

Wyoming Medicaid School-Based Services Program Provider Manual

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Revision History

Revision Level	Date	Description	Change Summary
Version 1.0	07/01/2022	First Submission	Original submission of this Provider manual as provided by the Agency.
Version 2.0	01/01/2023	Second Submission	Converted this Provider Manual to the CNSI Standardized format. Added Change Control Table to the Appendix.
Version 3.0	04/03/2023	Third Full Submission	Revisions based on Apr 2023 quarterly updates from Agency.
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Version 10.0	01/13/2025	Tenth Full Submission	Revisions based on January 2025 quarterly updates from the Agency.

Overview

This Manual is designed to provide Medicaid School-Based Services (SBS) Program information to Wyoming’s local education agencies (LEAs), state agencies, and other interested entities. In Wyoming, Medicaid is operated by the Wyoming Department of Health (WDH), the single State agency responsible for administering the Medicaid program. The SBS Program is the mechanism by which LEAs may seek Medicaid reimbursement for Medicaid-related health-care services when provided to a Medicaid-enrolled student pursuant to the student’s Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP).

The information contained in this Manual encompasses the correct and appropriate methods for providing and seeking reimbursement for Medicaid through the SBS Program.

LEAs must take an active role in the administration of the SBS Program. It is the obligation of each SBS-participating LEA to ensure that they are compliant with current Medicaid policy pertaining to the services they render. While the Wyoming Department of Health will keep Providers apprised of policies and regulations, Providers must also be familiar with all current rules and regulations governing the Medicaid Program. This Manual does not contain all Medicaid rules and regulations, nor does it supersede Medicaid policy and is not to be used in lieu of Medicaid policy. The information contained in this Manual will be updated quarterly to reflect changes made to the SBS Program or Medicaid program.

Other key issues addressed in this Manual include:

- The steps required for LEAs and their ancillary personnel to become SBS Program Providers;
- The direct services for which Medicaid reimbursement may be claimed by LEAs;
- The qualifications of the individuals providing Medicaid-reimbursable services in the SBS Program;
- The procedures for claiming reimbursement for healthcare services; and
- The programmatic expectations of LEAs that participate in the SBS Program.

Background of Medicaid School-Based Services

In 1975, Congress enacted the Education for All Handicapped Children Act ([Public Law 94-142](#)), also known as the EHA, to support states and localities in protecting the rights of, meeting the individual needs of, and improving the results for infants, toddlers, children, and youth with disabilities and their families. This landmark law’s name changed to the Individuals with Disabilities Education Act (IDEA) in a 1990 reauthorization. Under Part B of IDEA, school districts must prepare an IEP which specifies all special education and related services to be provided to a child with a disability. IDEA is a federal law that makes a free appropriate public education available to eligible children with disabilities and ensures special education and related services to those children. Therefore, schools cannot charge disabled students or their parents for any of the services that are provided under this mandate. The IDEA requires students with disabilities to receive educational and related health services that will enable

them to reach their educational goals as documented in their IEP or IFSP. This includes health-related services such as occupational therapy, physical therapy, speech therapy, nursing services, counseling services, and audiology services.

In 1989, Congress provided an option for public school districts (LEAs) to recover a portion of the costs of providing Medicaid services to eligible children. The SBS Program allows LEAs to claim federal reimbursement to match the education dollars already spent for the medically necessary healthcare services provided to Medicaid eligible students. An LEA is a public board of education or other public authority within a state that maintains administrative control of public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a state. School districts and county offices of education are both LEAs. For LEAs to receive Medicaid reimbursement for services through the SBS Program, LEAs must document the services in a student's IEP or IFSP and the services must meet the following:

- Be medically necessary, as defined in [Wyoming Statute § 26-40-102](#): “a medical service, procedure, or supply provided for the purpose of preventing, diagnosing or treating illness or injury, disease, or symptom”;
- Address the physical and/or mental disabilities of the child;
- Be prescribed or recommended by a licensed physician or another licensed practitioner within his or her scope of practice under state law;
- Be in accordance with IDEA by being included in the child's current IEP for Part B services, or IFSP for Part C services; and
- Be provided in the school setting. Services provided via telehealth (where appropriate) are also allowable as covered services.

In addition, LEAs must adhere to additional SBS Program requirements that may exceed education requirements including but not limited to:

- **Service Delivery and Proper Documentation:** The LEA must deliver and document the service, based upon the need of the student. In addition, the documentation must be retrievable in the case of a State or federal audit.
- **Service Authorization:** LEAs must authorize each student's related service needs by including the nature and extent of required services in a student's IEP or IFSP.
- **Qualified Practitioners and Supervisors:** Services may only be provided by a Medicaid qualified Provider or individual under the supervision of a qualified Provider.
- **National Provider Identifier (NPI):** LEAs and certain individual Providers are required to obtain an NPI to bill services to Medicaid.
- **Medicaid Eligibility:** LEAs may only receive Medicaid reimbursement for Medicaid allowed services delivered to Medicaid enrolled students.

- **Parental Consent to Bill:** LEAs must obtain and document consent from the parent/legal guardian of each student to bill covered services to Medicaid.

Wyoming State Rules

The WDH promulgates Chapter 52 “School-Based Services” pursuant to the Medical Assistance and Services Act at [Wyoming Statutes § 42-4-101 through 124](#). The Chapter 52 Rule governs the Medicaid SBS Program and is intended to implement and be read in conjunction with [Wyoming Statute § 21-13-321](#) and [42-4-103](#), and other applicable Medicaid Rules, manuals, and bulletins.

