



# Florida Medicaid

**County Health Department  
Certified Match Program  
Coverage and Limitations Handbook**

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**Agency for Health Care Administration**





# UPDATE LOG

## MEDICAID COUNTY HEALTH DEPARTMENT CERTIFIED MATCH PROGRAM COVERAGE AND LIMITATIONS HANDBOOK

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### ***How to Use the Update Log***

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#### **Introduction**

Changes to the handbook will be sent out as handbook updates. An update can be a change, addition, or correction to policy. It may be either a pen and ink change to the existing handbook pages or replacement pages.

It is very important that the provider read the updated material and file it in the handbook, as it is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

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#### **Explanation of the Update Log**

The provider can use the update log to determine if all the updates to the handbook have been received.

Update No. is the month and year that the update was issued.

Effective Date is the date that the update is effective.

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#### **Instructions**

1. Make the pen and ink changes and file new or replacement pages.
2. File the cover page and pen and ink instructions from the update in numerical order after the log.

If an update is missed, write or call the Medicaid fiscal agent at the address given in the Florida Medicaid Provider General Handbook.

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Update No.	Effective Date
Aug1999	August 1999
May2000	May 2000
Mar2000—Replacement Pages	March 2000
Aug2000	August 2000
Oct2003—Revised Handbook	October 2003



# MEDICAID COUNTY HEALTH DEPARTMENT CERTIFIED MATCH PROGRAM COVERAGE AND LIMITATIONS HANDBOOK

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## INTRODUCTION TO THE HANDBOOK

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### **Overview**

#### **Introduction**

This chapter introduces the format used to prepare the Medicaid Reimbursement and Coverage and Limitations Handbooks and tells the reader how to use the handbooks.

#### **Background**

This Coverage and Limitations Handbook explains covered services, their limits and who is eligible to receive them. It is to be used with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which describes how to complete and file claims for reimbursement by Medicaid and the Florida Medicaid Provider General Handbook, which describes the Florida Medicaid Program.

#### **Legal Authority**

The Medicaid program is authorized by Title XIX of the Social Security Act and Title 42, Code of Federal Regulations. The Florida Medicaid program is authorized by Chapter 409, Florida Statutes (F.S.) and Chapter 59G, Florida Administrative Code (F.A.C.).

Federal Regulations, Florida Statutes, and the Florida Administrative Code, which deal with the purpose, implementation, and administration of each Medicaid program, are cited for reference in each service-specific Coverage and Limitations Handbook.

#### **In This Chapter**

This chapter contains:

<b>TOPIC</b>	<b>PAGE</b>
Handbook Use and Format	ii
Characteristics of the Handbook	iii
Handbook Updates	iii

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***Handbook Use and Format***

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<b>Purpose</b>	<p>The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.</p> <p>The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.</p>
<b>“Provider”</b>	<p>The term “provider” is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for services.</p>
<b>“Recipient”</b>	<p>The term “recipient” is used to describe an individual who is eligible for Medicaid.</p>
<b>Coverage and Limitations Handbook</b>	<p>Each service handbook is named for the service it describes and is referred to as a "Coverage and Limitations Handbook." A provider who furnishes more than one type of service will have more than one coverage and limitations handbook.</p>
<b>Reimbursement Handbook</b>	<p>Each reimbursement handbook is named for the claim form that it describes. A provider who bills on more than one type of claim form will have more than one reimbursement handbook.</p>
<b>General Handbook</b>	<p>General information regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy and important resources for providers are included in the Florida Medicaid Provider General Handbook. This general handbook is distributed to all enrolled Medicaid providers and is updated as needed.</p>
<b>Chapter Numbering System</b>	<p>The first page of each chapter designates the chapter number. The chapter number will appear as the first number of the page number at the bottom of each page in the handbook.</p>
<b>Page Numbering</b>	<p>Pages are numbered consecutively by chapter. Page numbers follow the chapter number found at the bottom of each page.</p>
<b>White Space</b>	<p>The "white space" throughout a handbook is characteristic of the handbook format style. It enhances readability and allows space for writing notes during training and for on-the-job reference.</p>

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## ***Characteristics of the Handbook***

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<b>Format</b>	<p>The format used in this handbook represents a concise and consistent way of displaying complex, technical material.</p>
<b>Information Block</b>	<p>One of the major features of the format is the information block, which replaces the traditional paragraph. Blocks are separated by horizontal lines.</p> <p>The block consists of one or more paragraphs or diagrams about a portion of a subject. Each block is identified or named with a label.</p>
<b>Label</b>	<p>Labels or names are located in the left margin of each information block. They describe the content or function of the block.</p> <p>Labels provide key subject matter identification that facilitates scanning and locating information quickly within a chapter or section within a chapter.</p>
<b>Note</b>	<p><u>Note</u>: Is used most frequently to refer the user to material located elsewhere in a handbook that is pertinent to the subject being addressed within the information block.</p> <p><u>Note</u>: Also refers the user to other documents or policies contained in other handbooks.</p>
<b>Topic Roster</b>	<p>Each chapter contains a topic roster that lists the major subject areas covered in the chapter and gives the page number where the subject can be found. This topic roster serves as a table of contents for major sections within each chapter.</p>

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## ***Handbook Updates***

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<b>How Changes Are Updated</b>	<p>The Medicaid handbooks will be updated as needed.</p> <p>Lengthy changes or multiple changes that occur at the same time will be sent on replacement pages.</p> <p>Brief changes will be sent as pen and ink updates. The pen and ink updates will be incorporated on replacement pages the next time replacement pages are produced.</p>
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**Handbook Updates**, continued

