

# Identify Eligible Providers and Services

## Introduction

School districts typically employ a variety of health professionals who provide students with physical, behavioral, and mental health services. Though districts have the flexibility to hire whomever they choose, it is important for both administrators and providers to understand which providers can bill for which services, as well as which providers can authorize services for [medical necessity](#).

Only certain providers are eligible to bill Medicaid, meaning schools can seek Medicaid reimbursement for specific services they provide to students enrolled in Medicaid. Under the new state plan amendment (SPA), several provider types and services are newly eligible. This section details the providers and services reimbursable by Medicaid and provides guidance on implementing processes to meet documentation and supervision requirements for eligible providers.

## Implementation Strategies

The Illinois Medicaid program requires eligible providers to have specific qualifications and determines which of the health services they provide can be reimbursed. Providers and other key staff involved with Medicaid (such as the person responsible for [assigning providers to cost pools](#) in the Public Consulting Group [PCG] system) must be clear on which providers and services are eligible for reimbursement.

### Maintain Copies of Provider License and Verification Statement

Districts should have a procedure in place — and identify who is responsible — for maintaining a current copy of each provider's license as well as a completed Verification Statement confirming the provider has not been terminated, suspended or barred from the Medicaid program; see Appendix U-5 (pg. 15) in the [Appendices](#) of the Illinois Department of Healthcare and Family Services (HFS) [Handbook for Local Education Agencies Chapter U-200](#).

At the start of employment, the human resources department can download licenses as part of the hiring process, or the district can require providers to submit a current license.

Districts can then require providers to re-submit their license each time the license renews, or make it the responsibility of the Medicaid coordinator or other staff member. Links to download the license for each provider type are provided in the chart below.

### Identify Supervision Needs

Certain types of providers who require supervision act “under the direction of” another provider. Districts should determine a process for identifying providers who require supervision, assigning them a supervisor, and ensuring that the supervision is properly documented. For example, the human resources department could assign a supervisor after reviewing a provider’s license, or the school Medicaid supervisor could review all practitioners to determine which licenses might need supervision.

### Consider Eligibility to Bill Medicaid When Hiring

In order to maximize reimbursement, districts may wish to give hiring preference to qualified candidates who have the required licensure to bill Medicaid.

#### Common Areas of Confusion Related to Eligible Providers

- In order to be eligible for reimbursement, Registered Behavior Technicians (RBTs) must be supervised by a Board Certified Behavior Analyst (BCBA) who is either a licensed clinical psychologist or a licensed clinical social worker with a master's or doctoral degree.
- In order to receive reimbursement for direct services, social workers must have the correct licensure requirements (see chart below) AND must be added to the Medical Social Worker category in the Direct Service Pool in the PCG system. If they are listed as an Educational Social Worker under Other Personnel, they are not eligible for reimbursement for direct services.
- Staff who are 100% federally funded cannot bill for services and should not be assigned to a cost pool in the PCG system.

## Guiding Questions

- ☐ Who will be responsible for identifying which providers are eligible to bill Medicaid?
  - ☐ HR director
  - ☐ School-based Medicaid coordinator
  - ☐ Other:
  
- ☐ How will the district approach hiring providers?
  - ☐ Only hire providers eligible to bill Medicaid
  - ☐ Consider provider eligibility to bill Medicaid as a hiring factor
  - ☐ Do not include provider eligibility to bill Medicaid as a hiring factor
  - ☐ Other:
  
- ☐ Who will be responsible for verifying and saving the licenses for each provider billing Medicaid?
  - ☐ HR director
  - ☐ School-based Medicaid coordinator
  - ☐ Other:
  
- ☐ How will the district track when licenses expire and obtain an updated copy?
  - ☐ Instruct the HR director or school-based Medicaid coordinator to set calendar reminders
  - ☐ Make it the providers' responsibility to submit current license
  - ☐ Other:
  
- ☐ Who will be responsible for completing the [Verification Statement](#) for each provider?
  - ☐ HR director
  - ☐ School-based Medicaid coordinator
  - ☐ Other:
  
- ☐ Where will the copy of the license and the verification statement for each provider be stored (must be kept for a minimum of 7 years)?
  - ☐ Provider's HR file
  - ☐ Electronic system
  - ☐ Specific hard copy folder
  - ☐ Other:
  
- ☐ How will the district ensure supervision is provided when needed?
  - ☐ HR director reviews the supervision requirements and ensures they are being met
  - ☐ School-based Medicaid coordinator reviews the supervision requirements and ensures they are being met
  - ☐ Other:

## Summary Chart of Eligible Providers and Services

The chart that follows (starting on pg. 6) provides an overview of the types of services and providers eligible for reimbursement.

