ▪ The setting in which the service was rendered (school, clinic, other) ▪ Date and time the service was rendered (length of session) ▪ Brief description of the student's progress made by receiving the service during the session ▪ Name, title, and signature of the person furnishing the service and signature of supervising clinician as appropriate	Transmit to Billing Agent: • Date of Service; • CPT code that corresponds to type of service and duration of session; • Parental consent indicator for eligible students

Link: https://www.oms.nysed.gov/medicaid/training_materials/billing_claiming_guidelines_sept_2010.PDF