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<b>Update Log</b>	<p>A page designated as the log will accompany handbook updates. This log serves as a reference for the provider to be sure that each update has been received.</p> <p>An "Update No." will be indicated in the first column on the update log. The second column is titled "Effective Date" and indicates the date that the update is effective.</p>
<b>Numbering Update Pages</b>	<p>Updated replacement pages will have the same number as the page they are replacing. If additional pages are required, the new pages will carry the same number as the proceeding replacement page with a numeric character in ascending order, i.e., 3-1.2.</p>
<b>Effective Date of New Material</b>	<p>The month and year that the new material is effective will appear on the bottom of each page. The provider can check this date to ensure that the material being used is the most current and up to date.</p> <p>If an information block has an effective date that is different from the effective date on the bottom of the page, the effective date for the information block will be included in the label.</p>
<b>Identifying New Information</b>	<p>New material will be indicated with a vertical line. The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.</p>
<b>New Label</b>	<p>A new label for an existing information block will be indicated by a vertical line to the left and right of the label only.</p>
<b>New Label and New Information Block</b>	<p>A new label and a new information block will be identified by a vertical line to the left of the label and to the right of the information block.</p>
<b>New Material in an Existing Information Block</b>	<p>New or changed material within an existing information block will be indicated by a vertical line to the left and right of the information block.</p>
<b>New or Changed Paragraph</b>	<p>A paragraph within an information block that has new or changed material will be indicated by a vertical line to the left and right of the paragraph.</p> <p> Paragraph with new material.  </p>

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# CHAPTER 1

## MEDICAID COUNTY HEALTH DEPARTMENT CERTIFIED MATCH PROGRAM

### PURPOSE, BACKGROUND, AND PROGRAM INFORMATION

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**Overview**

**Introduction**

This handbook describes the Medicaid County Health Department (CHD) Certified Match Program, services reimbursed under the program, provider qualifications, Medicaid-enrolled student qualifications, and the general service requirements.

**Legal Authority**

CHD provider eligibility and services are governed by Title XIX of the Social Security Act and the Code of Federal Regulations, Title 42, Part 440.130. The program was implemented through Sections 409.9071 and 236.0812, Florida Statutes (F.S.), and Chapter 59G, Florida Administrative Code (F.A.C.).

**In This Chapter**

This chapter contains:

TOPIC	PAGE
Purpose and Background	1-1
CHD Provider Qualifications and Enrollment	1-3
General Service Requirements	1-5

***Purpose and Background***

**Medicaid Provider Handbooks**

This handbook is intended for use by CHDs that are enrolled in the Medicaid CHD Certified Match Program. Specific policies for each CHD certified match service reimbursed by Medicaid are contained in service-specific chapters in this handbook.

The handbook must be used in conjunction with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains specific procedures for submitting claims for payment and the Florida Medicaid Provider General Handbook, which contains general information about the Florida Medicaid Program.

**Purpose and Background,** continued

**Provider  
Responsibility**

Florida Medicaid has implemented all of the requirements contained in the federal legislation known as the Health Insurance Portability and Accountability Act (HIPAA). Medicaid providers, including their staff, contracted staff and volunteers, meet the definition of a covered entity according to HIPAA and must comply with HIPAA privacy requirements effective April 14, 2003, and HIPAA Electronic Data Interchange (EDI) requirements effective during October, 2003. This coverage and limitations handbook contains information regarding changes in procedure codes mandated by HIPAA. The Florida Medicaid Provider Reimbursement Handbooks contain the claims processing requirements for Florida Medicaid, including the changes necessary to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid see the Florida Medicaid Provider General Handbook.

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA, see the Florida Medicaid Reimbursement Handbook, CMS-1500.

Note: For information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the fiscal agent EDI help desk at 800-829-0218.

**Purpose**

The purpose of the Medicaid CHD Certified Match Program is to provide reimbursement to CHDs for medically necessary nursing, medication administration, and social work services provided in a school setting to Medicaid-enrolled students. The nursing services and medication administration are provided by the CHD's Medicaid-enrolled advanced registered nurse practitioners (ARNPs), registered nurses (RNs) and licensed practical nurses (LPNs). Social work services are provided by licensed clinical social workers (LCSWs) and master's degreed or higher social workers under certain conditions.

Note: See "A Master's Level or Higher Degreed Social Worker" in this chapter for more information.

**Background**

There are 67 CHDs in Florida. CHDs are also enrolled in Medicaid as CHD clinic services providers and receive Medicaid reimbursement through the CHD clinic services program for primary care and certain preventive care services.

Note: See the Medicaid County Health Department Clinic Services Coverage and Limitations Handbook for additional information.

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**CHD Provider Qualifications and Enrollment**

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**Qualified CHD Providers**

All CHDs are eligible to participate in the certified match program.

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**Enrollment Process**

In order to bill Medicaid under the certified match program, each CHD must be enrolled as a group provider.

Note: See the Florida Medicaid Provider General Handbook, for general enrollment requirements.

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**Nurses Are Enrolled**

Each of the advanced registered nurse practitioners (ARNPs), registered nurses (RNs) and licensed practical nurses (LPNs) who will be providing services must enroll as an individual treating provider in the CHD group.

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**Social Workers Are Credentialed Effective September 23, 2002**

Licensed clinical social workers (LCSWs) and master's level social workers providing services under the supervision of a LCSW are credentialed by the CHD. The CHD must sign an agreement (see Appendix C) with Medicaid attesting that its social work services staff providing health related services for which the CHD will bill meet the Medicaid provider qualifications.

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**Health Care Staff Qualifications**

The CHD must employ or individually contract with qualified treating providers who meet the Medicaid qualifications as described in this handbook for which the CHD will bill Medicaid. The CHD must supervise all treating providers.

Note: See the Florida Medicaid Provider General Handbook for general provider qualifications.

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**Advanced Registered Nurse Practitioner Provider Qualifications Effective July 31, 2001**

To enroll as an individual treating provider in the Medicaid CHD Certified Match Program, an advanced registered nurse practitioner must be currently licensed under Chapter 464, F.S.