The Wyoming Department of Education (WDE) promulgates Chapter 44 "Rules for the Special Education Component within the Education Resource Block Grant Model" to include SBS administrative costs. The Chapter 44 Rule governs reimbursement for reasonable administrative costs to bill for authorized Medicaid services.

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Chapter 1 – General Information

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1.1 Who Can Participate in the Wyoming School-Based Services Program?

Wyoming public LEAs serving kindergarten through 12th grade students are eligible to participate in the SBS Program. It is the responsibility of the LEA to designate staff to manage their SBS Program. Often the SBS Providers’ Special Education Director or Program Manager and Business Manager work in conjunction with the Billing Agent/Vendor to administer the SBS Program. The individuals identified by the LEA is responsible for managing the program functions and must be familiar with the SBS Program guidelines and regulations. A billing agent/vendor is an optional for-profit third party contracted to assist SBS Program Providers with billing and claims submissions for the SBS Program.

1.2 Location of Services

The SBS Program allows services to be provided in the school setting, in an alternate setting in accordance with the IDEA, or by telehealth (as appropriate). *See Section 3.12 Telehealth* for detailed information regarding telehealth.

Place of Service Codes	
Code	Description
02	Telehealth
03	School

1.3 Individualized Education Program or Individualized Family Support Plan

An Individualized Education Program (IEP) is an education document for children ages 3 to 21. It focuses on special education and related services in schools. An Individualized Family Support Plan (IFSP) establishes a plan to provide early intervention services to eligible kids from birth to age 3 to meet the physical, cognitive, communication, social and emotional, and adaptive developmental needs of an infant or toddler with a disability. The IFSP involved the family and professionals from various disciplines in writing a plan for the child.

The IDEA requires public schools to create an IEP for each student who is found to be eligible under both the federal and state eligibility/disability standards. The IEP describes the student’s present levels of academic achievement and functional performance, and how the student’s disabilities affect or would affect the child’s involvement in the general education curriculum. The IEP also specifies the potential services, accommodations, and modifications available to the student. The IEP creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when

appropriate) to work together to improve educational results for children with disabilities. The IEP guides the delivery of special education supports and services for the student with a disability. Treatment services rendered to Medicaid enrolled students that are reimbursable through the SBS Program must be pursuant to an IEP or IFSP. For more detailed information on IEPs please visit the U.S. Department of Education's [website](#) or the Wyoming Department of Education [website](#).

Chapter 2 – Steps to Becoming a School-Based Services Program Provider

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2.1 Enrollment Process

To participate in the Wyoming SBS Program and bill Medicaid, LEAs and individual practitioners must be enrolled as a Wyoming Medicaid Provider. The WDH is contracted with HTG Technology Group (HTG) to operate the Provider enrollment system.

Complete the following steps to enroll as an SBS Program Provider:

1. Navigate to the [Provider Portal \(https://wyoming.dyp.cloud/\)](https://wyoming.dyp.cloud/) to register on the Discover Your Provider (DyP) Provider enrollment portal for Wyoming Medicaid, hosted by HTG Technology Group.
2. Scroll down and select [Newly-Enrolled Pay-to Providers – Web Registration](#). The Provider Portal appears.



The secure [Provider Portal](#) is specifically for Wyoming Medicaid Providers and is tailored to secure Provider transactions and needs. For more information regarding the secure Provider Portal, select [Provider Portal Quick Start Guide](#).

3. Once you confirm registration via email, log in to your provider enrollment account and follow the steps outlined in the DyP User Guide for Individual Enrollment located [here](#).
4. Upon final submission of the provider enrollment application, a provider specialist will process your application and will notify you via email of the final application determination.



You can log in into your Provider portal account at any time to review your Provider information and make updates. Select the Change of Circumstance (CoC) tab at the top of the screen to create a CoC request with your necessary data updates.

If you have questions regarding your Provider enrollment, contact the Provider Enrollment Customer Service Call Center 1-877-399-0121 or email WYEnrollmentSvc@HHSTechGroup.com.

2.2 National Provider Identifiers and Taxonomy Codes

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative standard. The NPI is a numeric identifier that is assigned to a healthcare provider by the Centers for Medicare and Medicaid Services (CMS). All HIPAA-covered individual and organizational healthcare providers must obtain an NPI to identify themselves on billing transactions. An NPI is a 10-digit permanent number assigned to a Provider or organization and must be used on electronic claim transactions for healthcare billing and reimbursement.

Licensed Providers (including certain licensed assistants) participating in the SBS Program must have their own Type 1 NPI. Providers can apply for an NPI through the National Plan and Provider Enumeration System (NPPES) webpage. Non-licensed school staff (refer to Appendix D –) providing

services under the supervision of a licensed Provider do not need an NPI. For directions on how to obtain an NPI, please refer to the NPI Memo located on the [WDH website](#). To learn more about the National Provider Identifier, go to <https://nppes.cms.hhs.gov>.

To be reimbursed for services delivered through the Wyoming SBS Program, it is necessary for LEAs to apply for and obtain a Type 2 NPI. Type 2 NPIs are for organizations (such as school districts) while Type 1 NPIs are for individual Providers. For directions on how to obtain a Type 2 NPI please refer to the document located under the **Quick Links** section on the [WDH website](#).