In 2021, newly eligible providers and services were added under the state plan amendment (SPA). These are highlighted in yellow in the chart. Some details about licensure and billing codes for these providers are not yet available. Districts that provide and document these services will be able to submit retroactive claims once the SPA is approved and HFS issues a provider notice.

### Chart Key

**Provider Type:** Type of provider eligible to bill for the associated service(s).

**Authorizing Provider:** This column indicates whether the provider is allowed to refer, order, prescribe, or authorize a service (these terms can be used interchangeably).

**A note about National Provider Identifiers (NPIs):** For audiology and occupational, physical and speech therapy, billing claims must include the name and NPI of the provider who authorized the service. This provider must be enrolled in Illinois Medicaid Program Advanced Cloud Technology ([IMPACT](#)) as a participating practitioner and should retain documentation to support the medical necessity of the ordered services. Districts can look up NPIs in the National Plan and Provider Enumeration System [NPI Registry](#).

**Under the Direction Of:** Indicates a provider can perform and bill the service only “under the direction of” another provider. According to the [HFS Handbook for Local Education Agencies Chapter U-200](#) (referred to as U-200), this is defined as “under the guidance and direction of a supervisor who is: responsible for the work; who plans work and methods; who is available on short notice to answer questions and deal with problems that are not strictly routine; who regularly (at least monthly) reviews the work performed; and who is accountable for the results. Supervisors must co-sign documentation of all services provided by practitioners working under their direction.”

**Qualification:** The qualifications that the provider must have in order to bill Medicaid for the associated service(s), as listed in the U-200. A link to confirm a specific provider’s license is provided.

**Service:** Shorthand explanation of the service.

**CPT Code:** The 5-digit billing code for the service, entered when submitting claims. All medical billing, including school-based Medicaid, utilizes the Healthcare Common Procedure Coding System (HCPCS, pronounced “hicks-picks”) codes for services to ensure consistency and standardization. The most commonly used HCPCS codes are CPT codes, which are all numeric. Codes that start with a letter are [Category II HCPCS Codes](#) and are occasionally used in the school-based program.

The Illinois school-based Medicaid program determines which codes are reimbursable and at what level of payment. These codes are listed in the chart in the chart below. Some licensure boards and professional organizations also provide detailed guidance on coding.

**Minutes per Unit:** Many HCPCS Codes contain a time basis reported in units. Per HFS guidance, a provider must pass the midpoint of a unit (e.g., 8 minutes for a 15-minute unit) in order to claim the unit. Otherwise, round down.

For districts that use a billing vendor, providers typically enter the total minutes of service and the vendor does the calculation to determine the number of units.

**Max Units:** The total maximum of daily units that can be billed.

**Category of Service:** The 2-digit category of service code for each service. Illinois requires that billing claims include a category of service. This can be found on the fee schedule next to each code. Typically, the vendor will add this code based on the information entered by the provider.

The following information is summarized from the [HFS Handbook for Local Education Agencies Chapter U-200](#) with the exception of the authorizer column. Providers are ultimately responsible for billing correctly for each service they provide. [View a larger version of the chart here.](#)