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**Registered Nurse Provider Qualifications**

To enroll as an individual treating provider in the Medicaid CHD Certified Match Program, a registered nurse must be currently licensed under Chapter 464, F.S.

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**Licensed Practical Nurse Provider Qualifications**

To enroll as an individual treating provider in the Medicaid CHD Certified Match Program, a licensed practical nurse must be currently licensed under Chapter 464, F.S.

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**CHD Provider Qualifications and Enrollment**, continued

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<b>Supervision of Licensed Practical Nurses</b>	To receive Medicaid reimbursement for services rendered by a licensed practical nurse, the services must be performed under the direction or supervision of a licensed advanced registered nurse practitioner or registered nurse, as governed by the state Nurse Practice Act, Chapter 464, F.S.
<b>Temporary Nursing Licenses and Non-Licensed Nursing Personnel</b>	Medicaid cannot enroll nursing treating providers with temporary licenses or reimburse for services that they provide.  Medicaid cannot enroll individual nurse's aides or assistants who are employed by or under contract with a CHD who are not licensed to provided nursing services, or reimburse for services that they provide.  All services must be personally rendered. Nursing services must be provided as governed by the state Nurse Practice Act, Chapter 464, F.S.
<b>Licensed Clinical Social Worker Qualifications Effective September 23, 2002</b>	To render reimbursable social work services in the Medicaid CHD Certified Match Program, a licensed clinical social worker must be currently licensed under Chapter 491, F.S.
<b>A Master's Level or Higher Degreed Social Worker Effective September 23, 2002</b>	To render reimbursable social work services in the Medicaid CHD Certified Match Program, an individual must have a master's degree or higher from a college or university, work under the supervision of a CHD licensed clinical social worker (or the equivalent as defined in Chapter 491, F.S.), and must comply with all requirements as described in Chapter 491.F.S. Refer to Chapter 3 of this handbook for further information.
<b>FDLE Background Check</b>	CHDs and their individual treating providers are not required to submit Florida Department of Law Enforcement (FDLE) background checks or fingerprints to enroll as Medicaid providers. This is because the CHDs are regulated by the Department of Health and the treating providers are licensed by the Department of Health.
<b>Ownership Disclosure</b>	CHDs are not required to disclose ownership to enroll as Medicaid providers because they are publicly financed.

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**General Service Requirements**

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**Introduction**

To receive Medicaid reimbursement for nursing, medication administration, and social work services, the following requirements must be met.

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**Medical Necessity**

Medicaid reimburses for services that are determined medically necessary, do not duplicate another provider's service, and meet the following criteria as defined in Chapter 59G-1.010, F.A.C.:

- Are individualized, specific, consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the Medicaid-enrolled student's needs;
- Are not experimental or investigational;
- Are reflective of the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- Are furnished in a manner not primarily intended for the convenience of the Medicaid-enrolled student, the Medicaid-enrolled student's caretaker, or the provider.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a covered service.

Note: See the Florida Medicaid Provider General Handbook for the definition of medically necessary.

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**Students Qualified for CHD Certified Match**

To be qualified under the Medicaid CHD Certified Match Program described in this handbook, a Medicaid-enrolled student must meet the following criteria:

- Be Medicaid eligible on the date of service;
  - Be enrolled in a public school; and
  - Be under age 21.
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**Managed Care Information**

Students are eligible for the CHD Certified Match Program regardless of whether they are enrolled in MediPass, a Medicaid Health Maintenance Organization (HMO), a Provider Service Network (PSN), or an Alternative Service Network (ASN). Authorization from the MediPass primary care provider, the HMO, the PSN, or the ASN is not required.

If the student is enrolled in an HMO, a PSN or an ASN, upon request the provider will furnish the CHD with contact information of a person who is responsible for coordinating the services to avoid duplication. CHDs must avoid duplication of services. CHDs, when appropriate, should provide the HMO, the PSN or ASN with the student's treatment plan if the parents or legal guardian have signed a release of records.

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**General Service Requirements**, continued

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<b>Place of Service</b>	For Medicaid purposes, services may be provided at the school or in the Medicaid-enrolled student's home. If services are provided at school, the place of service entered (coded) on the claim to Medicaid should be "school": <ul style="list-style-type: none"><li>• As 18 prior to implementation of HIPAA; and</li><li>• As 03 after implementation of HIPAA.</li></ul>
<b>Service Limitation</b>	Medicaid reimburses only one provider for the same procedure provided to a student on the same day. The procedure is determined by a procedure code comparison of the claims submitted. The first claim billed correctly for a specific procedure code will be paid.
<b>Informing the Parent or Guardian about Services</b>	Although not a Medicaid requirement, parents should be informed that Medicaid will only reimburse one provider for the same procedure on the same day for the same student.
<b>Diagnosis Code</b>	<p>Medicaid requires that an ICD-9-CM diagnosis code be entered on the CMS-1500 claim form.</p> <p>The code should represent the Medicaid-enrolled student's medical diagnosis and may be obtained from the attending physician, advanced registered nurse practitioner, physician's assistant, or through use of the <i>International Classification of Diseases, 9<sup>th</sup> Edition, Clinical Modifications</i> (ICD-9-CM). The student's diagnosis statement or ICD-9-CM diagnosis code must be contained in his or her medical record.</p> <p>For services not directly related to the student's primary diagnosis (for example, an accident in the classroom or administration of medications for illnesses not related to the student's diagnosis), for students with no specific medical diagnosis, and over-the-counter medication, the provider should enter diagnosis code 999.9 on the claim form.</p>

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**CHAPTER 2**  
**MEDICAID COUNTY HEALTH DEPARTMENT**  
**CERTIFIED MATCH PROGRAM**  
**NURSING SERVICES**

**Overview**

**Introduction**

This chapter describes the services covered under the Medicaid County Health Department (CHD) Certified Match Program for nursing and medication administration services, the requirements for service provision, the service limitations and service exclusions.

