

## **SHARS Billing Guidelines (Effective 9/1/06)**

### **Psychological Services - Assessment Services**

**Procedure Code: 96101**

**Description:** Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI), with interpretation and report, per hour

**Units of Service:** One hour (1.0), with partial hours billable when expressed as 0.1 hour (i.e., 6-minute increments)

0 mins - 3 mins = 0.0 units  
4 mins - 9 mins = 0.1 unit  
10 mins - 15 mins = 0.2 unit  
16 mins - 21 mins = 0.3 unit  
22 mins - 27 mins = 0.4 unit  
28 mins - 33 mins = 0.5 unit  
34 mins - 39 mins = 0.6 unit  
40 mins - 45 mins = 0.7 unit  
46 mins - 51 mins = 0.8 unit  
52 mins - 57 mins = 0.9 unit  
58 mins - 63 mins = 1.0 unit  
64 mins - 69 mins = 1.1 units  
70 mins - 75 mins = 1.2 units  
76 mins - 81 mins = 1.3 units  
82 mins - 87 mins = 1.4 units  
88 mins - 93 mins = 1.5 units

**Individual/Group?** Individual only

**Billable Time:** For the purposes of determining a student's eligibility for special education, the following time is billable as assessments services under procedure code 96101.

Direct testing time: direct psychological or intellectual testing time with student present; any necessary observation of the student associated with testing; and parent/teach consultation (student present) required during the assessment because a student is unable to communicate or perform certain required testing activities.

Interpretation time: Indirect time for interpretation of testing results (student not present).

Report writing time: Indirect time for reporting writing (student not present).

An assessment is billable if it leads to the creation of an Individualized Education Program (IEP) for a student with disabilities who is eligible for Medicaid and who is under 21 years of age, whether or not the IEP includes SHARS.

Indirect time (student is not present) spent in consultation with parents, teachers, and other collaterals is NOT billable.

Indirect time spent gathering information and observing student is NOT billable.

Providers: Licensed specialist in school psychology (LSSP); licensed psychiatrist; or licensed psychologist

Session  
Documentation  
Requirements:

Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to assessment activity performed (i.e., direct testing; interpretation; or report writing).

Recommended maximum billable time: 8 hours (8.0 units), over multiple days. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### **Psychological Services - Treatment Services**

<b>Procedure Code</b>	<b>Individual or Group</b>
96152 with modifier AH	Individual
96153 with modifier AH	Group

Description: Psychological and behavioral health counseling.

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Billable Time: Direct psychological services, including counseling, with student present

Individual/Group? Individual and group

Providers: Licensed specialist in school psychology (LSSP), licensed psychologist, or licensed psychiatrist.

Session

Documentation

Requirements: Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day for nonemergency situations [Emergency situations require a behavior improvement plan (BIP)]. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**Audiology Evaluation**

**Procedure Code: 92506**

Description: Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status. Evaluation also includes identification of children with hearing loss; determination of the range, nature, and degree of hearing loss, including the referral for medical or other professional attention for the habilitation of hearing; and determination of the child's need for group and individual amplification.

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual only

Billable Time: Direct audiology evaluation time with student present. Indirect time for interpretation and report writing is NOT billable.

Provider: Licensed audiologist

Session

Documentation

Requirements: Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to activity performed (i.e., audiology evaluation).

Recommended maximum billable time: 3 hours (12 units), over multiple days. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### **Audiology Services**

<b>Procedure Code</b>	<b>Individual or Group</b>	<b>Audiologist or Assistant</b>
92507 with modifier U9	Individual	licensed audiologist
92507 with modifier U1	Individual	licensed/certified assistant
92508 with modifier U9	Group	licensed audiologist
92508 with modifier U1	Group	licensed/certified assistant

Description: Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct audiology treatment time with student present.

Providers: Licensed audiologist or licensed/certified audiology assistant

Session

Documentation

Requirements: Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### **Counseling Services**

<b>Procedure Code</b>	<b>Individual or Group</b>
96152 with modifier UB	Individual
96153 with modifier UB	Group

Description: Behavioral health counseling and therapy.