This information is accurate as of Nov. 7, 2022

PROVIDER INFORMATION				BILLABLE SERVICES				
Provider Type	Authorizing Provider	Under Direction Of	Qualification	Service	CPT Code	Minutes Per Unit	Max Units	Service Category
PHYSICAL HEALTH								
Physician	Yes	None	<a href="#">State of Illinois licensed physician</a>	IEP-ordered medical services	T1018	15	32	01
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
				Extended developmental testing (see <a href="#">U-200</a> for a complete list)	96111	N/A	7	30
Registered Nurse (RN)	No: Services must be authorized by licensed physician	None	<a href="#">Licensed by the Illinois Department of Financial and Professional Regulation</a>	Medication administration	T1502	5	3	10
				RN services	T1002	15	32	10
Licensed School Nurse (LSN)	No: Services must be authorized by licensed physician	None	<a href="#">Type 73 Certificate</a> or current ISBE equivalent endorsed in school nursing	Medication administration (use modifier KO)	T1502	5	3	10
Licensed Practical Nurse (LPN)	No: Services must be authorized by licensed physician	RN or LSN	<a href="#">Licensed under the Illinois Nursing Act</a> , working under the direction of a RN or LSN	Medication administration (use modifier KO)	T1502	5	3	10
				LPN services	T1003	15	32	10
School Health Aide	Not applicable	Skilled professional medical personnel or qualified professional	School health aide services are provided by staff who have been trained and remain under the direction of skilled professional medical personnel or a qualified professional. Services provided to the student by family members are not claimable.	School health aide	T1021	15	32	93

THERAPY								
Occupational Therapist (OT)	No: Services must be authorized by licensed physician	None	Registered by the American Occupational Therapy Association and licensed by the <a href="#">Illinois Department of Financial and Professional Regulation</a>	Individual occupational therapy	97535	15	32	12
				Group occupational therapy	97799	15	32	12
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
Occupational Therapy Assistant (OTA)	No: Services must be authorized by licensed physician	Licensed occupational therapist	<a href="#">Certified occupational therapist assistant</a> , practicing under the direction of a licensed occupational therapist	Individual occupational therapy	97535	15	32	12
				Group occupational therapy	97799	15	32	12
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
Physical Therapist (PT)	No: Services must be authorized by licensed physician	None	Licensed by the <a href="#">Illinois Department of Financial and Professional Regulation</a>	Individual physical therapy	97110	15	32	11
				Group physical therapy	97150	15	32	11
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
Physical Therapist Assistant (PTA)	No: Services must be authorized by licensed physician	Licensed physical therapist	<a href="#">Certified physical therapist assistant</a> practicing under the direction of a licensed physical therapist	Individual physical therapy	97110	15	32	11
				Group physical therapy	97150	15	32	11
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
Orientation and Mobility Specialists	No: Services must be authorized by licensed physician		The state has not defined these requirements yet.					
Audiologist	Yes	None	<ul style="list-style-type: none"> <li>• Master's degree in audiology and licensure by the <a href="#">Illinois Department of Financial and Professional Regulation</a></li> <li>• Master's degree in audiology and <a href="#">Certificate of Clinical Competence</a> in audiology.</li> </ul>	Audiology	V5299	15	32	14

Speech/ Language Pathologist (SLP)	Yes	None	<ul style="list-style-type: none"> <li>• <a href="#">Type 03, Type 09, Type 10 Teaching or Type 73 School Services Personnel Certificate</a> endorsed in Speech/Language Pathology with the equivalent educational requirements and work experience necessary for the <a href="#">Certificate of Clinical Competence</a></li> <li>• <a href="#">Type 03, Type 09, Type 10 Teaching or Type 73 School Services Personnel Certificate</a> endorsed in Speech/Language Pathology, licensed by the <a href="#">Illinois Department of Financial and Professional Regulation</a></li> <li>• <a href="#">Type 03, Type 09, Type 10 Teaching or Type 73 School Services Personnel Certificate</a> endorsed in Speech/Language Pathology with completed academic requirements, in the process of acquiring supervised work experience to qualify for licensure in accordance with <a href="#">the Illinois Speech/Language Pathology and Audiology Practice Act</a></li> </ul>	Individual speech therapy	92507	15	32	13
				Group speech therapy	92508	15	32	13
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30