**In This Chapter**

This chapter contains:

<b>TOPIC</b>	<b>PAGE</b>
Definitions	2-1
Provider Qualifications for Covered Services	2-3
Nursing Services Reimbursement	2-4
Medication Administration Services Reimbursement	2-5
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**Definitions**

**Introduction**

Medicaid reimburses CHDs for the nursing and medication administration services described in this chapter. To be reimbursed by Medicaid, the service must comply with the requirements listed in Chapter 1 of this handbook that pertain to all Medicaid CHD certified match services.

**Definitions**, continued

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**Nursing Services**

Nursing services are services provided on a one-to-one basis, examples are:

- Health assessments;
- Student health training and health counseling;
- Catheterizations;
- Tube feedings;
- Maintenance of tracheotomies;
- Oxygen administration;
- Specimen collection;
- Ventilator care;
- Health monitoring and management;
- Health care treatments and procedures;
- Management of chronic health care problems;
- Health care coordination and referrals;
- Crisis intervention (e.g., life-threatening accidents or situations);
- Compilation of health histories;
- Screenings such as scoliosis, dental, vision, hearing, growth and development;
- Emergency health care (e.g., treatment of minor wounds); and
- Consultation and coordination about health care plans with other health care staff, parents, teachers and family on behalf of a Medicaid-enrolled student.

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**Excluded Services**

Medicaid cannot reimburse for nursing services provided to a group, such as group education, classroom education, or health fairs.

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**Medication Administration Services**

Although medication administration is a nursing service in the context of general nursing activities, Medicaid reimburses separately for medication administration on a fee-per-dose basis. The fee for medication administration includes time spent administering medication and documenting the service.

Nursing time spent observing or treating a student's reaction to medication is considered to be a nursing service, as defined in the above section.

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**Service Reimbursement**

Medicaid will reimburse nursing services and medication administration provided on the same date of service for the same student.

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**Diagnosis Code**

Medicaid requires that an ICD-9 diagnosis code be entered on the CMS-1500 claim form. The student's diagnosis statement or ICD-9 diagnosis code must be contained in his or her record.

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**Provider Qualifications for Covered Services**

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**Nursing Service-  
Advanced  
Registered Nurse  
Practitioner  
Effective  
July 31, 2001**

Medicaid reimburses for nursing services as defined in this chapter that are personally rendered by a licensed advanced registered nurse practitioner (ARNP) to or on behalf of a Medicaid-enrolled student.

**Nursing Service-  
Registered Nurse**

Medicaid reimburses for nursing services as defined in this chapter that are personally rendered by a licensed registered nurse (RN) to or on behalf of a Medicaid-enrolled student.

**Nursing Service-  
Licensed Practical  
Nurse**

Medicaid reimburses for nursing services as defined in this chapter that are personally rendered by a licensed practical nurse (LPN) to or on behalf of a Medicaid-enrolled student.

**Supervision of  
Licensed Practical  
Nurses**

To receive Medicaid reimbursement for services rendered by an LPN, the services must be performed under the direction of a licensed ARNP or licensed RN, as governed by the state Nurse Practice Act.

**Nursing Service  
Requirements**

Nurses are enrolled in the CHD group. Each licensed ARNP, RN and LPN who will be providing services must enroll as individual treating providers in the CHD group.

Note: See Chapter 4 of this handbook for additional information.

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**Nursing Services Reimbursement**

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**Introduction**

Medicaid reimbursement is based on the amount of time spent by the nurse with or on behalf of each Medicaid-enrolled student. One unit of service for nursing services is a maximum of 15 minutes. The total time spent per nurse, per day, providing nursing services to or on behalf of a Medicaid-enrolled student must be added as a cumulative total and rounded up to the nearest 15-minute increment. For example, if the nurse provided two nursing services of 20 minutes and 18 minutes on the same day, the nursing services equal a daily total of 38 minutes and would be billed to Medicaid as 3 units.

**Effective  
October 16, 2003**

For nursing service procedure codes T1002 TF, T1003, and T1002, only one Medicaid claim line per day, per nurse, per Medicaid-enrolled student shall be reimbursed for each procedure code. Also, only one Medicaid claim per day for each same-type certified match treating provider may be reimbursed. The claim must show the cumulative total units that the nurse provided services to or on behalf of the Medicaid-enrolled student for the day for each code.

Medicaid will reimburse the CHD for time spent preparing documentation of nursing services rendered, and the time spent may be added to the day's cumulative total for nursing services. However, time spent preparing documentation for medication administration or time spent preparing a claim(s) for Medicaid reimbursement is not covered.

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**Reimbursement  
Limitations**

Medicaid reimburses a maximum of 32 units per nurse, per day. The CHD may bill for nursing services provided by the same nurse to multiple Medicaid-enrolled students on the same day of service; however, the total units for the nurse cannot exceed 32 units per day.

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**Travel Time**

Travel time off school campus is not reimbursable unless nursing services are rendered during travel. For example, nursing services would be reimbursable if a licensed ARNP, licensed RN or licensed LPN accompanies a student on a specialized school bus or other vehicle, and for the time the ARNP, RN or LPN spent rendering nursing services during transport.

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**Students with  
Private Duty Nurses**

If Medicaid is reimbursing a home health agency for the services of a private duty nurse while a Medicaid-enrolled student attends school, the only nursing services billable to Medicaid by the CHD for the same day are screenings for scoliosis, dental, vision, hearing, and growth and development. Medicaid reimbursement for all billable nursing services provided on the same day by a home health agency and by a county health department under the CHD Medicaid Certified Match Program may be billed by both providers if services are not provided at the same time to a Medicaid-enrolled student.