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct counseling time with student present

Providers: Licensed professional counselor (LPC); licensed clinical social worker (LCSW - formerly LMSW-ACP); or licensed marriage and family therapist (LMFT)

Session  
Documentation

Requirements: Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day for nonemergency situations [Emergency situations require a behavior improvement plan (BIP)]. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### **Nursing Services**

Procedure Code	SHARS Category of Service	Unit of Service
Registered Nurse		
T1002 with modifier TD	Individual	15 minutes
T1002 with modifier TD-UD	Group	15 minutes
T1502 with modifier TD	Medication administration	per visit
T1002 with modifier U7	Delegation, individual	15 minutes
T1002 with modifier U7-UD	Delegation, group	15 minutes
T1502 with modifier U7	Delegation, medication administration	per visit
Licensed Vocation Nurse/Licensed Practical Nurse		
T1003 with modifier TE	Individual	15 minutes
T1003 with modifier TE-UD	Group	15 minutes
T1502 with modifier TE	Medication administration per visit	per visit

Description: Nursing services.

Units of Service: 15-minute increments or per visit for medication administration services. (See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

**Billable Time:** Direct time with the student present. (When routine oral medication administration by visit codes are effective, the billable unit will be per visit and not based on time.)

Minutes may not be converted to units for each nursing services task throughout the day. Minutes of nursing services must be accumulated for a client throughout the calendar day and totaled at the end of the day. At the end of the day, the total number of actual minutes of nursing services for that client should be converted to units. Minutes may not be accumulated over multiple days. Each day stands alone.

**Providers:** Registered nurses (RNs) [including advanced practice nurses (APNs) including nurse practitioners (NPs), clinical nurse specialists (CNSs)]; licensed vocational nurses (LVNs); and licensed practical nurses (LPNs). Services provided by delegated individuals who have received appropriate training from a RN, in accordance with the Texas Board of Nurse Examiners

**Session  
Documentation  
Requirements:**

Session notes are not required. However, the following documentation is required as service logs: billable start time, billable stop time, and total billable minutes, with notation as to nursing services activity performed [i.e., the skilled nursing task as defined by the Board of Nurse Examiners (BNE) and as listed in the IEP].

**Recommended maximum billable time:** Direct nursing services is 4 hours (16 units) per day. Medication administration is 4 (4.0 units) medication administration visits per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**Note:**

- An example of a group nursing services might be tube feeding for which an RN/APN, LVN/LPN, or an unlicensed, trained assistive person through RN delegation might set up tube feeding for several students, monitor them, and then take down the tube feeding apparatus.
- The routine oral medication administration by visit codes are intended for those routine situations where the student comes to the office to receive his/her medication, i.e., a task with direct time of a few minutes with the student. If the medication administration task is non-routine and/or not oral administration, i.e. requires mixing the medication with food, feeding the student, monitoring the student after medication or another more lengthy period of direct time with the student; or injections; or inhalation therapy, the non-routine medication administration task should be billed under the appropriate nursing services code rather than the routine oral medication administration by visit code. An RN/APN can determine whether the medication meets the criteria for billing under "routine oral medication administration by visit" or whether that medication administration should be billed under nursing services.

## **Occupational Therapy Evaluation**

**Procedure Code: 97003**

Description: Occupational therapy evaluation

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual only

Billable Time: Direct occupational therapy (OT) evaluation time with student present, including evaluation and fitting of wheel chair and other adaptive assistive equipment. Indirect time for interpretation and report writing is NOT billable.

Provider: Occupational therapist licensed by the Texas Board of Occupational Therapy Examiners

Session

Documentation

Requirements: Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to activity performed (i.e., OT evaluation).

Recommended maximum billable time: 3 hours (12 units), over multiple days. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

## **Occupational Therapy (OT) Services**

<b>Procedure Code</b>	<b>Individual or Group</b>
97530 with modifier GO	Individual, licensed therapist
97530 with modifier GO-U1	Individual, licensed/certified assistant
97150 with modifier GO	Group, licensed therapist
97150 with modifier GO-U1	Group, licensed/certified assistant

Description: Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance).

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct OT time with student present. Therapists with experience billing for Medicaid services outside the school are aware of numerous individual procedure codes applicable to specific therapeutic services and modalities. All of these various procedure codes are billable under the SHARS program under these two procedure codes.

Provider: Licensed OT or certified occupational therapy assistant (COTA)

Session  
Documentation  
Requirements:

Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**\*\*\*Licensed physician prescription/referral required before OT therapy services can be billed under SHARS\*\*\***

### **Physical Therapy Evaluation**

**Procedure Code: 97001**

Description: Physical therapy evaluation

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual only

Billable Time: Direct physical therapy (PT) evaluation time with student present, including evaluation and fitting of wheel chair and other adaptive assistive equipment. Indirect time for interpretation and report writing is NOT billable.