To obtain an NPI, the application must include the taxonomy code that reflects your classification and specialization. The taxonomy for LEAs is 251300000X. *Appendix D – Provider Requirements* includes the taxonomy for Provider types; this information can also be located on the [CMS website](#). Individual Providers must use the taxonomy code that most closely describes their Provider type, classification, or specialization (see specifics in *Chapter 4 – Covered Services and Qualified Providers*).

Organizational Provider	Taxonomy
Local Education Agency (LEA)	251300000X

2.3 Compliance with State and Federal Guidelines

The WDH is committed to administering the SBS Program in a manner that is effective in the lives of recipients, is user-friendly to participating LEAs and their Providers, and is compliant with both state and federal law. CMS is charged with dispensing federal Medicaid funds to the WDH for the provision of services to Medicaid-eligible populations at the state level. In turn, to ensure federal funding, the WDH must abide by CMS guidelines and regulations concerning the flow of program dollars, reporting deadlines, quality, and service delivery.

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3.1 Parental or Legal Guardian Consent

According to [IDEA and Section 300.154 of the U.S. Department of Education](#), in order for LEAs to receive Medicaid reimbursement through the SBS Program, LEAs are required to:


5. Obtain written consent from the parent or legal guardian of the student prior to the reimbursement occurring. The consent must specify:
 - The personally identifiable information that may be disclosed (such as records or information about the services that may be provided to a particular child),
 - The purpose of the disclosure, and
 - The agency to which the disclosure may be made.
 - That the parent or legal guardian understands and agrees that the public agency may access the parent’s or child’s public benefits or insurance to pay for services.
6. Annually provide written notification to the parent or legal guardian that includes:
 - A statement of the parental consent provisions in paragraphs (d)(2)(iv)(A) and (B) in [Section 300.154\(d\)\(2\)](#),
 - A statement of the “no cost” provisions in paragraphs (d)(2)(i) through (iii) [Section 300.154\(d\)\(2\)](#),
 - A statement that the parents have the right to withdraw their consent to disclosure of their child’s personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (such as Medicaid) at any time; and
 - A statement that the withdrawal of consent or refusal to provide consent to disclose personally identifiable information to the agency responsible for the administration of the State’s public benefits or insurance program (such as Medicaid) does not relieve the public agency of its responsibility to ensure that all required services are provided at no cost to the parents.

Parents and legal guardians need to sign the parental/legal guardian consent form once and then it follows the student through their school years and can move with the student if they transfer school districts (within the state of Wyoming). Parental or legal guardian consent is voluntary, and a parent or legal guardian may refuse or revoke consent at any time. If a parent or legal guardian does not give consent or revokes consent, the LEA is still required to provide all services included in the student’s IEP or IFSP service plan at no cost to the parent, however the LEA cannot seek or receive federal Medicaid reimbursement dollars for that student. LEAs must keep the parental or legal guardian consent form on file. The Wyoming Parental Consent Memo, containing detailed information, can be found on the WDH SBS Program website [here](#).

3.2 Identification of Medicaid - Enrolled Students

Each SBS-participating LEA is expected to confirm the student’s Medicaid eligibility prior to billing. Once an LEA is enrolled in the SBS Program as a Wyoming Medicaid Provider, the LEA will receive access and training to the Wyoming Medicaid eligibility system called Benefit Management System and Services (BMS).

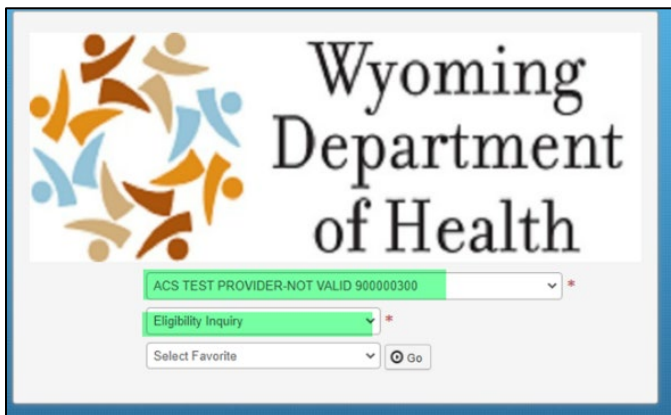
Because a recipient’s eligibility may not be continuous from month to month, it is critical that the LEA document that the recipient was enrolled in Medicaid during the time for which the service was provided.

 LEAs working with a billing vendor will likely receive a monthly eligibility file with all required information from the billing vendor.

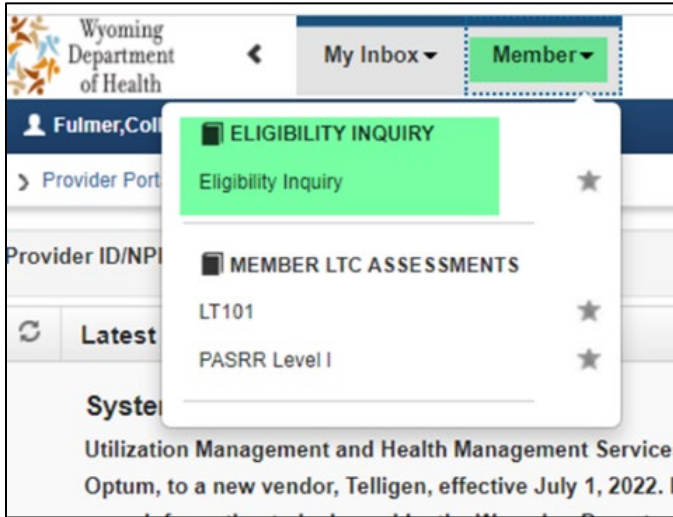
Once the LEA receives the signed Parental Consent form, the LEA can verify the Medicaid eligibility of each child in the BMS.