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***Nursing Services Reimbursement***, continued

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<b>Service Exclusion</b>	Any nursing service provided in an established CHD satellite clinic that has a Medicaid standard of care protocol must be billed under the CHD clinic services program as an encounter.
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<b>Codes and Fees</b>	See Appendix B in Chapter 4 of this handbook for the licensed ARNP, licensed RN and licensed LPN nursing services procedure codes and fees.
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***Medication Administration Services Reimbursement***

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<b>Medication Administration-Advanced Registered Nurse Practitioner Effective July 31, 2001</b>	The administration of medication, as defined in this chapter, personally rendered by a licensed advanced registered nurse practitioner (ARNP) may be billed to Medicaid when the ARNP provides the medication directly to a Medicaid-enrolled student.
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<b>Medication Administration-Registered Nurse</b>	The administration of medication, as defined in this chapter, personally rendered by a licensed registered nurse (RN) may be billed to Medicaid when the RN provides the medication directly to a Medicaid-enrolled student.
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<b>Medication Administration-Licensed Practical Nurse</b>	The administration of medication, as defined in this chapter, personally rendered by a licensed practical nurse (LPN) may be billed to Medicaid when the LPN provides the medication directly to a Medicaid-enrolled student.
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<b>Service Reimbursement</b>	Medicaid reimbursement is on a per dose basis, regardless of the route of administration or whether the drug is prescribed or over-the-counter. If two different drugs are administered at the same time, two units of medication administration may be billed to Medicaid. The fee for reimbursement of medication administration is an all-inclusive fee that includes the time spent administering medication and documenting the service.
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**Medication Administration Services Reimbursement**, continued

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<b>Travel Time</b>	Travel time off school campus is not reimbursable unless medication is administered by an ARNP, RN or LPN during transport on a specialized school bus or other form of transportation.
<b>Observation Time</b>	Time spent observing or treating a student’s reaction to medication may be reimbursed as a nursing service, and is in addition to reimbursement of the medication administration fee.
<b>Students with Private Duty Nurses</b>	Medicaid reimbursement for medication administration provided on the same day by a home health agency, and by a county health department under the CHD Medicaid Certified Match Program may be billed by both providers if services are not provided at the same time to a Medicaid-enrolled student.
<b>Place of Service</b>	Medication administration services are reimbursable when rendered on a school campus, on a specialized school bus or other form of school transportation, or at the student’s home. The place of service code for “school” should be entered (coded) on the claim form as follows: <ul style="list-style-type: none"><li>• As 18 prior to implementation of HIPAA; and</li><li>• As 03 after implementation of HIPAA.</li></ul>
<b>Codes and Fees</b>	See Appendix B in Chapter 4 of this handbook for the medication administration procedure codes and fee schedule.

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**Audit Requirements**

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<b>General Requirements</b>	In addition to the requirements listed in this section, CHDs must meet the general Medicaid record keeping requirements listed in the Florida Medicaid Provider General Handbook.
<b>Documentation</b>	Documentation of medical services rendered must be in the Medicaid-enrolled student’s health record.  Service documentation must be retained and presented with the student’s health record upon request by a representative of either the Agency for Health Care Administration (AHCA) or the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA).

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**Audit Requirements**, continued

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**Recoupment** Failure to maintain records in accordance with this handbook and the Florida Medicaid Provider General Handbook may result in recoupment of Medicaid reimbursements.

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**Diagnosis Code** A diagnosis statement or ICD-9 diagnosis code must be contained in each Medicaid-eligible student's record. For services not directly related to the student's primary diagnosis (for example, an accident in the classroom or administration of medications for illnesses not related to the student's diagnosis), for students with no specific medical diagnosis, and over-the-counter medication, the provider should enter diagnosis code 999.9 on the claim form.

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**Student's Health Record** The CHDs are required to maintain documentation of each Medicaid reimbursable nursing and medication administration service in the student's health record. The CHD is responsible for producing the record upon request for Medicaid audits. CHDs have the responsibility to maintain the health record in a secure, confidential manner.

Each Medicaid-enrolled student's health record must include, at a minimum, the following:

- Documentation describing each nursing and medication administration service; and
  - Student's diagnosis statement or diagnosis code.
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**Documentation Components for Nursing Services** Documentation of each nursing service must include the following information:

- Student name;
- Date of service;
- Length of time the service was performed (either total minutes or beginning and ending time may be recorded);
- Description of the service;
- Student's reaction to the service, unless the service was a consultation, a referral or compilation of health history, a screening, health counseling, or training session; and
- Nurse's signature, title and date.

It is acceptable to use either narrative descriptions or logs as documentation of nursing services if the content meets the above requirements.

<p>Electronic documentation and electronic signatures are allowed but these records must be readily available upon request in the event of an audit. If electronic documentation and signatures are used, written security procedures must be in place that prevent unauthorized use.</p>
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**Audit Requirements**, continued

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**Documentation  
Components for  
Medication  
Administration**

Documentation of each occurrence of medication administration must include the following information:

- Student name;
- Date of service;
- Name of medication;
- Time medication was given;
- Dosage and route;
- If a prescribed drug, the prescribing practitioner's name; and
- Nurse's signature, title and date.

When applicable, any reaction to the medication must be documented.

It is acceptable to use either narrative descriptions or individual medication logs as documentation of medication administration if the content meets the above requirements.

Electronic documentation and electronic signatures are allowed but these records must be readily available upon request in the event of an audit. If electronic documentation and signatures are used written security procedures must be in place that prevent unauthorized use.

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**Signature  
Requirements for  
Logs**

If a log-type format is used for nursing services or medication administration, the nurse may either:

- Sign, title and date the log by each entry on the log; or
- Initial each daily entry and then sign, title and date the log on a weekly basis.

For Medicaid purposes, all signatures (not initials) should be followed by an abbreviated title. For example, Jane Doe, RN.

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**General  
Requirements**

In addition to the above audit requirements, the provider must follow the documentation requirements contained in the Florida Medicaid Provider General Handbook. Upon request by a representative of either the Agency for Health Care Administration (AHCA) or the Centers for Medicare and Medicaid Services (CMS), documentation must be presented by the CHD.