Provider: Physical therapist licensed by the Texas Board of Physical Therapy Examiners

Session  
Documentation  
Requirements:

Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to activity performed (i.e., PT evaluation).



Recommended maximum billable time: 3 hours (12 units), over multiple days. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**Physical Therapy Services**

Procedure Code	Individual or Group
97110 with modifier GP	Individual, licensed therapist
97110 with modifier GP-U1	Individual, licensed/certified assistant
97150 with modifier GP	Group, licensed therapist
97150 with modifier GP-U1	Group, licensed/certified assistant

Description: Therapeutic procedures, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct physical therapy (PT) time with student present. Therapists with experience billing for Medicaid services outside the school are aware of numerous individual procedure codes applicable to specific therapeutic services and modalities. All of these various procedure codes are billable under the SHARS program under these two procedure codes.

Provider: Licensed PT or licensed physical therapy assistant (LPTA)

Session Documentation Requirements:

Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**\*\*Licensed physician prescription/referral required before PT services can be billed under SHARS\*\*\***

## **Speech-Language Pathology Evaluation**

**Procedure Code: 92506-GN**

Description: Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status with services delivered under an outpatient speech-language pathology plan of care

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual only

Billable Time: Direct speech-language pathology evaluation time with student present. Indirect time for interpretation and report writing is NOT billable.

Providers: A qualified speech/language pathologist (SLP); American Speech-Language-Hearing Association (ASHA) certified SLP with Texas license and ASHA-equivalent SLP (i.e., SLP with master's degree and Texas license); a qualified assistant in SLP licensed by the state when acting under the supervision or direction of a qualified SLP; and an individual with state education agency certification in speech language pathology, a licensed SLP intern, or a grandfathered SLP (has a Texas license and no master's degree) when acting under the supervision or direction of a qualified SLP

Session

Documentation

Requirements: Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to activity performed (i.e., SLP evaluation).

Recommended maximum billable time: 3 hours (12 units), over multiple days. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

## **Speech-Language Pathology (SLP) Therapy**

<b>Procedure Code</b>	<b>Individual or Group</b>
92507 with modifier GN-U8	Individual, licensed therapist
92507 with modifier GN-U1	Individual, licensed/certified assistant
92508 with modifier GN-U8	Group, licensed therapist
92508 with modifier GN-U1	Group, licensed/certified assistant

Description: Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual with services delivered under an outpatient speech-language pathology plan of care

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct SLP therapy time with student present. Therapists with experience billing for Medicaid services outside the school are aware of numerous individual procedure codes applicable to specific therapeutic services and modalities. All of these various procedure codes are billable under the SHARS program under these two procedure codes.

Provider: A qualified speech/language pathologist (SLP); American Speech-Language-Hearing Association (ASHA) certified SLP with Texas license and ASHA-equivalent SLP (i.e., SLP with master's degree and Texas license); a qualified assistant in SLP licensed by the state when acting under the supervision or direction of a qualified SLP; and an individual with state education agency certification in speech language pathology, a licensed SLP intern, or a grandfathered SLP (has a Texas license and no master's degree) when acting under the supervision or direction of a qualified SLP

Session  
Documentation  
Requirements:

Session notes are required, including the following minimum documentation: billable start time, billable stop time, billable total minutes, activity performed during session, student observation, and related IEP objective.

Recommended maximum billable time: 1 hour (4 units) per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

**\*\*Licensed physician or SLP prescription/referral required before SLP therapy services can be billed under SHARS\*\*\***

## **Physician Services**

**Procedure Code: 99499**

Units of Service: 15-minute increments  
(See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual only

Billable Time: Direct diagnosis time with student present, indirect time reviewing student's records for the purpose of writing a prescription/referral for specific SHARS services or for the evaluation for the sufficiency of an on-going SHARS service to see if any changes are need in the prescription/referral.

Providers: Licensed Physician (i.e., MD/DO)

Session

Documentation

Requirements: Session notes are not required. However, the following documentation is required: billable start time, billable stop time, and total billable minutes, with notation as to medical services activity performed (i.e., direct diagnosis time or indirect records review time).