3.2.1 Determining Medicaid Eligibility Status

7. In the BMS, the first screen in the log section is the landing page.
 - a. Select the applicable Provider ID from the first drop-down list.
 - b. Select **Eligibility** Inquiry from the second drop-down list.
 - c. Select **Go**.



8. Once in the portal, select the “Member” tab at the top of the page, then select **Eligibility Inquiry**.



9. To submit an eligibility inquiry for a student, complete the following:
 - a. Complete one of the following criteria sets:
 - Member ID or Card Number or
 - Last Name, First Name, and Date of Birth, or
 - Last Name, First Name, and Social Security Number (SSN), or
 - SSN and Date of Birth.
 - b. Add information to the additional search options if known.
 - c. Enter the date or dates that need Medicaid eligibility verification.
 - d. Select **Submit**.

The screenshot shows the 'MEMBER ELIGIBILITY INQUIRY' form. At the top, there are 'Close' and 'Submit' buttons. Below the buttons, there is a heading 'MEMBER ELIGIBILITY INQUIRY' and a list of criteria sets to complete:

- Member ID/Card Number or
- Last Name, First Name and Date Of Birth or
- Last Name, First Name and SSN or
- SSN and Date Of Birth
- Additional Search Options (Use if needed with one of the Search Options above to obtain a unique member match) :
 - Gender
 - Zip Code
 - Case Number

 The form fields are as follows:

- Search By Service Type(s):
- Servicing Provider NPI/Provider ID: 900000300 *
- Filter By: Member ID (dropdown) 060055555 (text input)
- Last Name: (text input)
- Date of Birth: MM/DD/YYYY (calendar icon)
- Gender: --SELECT-- (dropdown)
- MA Case Number: (text input)
- SSN: AAA-GG-SSSS (text input)
- First Name: (text input)
- Zip Code: (text input)
- Inquiry Start Date: 06/02/2022 (calendar icon) *
- Inquiry End Date: 06/02/2022 (calendar icon) *

10. The Member Eligibility File appears, showing the dates the student is or was enrolled in Medicaid.



Each student must be enrolled in Medicaid the day that each service is provided to receive Medicaid reimbursement for the covered service.

3.3 Ordering, Referring, and Prescribing Practitioners

To receive reimbursement for the SBS Program, services must be ordered, referred, or prescribed by a physician or other licensed Provider within the Provider's scope of practice under state law. Wyoming Medicaid requires that ordering, referring, or prescribing (ORP) Providers be documented on claims. All ORP Providers and attending Providers must be enrolled with Wyoming Medicaid. This applies to all in-state and out-of-state Providers, even if they do not submit claims to Wyoming Medicaid.

All Medicaid SBS Program claims resulting from an order, referral, or prescription must include the NPI of the ORP Provider.

3.4 Service Limitations

The service threshold for Medicaid-enrolled students receiving services through the SBS Program are pursuant to the thresholds listed in the student's IEP or IFSP.

3.5 Current Procedural Terminology and Healthcare Common Procedure Coding System Codes

The Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are a collection of codes that represent procedures, supplies, products, and services which may be provided to Medicaid beneficiaries. SBS Program Providers must use the appropriate billing CPT or HCPCS code based on the student's plan of care or assessment needs. The tables located in *Chapter 4 – Covered Services and Qualified Providers* show the most common billing codes for the SBS Program.

3.6 Diagnosis Codes

ICD-10-CM diagnosis codes are identified in the *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) code book that was developed to create international uniformity in diagnosing health conditions.



ICD-10-CM codes must be included on the claim or the claim will be denied.

3.7 Modifiers

Modifiers are codes added on a claim line with the procedure code to supply further information about a CPT or HCPCS code, such as who performs the service. Modifiers are always two characters and are added to the end of a HCPCS or CPT code with a hyphen. The LEAs must submit claims with a modifier in the following circumstances:

- **CO:** Must be used when a service is provided by a licensed occupational therapy assistant.
- **CQ:** Must be used when a service is provided by a licensed physical therapy assistant.
- **GN:** Must be used when a service is provided by a speech-language pathology assistant or speech-language pathology aide.
- **GT:** Must be used when a service is provided via telehealth.

A list of the modifiers for the SBS Program is listed here:

Table 1. Modifiers

Modifier	Description
CO	Licensed occupational therapy assistant
CQ	Licensed physical therapist assistant
GN	Speech-language pathology assistant or Speech-language pathology aide
GT	Telehealth: Via interactive audio and video telecommunications systems.

3.8 Guidelines for Billing Time Increments

For procedure codes that indicate services are to be billed as one (1) unit per 15 minutes or per hour of service, the Provider must follow Table below when the time spent is not exactly 15 minutes or one hour. To receive Medicare reimbursement, the Provider must provide treatment for at least eight minutes. Providers must complete at least eight minutes of treatment be paid for one 15-minutes increment.

Table 2. Billing Time Increments

Time Spent	Number of 15 Min Units to be Billed
Less than 8 minutes	0
8 minutes to 22 minutes	1
23 minutes to 37 minutes	2

Time Spent	Number of 15 Min Units to be Billed
38 minutes to 52 minutes	3
53 minutes to 67 minutes	4
68 minutes to 82 minutes	5
83 minutes to 97 minutes	6

3.9 Guidelines for Providing a Group Service

Some allowable services, such as the services listed below, are group services. Group services must include at least two children and no more than five children to be billable to Medicaid. Group services are only reimbursable if delivered face-to-face. Telehealth is not an approved modality for group services.