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**CHAPTER 3**  
**MEDICAID COUNTY HEALTH DEPARTMENT**  
**CERTIFIED MATCH PROGRAM**  
**SOCIAL WORK SERVICES**

**Overview**

**Introduction**

This chapter describes the services covered under the Medicaid County Health Department (CHD) Certified Match Program for social work services, the requirements for service provision, the service limitations and service exclusions.

**In This Chapter**

This chapter contains:

<b>TOPIC</b>	<b>PAGE</b>
Definitions	3-1
Provider Qualifications	3-2
Service Requirements	3-2
Individual Social Work Services Reimbursement	3-3
Group Social Work Services Reimbursement	3-4
Audit Requirements	3-5

**Definitions**

**Introduction**  
**Effective**  
**September 23, 2002**

Medicaid reimburses CHDs for the social work services described in this chapter. To be reimbursed by Medicaid for social work services under the CHD Certified Match Program, the services must comply with the requirements listed in Chapter 1 of this handbook.

**Definitions**, continued

**Covered Services Effective September 23, 2002**

Social work services can include:

- Testing, assessment and evaluation that appraise cognitive, developmental, emotional, social and adaptive functioning;
- Interviews, behavioral evaluations and functional assessments, including interpretations of information about the student's behavior and conditions relating to functioning;
- Development of evaluative reports;
- Consultation and coordination, follow-up referrals with other health care staff, other entities and agencies, parents, teachers, and family;
- Therapy and counseling;
- Behavioral analysis or assessment and treatment or intervention; and
- Unscheduled activities for the purpose of resolving an immediate crisis situation.

**Provider Qualifications**

**Provider Types for Social Work Services Effective September 23, 2002**

For Medicaid purposes the following CHD staff employed or individually contracted by the CHD may render reimbursable social work services:

- Licensed clinical social worker; and
- Social worker (master's level degree) working under the supervision of a LCSW.

**Social Worker Provider Qualifications Effective September 23, 2002**

To render reimbursable services in the Medicaid county health department certified match program, a social worker must have one of the following:

- Current license as a clinical social worker under Chapter 491, F.S.; or
- A master's degree or higher from a college or university and working under the supervision of a licensed clinical social worker (or the equivalent as defined in Chapter 491, F.S.) in order to obtain the work experience necessary for licensure or certification.

**Service Requirements**

**Introduction Effective September 23, 2002**

To receive Medicaid reimbursement for social work services, the following requirements must be met.

**Service Requirements**, continued

**Social Workers Must Be Credentialed Effective September 23, 2002**

The CHD must employ or individually contract with staff that meet the Medicaid provider qualifications to provide social work services as described in this handbook. The CHD must sign the Agreement for Assuring that County Health Department Behavioral Health Providers are Credentialed (see Appendix C) before billing for reimbursement of services. Individual treating providers rendering social work services are not enrolled in the CHD group.

**General Service Requirements Effective September 23, 2002**

If a Medicaid eligible student receives counseling, therapy or other social work services from a county health department, school district or a community mental health provider during the same time period, these activities should be coordinated by providers.

**Diagnosis Code Effective September 23, 2002**

Medicaid requires that an ICD-9 diagnosis code be entered on the claim. The student's diagnosis statement or ICD-9 diagnosis code must be contained in his or her record.

**Place of Service Effective September 23, 2002**

Travel time off school campus for the provision of social work services is not reimbursable unless reimbursable services are rendered during travel.

**Individual Social Work Services Reimbursement**

**Individual Social Work Service Effective September 23, 2002**

Individual social work services as defined in this chapter may be billed to Medicaid when CHD staff is rendering services to or on behalf of a specific Medicaid-eligible student.

**Service Requirements Effective September 23, 2002**

If services are rendered to or on behalf of an individual Medicaid-eligible student, regardless of which service or combination of services are being rendered, the CHD must bill for individual social work services.

When a consultation is performed for one Medicaid-eligible student, the service is considered to be an individual service, regardless of the number of family members, school staff, or health care staff present.

***Individual Social Work Services Reimbursement***, continued

**Service Reimbursement Effective September 23, 2002**

Medicaid reimbursement is based on the amount of time spent by the CHD staff with or on behalf of each Medicaid-eligible student. One unit of individual social work service is equal to a maximum of 15 minutes.

The total time spent per day providing social work services to or, on behalf of, a Medicaid-eligible student must be added as a cumulative total and rounded up to the nearest 15-minute increment. For example, two individual social work services of 31 minutes and 22 minutes equal a daily total of 53 minutes and would be billed to Medicaid as 4 units of service.

Only one Medicaid claim (or claim line) per day, per Medicaid-eligible student for each procedure code may be reimbursed. Each claim line per procedure code must show the cumulative total units for the Medicaid-eligible student for the day.

**Reimbursement Limitations Effective September 23, 2002**

Medicaid reimburses a maximum of 32 units per CHD staff member per day. The CHD may bill for social services provided by the same staff member to multiple Medicaid-eligible students on the same day of service; however, the total individual and group units combined cannot exceed 32 units.

It is permissible to include time spent preparing documentation of social work services rendered. However, time spent preparing a claim(s) for Medicaid reimbursement is not covered.

**Codes and Fees Effective September 23, 2002**

See Appendix B-1 in Chapter 4 of this handbook for the individual social work services procedure code and fee.

***Group Social Work Services Reimbursement***

**Group Social Work Service Effective September 23, 2002**

Group social work services as defined in this chapter may be billed to Medicaid when the CHD staff is rendering services to or on behalf of a group of students.

**Service Requirements Effective September 23, 2002**

If services are rendered to or on behalf of a group of students, regardless of which service or combinations of services are being rendered, the CHD must bill for group social work services.