Recommended maximum billable time: 1 hour (4 units) per day. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

*Note:*

A physician can bill the school district for physician services and the actual services could have been provided by the physician or someone to whom he delegated the service (e.g., an APN or PA) -- in this case, the school district can bill for the physician services under SHARS. APNs or PAs cannot contract with the school directly to deliver physician services – in this case, the school district could not bill for the physician services under SHARS.

### **Personal Care Services**

Procedure Code	SHARS Category of Service	Unit of Service
T1019 with modifier U5	School, individual	15 minutes
T1019 with modifier U5-UD	School, group	15 minutes
T1019 with modifier U6	Bus, individual	per one-way trip
T1019 with modifier U6-UD	Bus, group	per one-way trip

Description: Personal care services include a range of human assistance provided to persons with disabilities and chronic conditions which enables them to accomplish age-appropriate tasks that they would normally do for themselves if they did not have a disability or chronic condition.

Units of Service: 15-minute increments in the school and per one-way trip on the bus (See 15-minute Increment Billing Table at end of Billing Guidelines.)

Individual/Group? Individual and group

Billable Time: Direct time with student present

Providers: Anyone that is 18 years of age or older and trained to provide the personal care services required by the specific student

Session Documentation Requirements: Session notes are not required. However, for personal care services at the school, the following documentation is required as service logs: billable start time, billable stop time, and total billable minutes, with notation as to personal care services activity performed (i.e., toileting, cuing or monitoring, etc.).

Recommended maximum billable time: 10 hours (40 units) per day cumulative between the 2 school codes or 4 (1-way) bus trips per day cumulative. Maintain documentation as to the reasons for the additional time if more than the recommended maximum time is billed.

### **Specialized Transportation Services**

**Procedure Code: T2003**

Description: Nonemergency specialized transportation

Units of Service: Per one-way trip

Billable Time: The following one-way trips may be billed if the student receives a billable SHARS service:

- from student's residence to school;
- from school to student's residence;
- from student's residence to a provider's office that is contracted with the district;
- from a provider's office that is contracted with the district to the student's residence;
- from school to a provider's office that is contracted with the district;

- from a provider's office that is contracted with the district to the student's school;
- from school to another campus to receive a billable SHARS service; or
- back to the student's school from the campus where the student received the SHARS service.

The above-listed trips are billable if the medical need for specialized transportation is identified in the IEP. Special transportation services require that the vehicles be specially physically adapted. Effective for dates of service on and or after September 1, 2006, the definition of specially adapted vehicles no longer considers the addition of bus monitors or other personnel accompanying children as an adaptive enhancement for Medicaid reimbursement under SHARS special transportation services. Allowable special adaptive enhancements include such physical enhancement items as lifts, air conditioning, seat belts, etc.

The student's IEP must state that the student needs the special adaptive enhancement and the reason why it is needed in order to bill for specialized transportation services.

Provider: School (i.e., the school employs or contracts with the bus driver of specially adapted vehicle/bus)

Documentation Requirements: Session notes are not required. However, a transportation log is required.

At a minimum, the transportation log should include:

- One log per vehicle, indicating the route name/number [with documentation maintained somewhere that describes each route/trip as to the start and stop locations ]
- Method for identifying the number of one-way trips per day (e.g., AM and PM trips) [with documentation maintained somewhere that describes the times for each trip] -- Remember that the number of one-way specialized transportation trips must be counted for calculating the one-way trip ratio for allocating specialized transportation costs to the Medicaid program.
- First Name and Last Name of each student for each trip, along with each student's ID
- Method for personal care services (PCS) provider, transportation aide, bus monitor, or assistant to verify own attendance for each trip and include a place for this person to sign and date the form.

- Method for driver to verify own attendance for each trip and include a place for this person to sign and date the form.
- Method for nurse to verify own attendance for each trip and include a place for this person to sign and date the form.
- The log can be maintained per day and for several days, with applicable dates noted on the log.
- Mileage needs to be maintained somewhere; but, not on the log.

Recommended maximum billable units: 4 (4.0 units) one-way trips per day.

**15-minute Increment Billing Table**

0 mins – 7 mins	0 units
8 mins – 22 mins	1 units
23 mins – 37 mins	2 units
38 mins – 52 mins	3 units
53 mins – 67 mins	4 units
68 mins – 82 mins	5 units