Table 3. Group Services

CPT Codes	Short Description
CO	Licensed occupational therapy assistant
CQ	Licensed physical therapist assistant
GN	Speech-language pathology assistant or Speech-language pathology aide

3.10 Documentation Requirements

LEAs are responsible for ensuring proper billing and maintaining adequate documentation. SBS Program Providers must retain medical and financial records, including information regarding dates of service, diagnoses, services provided, and bills for services, for at least six years from the end of the State fiscal year (SFY) (July through June) in which the services were rendered. If an audit is in progress, the records must be maintained until the audit is resolved.

The medical and financial records must fully disclose the extent of services provided to Medicaid Members. The following record element requirements include, but are not limited to:

- The record must be typed or legibly written.
- The record must identify the Member on each page.
- The record must contain a preliminary working diagnosis and the elements of a history and physical examination upon which the diagnosis is based.
- The record must include all services, as well as the treatment plan. Any drugs prescribed as part of a treatment, including the quantities and the dosage, must be entered in the record. For any

drugs administered, the National Drug Code on the product must be recorded, as well as the lot number and expiration date.

- The record must indicate the observed medical condition of the Member, the progress at each visit, any change in diagnosis or treatment, and the Member's response to treatment. Progress notes must be written for every service.
- The record must include total treatment minutes of the Member, including those minutes of active treatment reported under the timed codes and those minutes represented by the untimed codes, must be documented separately, to include beginning time and ending time for services billed.

Services provided by assistants must be supervised by a licensed professional, and the documentation must be co-signed by the supervising, licensed professional in accordance with the supervisory requirements for the Provider type. Documentation is required each time a Medicaid service is delivered to a student. Each LEA must establish a Medicaid billing process that ensures that all supporting documentation satisfies all requirements necessary for Medicaid billing and allows for Medicaid claims to be completed and submitted timely.

LEAs are responsible for maintaining records that fully document the basis upon which a claim is made for Medicaid reimbursement. Note that this documentation generally aligns with professional documentation standards for licensed practitioners.

Documentation required to substantiate a claim for SBS Program reimbursement includes, but is not limited to:

- The student's complete IEP or IFSP. The plan must contain the relevant Provider signatures when used to meet prescription/referral/recommendation requirements;
- All evaluation reports (with relevant Provider signatures);
- Service encounter documentation, including progress and clinical notes;
- Practitioner credentials and licenses for service Providers (may be kept in a central file);
- Authorization for the service (including signature of licensed Provider on the prescription, referral, or recommendation);
- Attendance records to document the student was present on the day of the Medicaid service;
- Payroll records and contracts;
- Service claims;
- Parental consent form (may be kept in a central file); and
- Billing records.

Each Medicaid eligible service must be documented and include the following:

- Date of service;

- Name of student;
- Student's Medicaid identification number;
- Name of LEA rendering the service and their NPI;
- Name of Provider rendering the service, along with their clinical discipline and their NPI;
- Type of service and specific services provided;
- Nature, extent, and units of service;
- Service time – start and end time;
- Place of service; and
- Signature of Provider.

Required supporting documentation describing the nature or extent of service includes, but is not limited to the following:

- Medical records;
- Progress and case notes;
- Contact logs; and
- Nursing and health aide logs.

SBS Program services must be billed according to the provisions of the student's IEP or IFSP including service types, number, and frequency of SBS Program services, and length of treatments, as applicable.

SBS Program Providers must:

- Agree to keep necessary records for at least six (6) years from the end of the SFY in which the services were rendered.
- Allow access to all records concerning services and payment to authorized personnel of Medicaid, CMS Comptroller General of the United States, State Auditor's Office (SAO), the office of the Inspector General (OIG), the Wyoming Attorney General's Office, the United States Department of Health and Human Services, and their designees. Records must be accessible to authorized personnel during normal business hours for the purpose of reviewing, copying, and reproducing documents. Access to the Provider records must be granted regardless of the Provider's continued participation in the program. In addition, the Provider is required to furnish copies of claims and any other documentation upon request from Medicaid or their designee.

3.11 Remittance Advice

After claims have been processed weekly, Medicaid posts a Medicaid proprietary Remittance Advice (RA) to the Provider Portal that each Provider can retrieve. This RA is not the 835 HIPAA payment file. The Agency will not mail paper remittance advices.

The RA plays an important communication role between Providers and Medicaid. It explains the outcome of claims submitted for payment. Aside from providing a record of transactions, the RA assists Providers in resolving potential errors. For more detailed information on the Remittance Advice, see Chapter 6 of the Wyoming Medicaid CMS-1500 Provider Manual located [here](#).

3.12 Telehealth

Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations. All individual services covered under the SBS Program may be billed by participating LEAs when performed via telehealth, except for services that preclude a telehealth modality. Group services are only reimbursable if delivered face-to-face. Telehealth is not an approved modality for group services. For Medicaid payment to occur, interactive audio and video telecommunications must be permitting real-time communication between the distant site physician or practitioner and the student with sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects.