For Medicaid to reimburse the service, the group size must be a minimum of two students and must not exceed six students. The minimum service time is two consecutive units. It is not required that all the students in a group be eligible for Medicaid.

**Group Social Work Services Reimbursement, continued**

**Service Reimbursement Effective September 23, 2002**

Medicaid reimbursement is based on the amount of time spent by the CHD staff with or on behalf of a group of students. One unit of group social work service is equal to a maximum of 15 minutes.

The total time spent per day providing social work services to or on behalf of a group of Medicaid eligible students must be added as a cumulative total and rounded up to the nearest 15-minute increment.

For example, if the CHD staff member conducted a 45-minute group counseling session and spent 13 minutes that same day documenting the results of the group session for a daily total of 58 minutes, 4 units of group service would be billed to Medicaid for each Medicaid-eligible student. If two of the students in the group were Medicaid-eligible, two claims would be submitted, each showing 4 units of group service.

Only one Medicaid claim (or claim line) per day, per Medicaid-eligible student for each procedure code may be reimbursed. Each claim line per procedure code must show the cumulative total units for the Medicaid-eligible student for the day.

It is permissible to include time spent preparing documentation of social work services rendered. However, time spent preparing a claim(s) for Medicaid reimbursement is not covered.

**Reimbursement Limitations Effective September 23, 2002**

Medicaid reimburses a maximum of 32 units per CHD staff member per day. The CHD may bill for social services provided by the same staff member to multiple Medicaid-eligible students on the same day of service; however, the total individual and group units combined cannot exceed 32 units.

**Codes and Fees Effective September 23, 2002**

See Appendix B-1 in Chapter 4 of this handbook for the group social work services procedure code and fee.

**Audit Requirements**

**Student Records Effective September 23, 2002**

CHDs are required to maintain a record for each Medicaid-eligible student that includes documentation of Medicaid reimbursable social work service.

**Diagnosis Code Effective September 23, 2002**

A diagnosis statement or ICD-9 diagnosis code must be contained in each Medicaid-eligible student's record.

**Audit Requirements**, continued

**Documentation Components for Testing, Assessment, Evaluation and Consultative/Referral Activities Effective September 23, 2002**

Documentation of each social work service (other than therapy or counseling) such as testing, assessment, evaluation, etc., billed to Medicaid must include the following information:

- Student name;
- Date of service;
- Description of tests, assessments or other evaluative methods such as interview, observations and record review, or description of consultative or referral activities;
- Length of time the service was performed; and
- CHD staff member's signature, title and date.

**Documentation Components for Treatment Services Effective September 23, 2002**

Documentation of social work therapy or counseling services billed to Medicaid must include the following information:

- Student name;
- Date of service;
- Description of therapy or counseling session;
- Description of student's progress toward any established goals, if appropriate (can be weekly);
- Length of time the service was performed; and
- CHD staff member's signature, title and date.

These records may be kept in narrative form or on logs if the above components are present. Daily initials may be used if treating provider signs, credentials, and dates on a weekly basis. Electronic documentation and electronic signatures are allowed but these records must be readily available upon request in the event of an audit. If electronic documentation and signatures are used, written security procedures must be in place that prevent unauthorized use.

**Signature Requirements for Logs Effective September 23, 2002**

If a log-type format is used for social work services the treating provider may either:

- Sign, title and date the log by each entry on the log; or
- Initial each daily entry and then sign, title and date the log on a weekly basis.

For Medicaid purposes, all signatures (not initials) should be followed by an abbreviated title. For example, Jane Doe, LCSW or MSW.

**General Requirements Effective September 23, 2002**

In addition to the above audit requirements, the provider must follow the documentation requirements contained in the Florida Medicaid Provider General Handbook. Documentation must be presented upon request by the Agency for Health Care Administration (AHCA) or Centers for Medicare and Medicaid Services (CMS).

**CHAPTER 4**  
**MEDICAID COUNTY HEALTH DEPARTMENT**  
**CERTIFIED MATCH PROGRAM**  
**PROCEDURE CODES, CERTIFICATION AGREEMENT AND**  
**PROVIDER CREDENTIAL AGREEMENT**

**Overview**

**Introduction**

This chapter describes the reimbursement for the County Health Department (CHD) Certified Match Program.

**In This Chapter**

This chapter contains:

TOPIC	PAGE
Certified Match	4-1
Reimbursement Information	4-2
Appendix A: Certified Match Service Reimbursement	A-1
Appendix B: Procedure Codes and Maximum Fee Schedule	B-1
Appendix C: Agreement for Assuring that County Health Department Behavioral Health Providers Are Credentialed	C-1

**Certified Match**

**Introduction**

Medicaid is financed by state and federal public funds. The state and federal shares of these funds are set each federal fiscal year by the federal government. Although the federal share may change each fiscal year, it is currently 58.93 percent in Florida.

CHDs participating in Medicaid as providers in the CHD Certified Match Program “certify” that they have used non-federal funds for health care services as the state share. Medicaid then reimburses the CHD the federal share of its payment for the health care service. This unique reimbursement method is termed “certified match reimbursement.”

## ***Reimbursement Information***

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### **Certified Match Reimbursement Procedures**

See Appendix B in this handbook for the certified match service reimbursement procedure codes.

Procedure codes used to bill for dates of service October 16, 2003 and after are listed in Appendix B of this handbook. In some cases, one or two modifiers are required to uniquely identify the service provided. Both the procedure codes and modifiers listed must be completed on the claim in order to receive proper reimbursement. No modifiers other than the ones listed in Appendix B are allowed when billing these services.

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### **Completing the Claim Form for Nursing Services**

To receive reimbursement for nursing services or medication administration, the CHD bills for the appropriate procedure code using its CHD group provider number with a locator code of "30."

The keyed claim type "88" for Medicaid CHD Certified Match Services must be entered in item 19 for paper claims.

The treating practitioner's Medicaid number must be entered in item 24K.

