Documenting Audiology Services

UNDERSTANDING MODIFIERS

**HA:** General Education: Caring 4 Students Program (C4S) – Anticipated 2020-21 SY for audiology services.

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

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

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

96: Habilitative - Learning new skill the student never possessed.

97: Rehabilitative - Regaining skill the student lost.

ASSISTIVE TECHNOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student’s IEP with a doctor’s prescription, in order to use ATD codes. If ATD is not in the student’s IEP, please use a non-billable code to track your service. ATD services are intended to directly assist with a disability in the selection, coordination of acquisition or use of an ATD; Selecting, providing for the acquisition of an ATD device, designing, fitting, customizing, adapting, applying, retaining or replacing the ATD, including orthotics.

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<th>1] SBS: SPECIAL EDUCATION STUDENTS</th>
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<td>SBS: Acoustics Reflex Testing; Threshold [92568]</td>
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<td>SBS: ATD - ATD Assessment [97755]</td>
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<td>SBS: ATD: Electroacoustic evaluation for hearing aid; binaural [92595]</td>
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<tr>
<td>SBS: ATD: Electroacoustic evaluation for hearing aid; monaural [92594]</td>
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<td>SBS: Self-care Home Management Training HABILITATIVE [97535 96]</td>
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<tr>
<td>SBS: Self-care Home Management Training REHABILITATIVE [97535 97]</td>
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<td>SBS: IDEA Eval: Comprehensive Audiometry and Speech Recognition [92557 HT]</td>
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<td>SBS: IDEA Eval: Conditioning Play Audiometry [92582 HT]</td>
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<td>SBS: IDEA Eval: Pure Tone Audiometry Air Only [92552 HT]</td>
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<td>SBS: IDEA Eval: Pure Tone Audiometry Threshold Air and Bone [92553 HT]</td>
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<td>SBS: IDEA Eval: Tympanometry Impedance [92567 HT]</td>
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<td>SBS: IEP/IFSP Participation: Comprehensive Audiometry and Speech Recognition [92557 TM]</td>
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<td>SBS: Other Eval: Pure Tone Audiometry: Air and Bone Evaluation [92553]</td>
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<td>SBS: Other Eval: Screening Test, pure tone, air only [92551]</td>
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<td>SBS: Other Eval: Speech Audiometry Threshold w/ Speech Recognition [92556]</td>
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<td>SBS: Other Eval: Speech Threshold Audiometry [92555]</td>
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<tr>
<td>SBS: Other Eval: Tympanometry/reflex threshold measurement [92550]</td>
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<td>SBS: Other Eval: Tympanometry Evaluation [92567]</td>
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2) NON-BILLABLE DOCUMENTATION

2] Consult with Staff: Non-Billable
Service Documentation:
The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy and counseling, documentation must include a progress entry for each direct service describing the service rendered and the student’s response to that day’s service or treatment. **S.O.A.P. notes are best practice!** If not using the S.O.A.P. format ensure enough data is in your provider notes to support the service you are entering. There must be enough data for an auditor to “recreate” the service. Your documentation must indicate not only WHAT services are being rendered to meet the student’s IEP/IFSP goals, but HOW the student responded to service.

**Provider Note Example:** Group Therapy 92508 – “John played “Go Fish” with picture cards. John was able to say /k/ sound in carrier phrases with 65% accuracy with moderate prompting. We will continue to focus on the /k/ sound.”

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

**Monthly Progress Summary Example:** “John is making consistent progress toward meeting criteria for IEP goals/objectives. John is currently able to produce /k/ in carrier phrases with an average of 70% accuracy at an independent level. Continue /k/ at phrase level.”

**Annual Requirements:**
Speech therapy and audiology services must be referred by a physician and updated annually. Kent ISD obtains referrals for students with direct speech and/or audiology services in their IEP.

**Staff Qualifications:**
The services listed are reimbursable when provided by an audiologist possessing a current Michigan license.

**Supervision & Under the Direction Of:**
Michigan Department of Health and Human Services Provider Manual dated October 2019
1.4 UNDER THE DIRECTION OF
Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

Help Desk Contacts
General questions regarding Medicaid, Service Capture, or PowerSchool Special Education can be answered by contacting one of the staff below:

Lynette Altman  
lynettealtman@kentisd.org  
(616) 365-2387

Anne Papa-Roark  
annepapa@kentisd.org  
(616) 301-6191

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

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

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

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

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

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

In most cases, an employee’s supervisor is in the best position to address an area of concern. Supervisors and managers are required to report suspected violations to the Compliance professional, Anne Papa-Roark, who has specific and exclusive responsibility to investigate all reported violations regarding the filing of false or fraudulent claims. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor’s response, you are encouraged to speak directly to the compliance professional, Anne Papa-Roark.
Anne Papa-Roark  
Kent Intermediate School District  
Medicaid Project Analyst  
2930 Knapp NE  
Grand Rapids, MI 49525  
(616) 301-6191  
annepapa@kentisd.org

The following information is preferred when reporting suspected fraud or abuse:

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

**Whistle Blower Protection Act**

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

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

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