All interactive video telecommunication must comply with HIPAA patient privacy regulations at the site where the patient is located, the site where the Provider is located, and in the transmission process. If distortions in the transmission make adequate diagnosis and assessment improbable and a presenter at the site where the patient is located is unavailable to assist, the visit must be halted and rescheduled. It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing Provider. The billing Provider must comply with all licensing and regulatory laws applicable to the Providers' practice or business in Wyoming and must not currently be excluded from participating in Medicaid by state or federal sanctions.

All Medicaid and SBS Program policies, laws, and regulations apply. Telehealth services must be properly documented when offered at the discretion of the Provider as deemed medically necessary. It is the intent that telehealth services will provide better access to care by delivering services as they are needed when the student is residing in an area that does not have specialty services available. It is expected that this modality will be used when travel is prohibitive, or resources will not allow the clinician to travel to the student's location.


3.12.1 Non-Covered Services

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a student, or a consultation between two healthcare practitioners asynchronous "store and forward" technology. Group services delivered using telehealth are not a covered service for Medicaid reimbursement. In addition, Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises and monitors a patient during the telehealth encounter, or for consultations between professionals.

3.12.2 Billing Requirements

To obtain Medicaid reimbursement for services delivered through the telehealth modality, the following standards must be observed:

- Telehealth consent must be obtained if the originating site is the student’s home;
- The services must be medically necessary and follow generally accepted standards of care;
- The service must be a service covered by the Medicaid SBS Program;
- Claims must be made according to Medicaid billing instructions; and
- The same procedure codes and rates apply as for services delivered in person.
 - The modifier to indicate a telehealth service is “GT”, which must be used in conjunction with the appropriate procedure code to identify the professional telehealth services provided by the Provider. Using the GT modifier does not change the reimbursement fee.

 If the patient, or parent or legal guardian indicate at any point that they want to stop using the technology, the service must cease immediately, and an alternative appointment be set up.

3.12.3 Place of Service Code “02”

Telehealth claims must indicate that the place of service is “Telehealth” by selecting code “02”. Refer to *Section 1.2 Location of Services* for more information.

Table 4. Place of Service Codes

Code	Description
02	Telehealth
03	School

3.12.4 Interactive Telehealth Reimbursable Service

Services are reimbursable when performed according to telehealth guidelines and billed with the appropriate CPT code. Ancillary costs, such as equipment, technical support, facility fee, and transmission charges incurred while providing telehealth services via audio or video communication are not reimbursable.

3.13 Third-Party Liability

For the SBS Program, Third-Party Liability (TPL) will be bypassed. When submitting claims to Medicaid, LEAs will not report TPL, even when known that the student has insurance coverage other than through the Medicaid Program.

3.14 Timely Filing

LEAs must adhere strictly to the WDH timely filing policy. The Provider must submit a clean claim to Medicaid within 12 months (365 days) of the date of service. A clean claim is an error free, correctly completed claim, with all required attachments, that will process and approve to pay within the twelve (12) month (365 days) time period. Submit claims immediately after providing services so that, when a claim is denied, there is time to correct any errors and resubmit. Claims are to be submitted only after the service or services have been rendered, and not before.

3.15 Submitting School-Based Services Program Claims

When an approved SBS Program healthcare service has been provided to a Medicaid-enrolled student, the next step is to bill for the services. The WDH contracts with a fiscal agent, Acentra Health, to operate the BMS claims processing system utilized for Provider billing. The BMS is the Provider's source of information for Wyoming Medicaid, as well as providing access to the secure Provider Portal.

Through the Provider Portal, Providers can:

- Submit Claims Electronically
- Verify Medicaid Eligibility
- Inquire on Prior Authorizations
- Retrieve Remittance Advices
- Upload Attachments to Claims
- Manage Billing Agents and Clearinghouses
- Establish an Administrator
- Create New Users
- Reset Passwords

Wyoming Medicaid only accepts electronic claims submissions.

New Billing Agents (BA) and Clearinghouses (CH) must first complete the required enrollment process with Wyoming Medicaid.

- To access instructions on how to enroll as a BA/CH with Wyoming Medicaid, select the [BA/CH Enrollment Tutorial](#)
- To enroll as Billing Agent/Clearinghouse Provider, select [BA/CH Enrollment](#).

For more trainings and tutorials, navigate to the [Provider Training, Tutorials, and Workshops](#) page. Once enrolled, Providers will enter their claims into the BMS. Providers must use the Wyoming BMS CMS-1500 Provider Manual, located [here](#), as their guide when filing medical claims with Medicaid.

Beginning with services rendered on or after July 1, 2022, SBS Program Providers may bill for certain medically necessary services rendered to Medicaid enrolled students. Claims may be submitted only after services have been rendered. Medicaid agencies designate Providers through the use of establishing Provider Types. The Provider Type for SBS Program claims is “Provider Type G”.

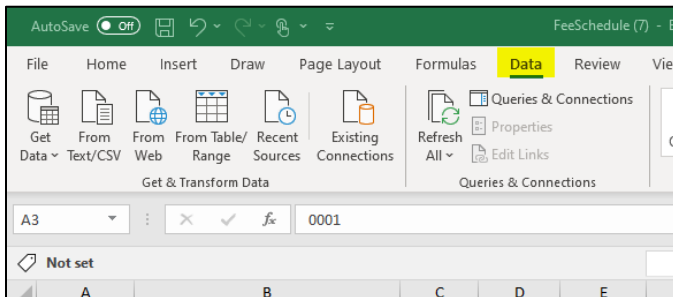
3.16 Reimbursement Methodology

Reimbursement for services is based upon a Medicaid fee schedule established by the State of Wyoming. Services are reimbursed on a fee-for-service basis. Reimbursement will be the lesser of the LEA’s billed charges or the Wyoming fee schedule rate.