---

### **Completing the Claim Form for Social Work Services Effective September 23, 2002**

To receive reimbursement for social work services, the CHD bills for the appropriate procedure code using its CHD group provider number with a locator code of "31."

The keyed claim type "88" for Medicaid CHD Certified Match Services must be entered in item 19 for paper claims.

Since social work service providers are credentialed and not enrolled, no treating practitioner's Medicaid number is to be entered on the claim form for reimbursement of social work services.

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## APPENDIX A

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### ***Certified Match Service Reimbursement***

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#### **Local Match Certifications**

County Health Departments (CHDs) that provide Medicaid services that utilize local match for the non-federal share of expenditures are required to submit a quarterly certification. This certification is necessary to ensure that non-federal money is utilized for the matching requirement. These certifications will be sent to the address as shown below. The form in this appendix may be used for this purpose. A CHD form containing the same information shown on the form in this appendix may be used, if desired.

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#### **Instructions for Completing the Form**

The form, or the CHD's equivalent form, is due to the Agency for Health Care Administration, Medicaid Program Analysis within 15 days after each quarter ends. The form may be photocopied from this handbook.

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#### **Item Instructions**

Enter the name of the CHD.  
Months and year certified. For example, 7/98-9/98; 10/98-12/98; 1/99-3/99;  
4/99-6/99.

Mail quarterly certifications to the following address:

**Agency for Health Care Administration  
Office of Medicaid Program Analysis  
Attention: CHD Certified Match Program  
2727 Mahan Drive, Mail Stop 21  
Tallahassee, Florida 32308**

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## Quarterly Certification of State Expenditures by County Health Departments

**Agency for Health Care Administration  
Medicaid Program Analysis  
2727 Mahan Drive, Mail Stop 21  
Tallahassee, Florida 32308  
Attn.: County Health Department (CHD) Match Programs**

Dear Sirs:

I, as financial officer of the \_\_\_\_\_ Health Department, am charged with the  
*(Name of County)*  
duties of supervising the administration of the provision and billing for services provided under Title XIX  
(Medicaid) of the Social Security Act, as amended. I hereby certify that the CHD's state share of public,  
non-federal funds needed to match the federal share of medical claims billed to the state Medicaid agency  
for services provided has been expended for Medicaid-enrolled students during the

\_\_\_\_\_ quarter.  
*(Month/Year Certified)*

I also certify that the certified expenditures were incurred in accordance with provisions of Florida's policies  
for the services.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## APPENDIX B

### PROCEDURE CODES AND MAXIMUM FEE SCHEDULE

Procedure Codes				Description of Service	Maximum Fee
With Dates of Service					
After <u>10/15/03</u>			Before <u>10/16/03</u>		<b>(Reimbursement is the Federal Share of the Fee)</b>
	Modifier 1	Modifier 2			
T1003			W1184	Nursing Service— Licensed Practical Nurse	\$4.80 (per 15-minute unit)
T1002			W1185	Nursing Service— Registered Nurse	\$6.20 (per 15-minute unit)
T1002	TF		W1210	Nursing Service— Advanced Registered Nurse Practitioner	\$8.40 (per 15-minute unit)
T1003	KO		W1186	Medication Administration— Licensed Practical Nurse	\$1.06 (per dose)
T1002	KO		W1187	Medication Administration— Registered Nurse	\$2.07 (per dose)
T1002	TF	KO	W1211	Medication Administration— Advanced Registered Nurse Practitioner	\$3.25 (per dose)
96150	HO		W1182	Social Worker (LCSW or Master's Level) — Individual Evaluations/Assessments	\$8.97 (per 15-minute unit)
96152	HO		W1182	Social Worker (LCSW or Master's Level) — Individual Service Treatment	\$8.97 (per 15-minute unit)
96153	HO		W1183	Social Worker (LCSW or Master's Level) — Group Service Treatment	\$4.25 (per 15-minute unit)



## APPENDIX C

# Agreement for Assuring that County Health Department Behavioral Health Providers Are Credentialed

**(Social Workers)**

**Form Effective Date: September 23, 2002**

The below named county health department agrees that Medicaid reimbursable services will be billed for only those employed or contract staff rendering health-related services who meet Medicaid credentialing requirements. Medicaid credentialing requirements must be met at the time services are rendered to a Medicaid-eligible student who meets the qualifications contained in the Medicaid County Health Department Certified Match Coverage and Limitations Handbook. Medicaid credentialing requirements are:

**Social Workers:**

- Current licensure as a clinical social worker under Chapter 491, Florida Statutes (F.S.); or
- Graduate of a college or university with a master's degree or higher and working under the supervision of a licensed clinical social worker (or the equivalent as defined in Chapter 491, F.S. in order to obtain the work experience necessary for licensure).
- All services billed to Medicaid must be within the validity period of the individual's license of certification.

The county health department agrees that each employed or contract staff member providing health-related services who meets Medicaid credentialing requirements has also been fingerprinted and has received a criminal background check in accordance with Department of Health rules and guidelines.

Further, the county health department agrees that pertinent Medicaid provider handbooks and all other Medicaid policy informational material such as remittance voucher banner page messages, provider letters and bulletins will be supplied to employed or contract staff providing health-related services so that they are informed of Medicaid service and record keeping policies.

The county health department agrees that Medicaid claims paid for services rendered by staff not meeting Medicaid credentialing requirements will be subject to recoupment.

The effective date of this agreement will be the date of the signature of the last party signing the agreement.

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_ County Health Department

\_\_\_\_\_  
Bob Sharpe, Deputy Secretary for Medicaid

\_\_\_\_\_  
Date







Jeb Bush  
Governor

Rhonda M. Medows, MD, FAAFP  
Secretary

2727 Mahan Drive  
Tallahassee, FL 32308

[www.fdhc.state.fl.us](http://www.fdhc.state.fl.us)