			<ul style="list-style-type: none"><li>• Speech/language pathologist, licensed by the <a href="#">Illinois Department of Financial and Professional Regulation</a></li></ul>					
Speech/ Language para-professional, assistant, aide or intern	No: Services must be authorized by speech/ language pathologist	Qualified speech/ language pathologist	<a href="#">Speech/language paraprofessional, assistant, aide or intern</a> practicing under the supervision of a qualified speech/language pathologist	Individual speech therapy	92507	15	32	13
				Group speech therapy	92508	15	32	13
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
BEHAVIORAL AND MENTAL HEALTH								
Psychologist	Yes	None	<ul style="list-style-type: none"><li>• Psychologists with a <a href="#">Type 73 Certificate</a> or current ISBE equivalent endorsed in school psychology</li><li>• Psychologists licensed by <a href="#">the Illinois Department of Financial and Professional Regulation</a></li></ul>	Individual psychology services	90832	15	32	59
				Group psychology services	90853	15	32	59
				Developmental testing (see <a href="#">U-200</a> for a complete list)	96110	N/A	8	30
				Extended developmental testing (see <a href="#">U-200</a> for a complete list)	96111	N/A	7	30
Psychologist Intern	No: Services must be authorized by psychologist	Qualified school psychologist	Psychologist intern with <a href="#">ISBE approval</a> , who provides services under the direction of a qualified school psychologist	Individual psychology services	90832	15	32	59
				Group psychology services	90853	15	32	59
Social Worker	Yes	None	<ul style="list-style-type: none"><li>• Social worker with a <a href="#">Type 73 certificate</a> or current ISBE equivalent, endorsed in school social work</li><li>• Licensed social worker possessing at least a master’s degree in social work and licensed</li></ul>	Individual social work	96152	15	32	58
				Group social work	96153	15	32	58

			by the <a href="#">Illinois Department of Financial and Professional Regulation</a>					
Social Work Intern	No: Services must be authorized by social worker	Qualified social worker	Social work intern with <a href="#">ISBE approval</a> who provides counseling and evaluation services under the direction of a qualified social worker	Individual social work	96152	15	32	58
				Group social work	96153	15	32	58
Licensed Clinical Professional Counselors (LCPCs)	Yes							
Licensed Marriage and Family Therapists	Yes							
Licensed Clinical Psychologists (LCPs)	Yes							
Registered Behavior Technicians (RBTs)	No: Services must be authorized by psychologist	Board Certified Behavior Analyst (BCBA) who is either a licensed clinical psychologist or a licensed clinical social worker with master's or doctoral degree	Credentialed by the <a href="#">Behavior Analyst Certification Board (BACB)</a> , has a high school diploma or GED, and a written collaborative agreement with a clinical supervising BCBA					

## Other Allowable Services

Service	Notes	CPT Code	Category of Service
Annual vision assessment	Non-physician personnel administering vision, hearing, or developmental assessments to preschool and school age children should be appropriately trained to provide the assessment. Certification by the <a href="#">Illinois Department of Public Health</a> for vision and hearing assessments should be completed, if possible. Limited to one per year.	99173	30
Annual hearing assessment	Non-physician personnel administering vision, hearing, or developmental assessments to preschool and school age children should be appropriately trained to provide the assessment. Certification by the <a href="#">Illinois Department of Public Health</a> for vision and hearing assessments should be completed, if possible. Limited to one per year.	92551	30
Medical Equipment	Medical equipment, as specified in the student's IEP/IFSP, is durable equipment, such as wheelchairs, canes, walkers, etc. The equipment is for the exclusive use of the student and is the property of the student. Medically necessary equipment may be claimed up to a total of \$1,000 per day. Equipment costing more than \$1,000 must be obtained through a durable medical equipment provider enrolled with the department.	A9000	41
Medical Supplies	Medical supplies, as specified in the student's IEP/IFSP, are medical items purchased for use at school which are not durable or reusable, such as surgical dressings, disposable syringes, catheters, urinary trays, etc. Medically necessary supplies may be claimed up to \$500 per day. Supplies exceeding \$500 per day must be procured through a durable medical equipment provider enrolled with the department.	99070	48
Transportation ( <i>Transportation can only be billed for students whose IEP requires special transportation AND who have received a medical service that day</i> )	Medicar transportation - one or more one way or round trips to source of medical care not to exceed 100 miles per day.	A0130	52
	Private automobile transportation - one or more one-way or round trips to source of medical care not to exceed 100 miles per day.	A0120	55
	Service car transportation - one or more one-way or round trips to source of medical care not to exceed 100 miles per day.	T2004	54
	Taxicab transportation - one or more one-way or round trips to source of medical care not to exceed 50 miles per day.	A0100	53
	One or more round trips to source of medical care per day when another Medicaid/SCHIP service is provided.	T2003	56

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