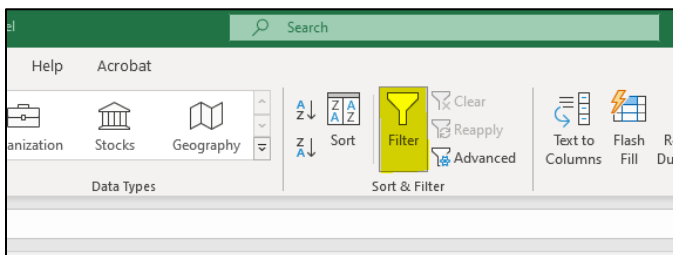
The Wyoming Medicaid Fee Schedule will be applied to claims submitted to the BMS. The state-developed rates are the same for both governmental and private Providers for Occupational Therapy, Physical Therapy, Counseling Services, Speech and Language Services, and Nursing Services. The rates are updated often and are published on the WDH’s website at <https://www.wyomingmedicaid.com/portal/fee-schedules>.

To review the rates for the SBS Program, complete the following steps:

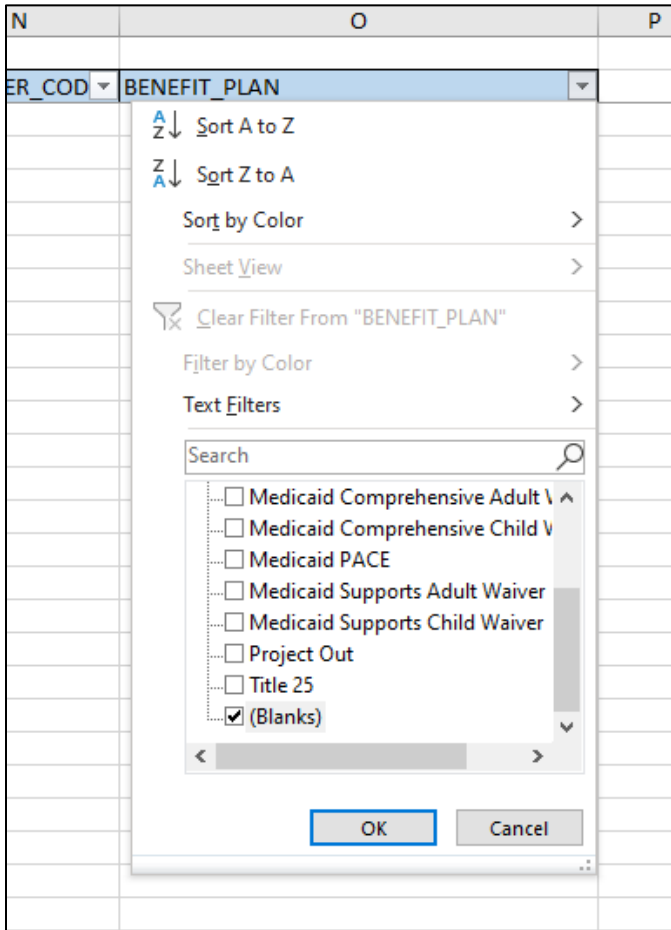
11. Download the Excel file from the fee schedule [website](#).
12. Open the Excel file and select the **Data** tab at the top of the file.



13. Select **Filter**.



- To filter Column O, titled "Benefit_Plan", select the drop-down arrow and select to only view the "Blanks".



- Use this generated list to review by procedure codes located in Column A.

Wyoming Medicaid is required to comply with the coding restrictions under the National Correct Coding Initiative (NCCI) and Providers should be familiar with the NCCI billing guidelines. NCCI information may be reviewed at: <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>.

The WDH will accept, process, and pay participating LEAs for all eligible claims received in accordance with the established Wyoming Medicaid Fee Schedule. These payments will reflect the total amount expended comprising both the non-federal and federal matching fund shares as reflected in the applicable Federal Medicaid Assistance Percentage (FMAP). Annually, the LEAs will remit the funds to the state in which the funds will get recirculated into the Department of Education School Foundation Program Account. All recaptured monies eventually redistributed to those districts receiving entitlement payments from the state.

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4.1 Overview

Federal reimbursement is available for certain health services provided to Medicaid enrolled students through the SBS Program. These services must meet several conditions to be eligible for federal reimbursement through the SBS Program, including:

- The services provided must be medically necessary and must be necessary for the treatment of the recipient’s specifically identified medical condition and meet the needs specified in the student’s IEP or IFSP;
- The services must be prescribed, referred, or recommended by a licensed physician or another licensed practitioner of the healing arts within his or her scope of practice under state law, consistent with requirements in 42 Code of Federal Regulations (CFR) Part 44;
- The frequency and duration of services billed to Medicaid may not exceed what is specified in the IEP or IFSP;
- Parental consent must be obtained for services listed in the IEP or IFSP to bill for Medicaid. Consent means that the parent has been fully informed of all information relevant to the activity for which consent is sought and agrees in writing. For more information, see *Section 3.1 Parental or Legal Guardian Consent*; and
- The services must be provided in the school setting. Services provided via telehealth (where appropriate) are also allowable as covered services.

Under the Wyoming SBS Program, reimbursable categories of services include:

- **Occupational Therapy:** Occupational therapy services address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.
- **Nursing and Health Services:** Nursing and health services are healthcare services provided to a patient to address special healthcare needs or chronic conditions through care management and direct care, including medication administration and health procedures.
- **Speech-Language and Hearing Services:** Speech-Language and Hearing Services are for the diagnosis and treatment of speech and language disorders, which result in communication disabilities, and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of the presence of a communication disability. Audiology services are for the diagnosis and treatment of issues effecting hearing and balance, including hearing loss- evaluate and treat hearing, balance, and tinnitus disorders.
- **Physical Therapy:** Physical therapy services are the treatment of physical dysfunction or injury using therapeutic exercise and the application of modalities intended to restore or facilitate normal function or development; also called physiotherapy.
- **Psychology and Counseling Services:** Mental health services are any interventions- assessment, diagnosis, treatment, or counseling- offered by the LEA for the maintenance or enhancement of

mental health or the treatment of mental or behavioral disorders in individual and group contexts.

4.2 Occupational Therapy

Services: Occupational Therapy (OT) services must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law. Services are provided to improve, develop, or restore functions impaired or lost through illness, injury, or deprivation. Occupational therapy services may be provided in an individual or group setting. Services may include, but are not limited to, testing and clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning:

- Activities of daily living assessment and training;
- Sensory integration;
- Sensorimotor assessment and training;
- Neuromuscular assessment and development;
- Muscle strengthening and endurance training;
- Fine motor assessment and skills facilitation;
- Feeding and oral motor assessment and training;
- Adaptive equipment application;
- Musculo-skeletal assessment;
- Manual therapy techniques;
- Gross motor assessment and skills facilitation; and
- Functional mobility assessment.

4.2.1 Occupational Therapy Services Common Current Procedural Terminology Codes

Table 5. Occupational Therapy Services Common Current Procedural Terminology (CPT) Codes

CPT Codes	Short Description
97165	OT Eval, Low Complex, Per session (typically 30 min)
97166	OT Eval, Mod Complex; Per session (typically 45 min)
97167	OT Eval, High Complex, Per session (typically 60 min)
97168	OT Re-Eval, establish care plan

CPT Codes	Short Description
97110	Therapeutic Exercises; Per 15 min
97150	Group Therapeutic Exercises; Per 15 min
97535	Self-Care/Home Management Training, Per 15 min

4.2.2 Occupational Therapy Covered Providers

Table 6. Occupational Therapy Covered Providers

Individual Provider	Taxonomy
Occupational Therapist	225X00000X
Occupational Therapy Assistant	N/A

Occupational therapy services may be provided by:

Occupational Therapists: Must be licensed by the Wyoming Board of Occupational Therapy and meet the requirements of the Wyoming Occupational Therapy Practice Act located in [Wyoming Statute § 33-40-101 through § 33-40-117](#).

Occupational Therapy Assistants: Must be licensed by the Wyoming Board of Occupational Therapy and work under the supervision of a licensed occupational therapist. Supervision must be consistent with the Wyoming Occupational Therapy Practice Act, [Wyoming Statute § 33-40-101 et seq.](#)

4.3 Nursing Services

Services: Nursing services must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law. Nursing services are professional services relevant to the medical needs of the patient provided through direct intervention. Nursing and health services are healthcare services provided to a patient to address special healthcare needs and chronic conditions through care management and direct care. The services must be medically necessary within the scope of the professional practice of the Wyoming Nurse Practice Act, located in [Wyoming Statute at § 33-21-120 et seq.](#) Nursing services may include, but are not limited to:

- Direct and indirect patient care services that ensure the safety, comfort, personal hygiene and protection of patients and the performance of disease prevention and restorative measures;
- Direct and indirect patient services, including, but not limited to the administration of medications and therapeutic agents necessary to implement a treatment, disease prevention or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist;
- Health procedures;

- IEP and IFSP health assessments;
- Nutrition assessment; and
- Nursing treatments.

4.3.1 Nursing and Health Services Common Current Procedural Terminology Codes

Table 7. Nursing and Health Services Common Current Procedural Terminology (CPT) Codes

CPT Codes	Short Description
T1001	Nursing Assessment/Evaluation
T1002	RN Services; Per 15 min
T1003	LPN/LVN Services; Per 15 min
T1004	Certified Nursing Assistant Services; Per 15 min

4.3.2 Nursing and Health Services Covered Providers

Table 8. Nursing and Health Services Covered Providers

Individual Provider	Taxonomy
Registered Nurse (RN)	163W00000X
Licensed Practical Nurse (LPN)	164W00000X
Advanced Practice Nurse Practitioner (APRN)	364SP0808X
School Nurse RN	163WS0200X
School Nurse LPN	164X00000X
Certified Nurse Assistant	376K00000X

Nursing services may be provided by:

- Registered Nurses (RN): Must be licensed by the Wyoming State Board of Nursing and meet the requirements as outlined in [Wyoming Statute § 33-21-120 et seq.](#)
- Advanced Practice Registered Nurses (APRN): Must be licensed by the Wyoming State Board of Nursing and meet the requirements as outlined in [Wyoming Statute § 33-21-120 et seq.](#)
- Licensed Practical Nurses (LPN): Must be licensed by the Wyoming State Board of Nursing, meet the requirements as outlined in [Wyoming Statute § 33-21-120 et seq.](#), and act under the supervision of a physician, RN, or APRN.

Nursing services may be delegated to the following in accordance with 42 CFR §440.130(d) and according to the delegation clause in Chapter 3 of the Wyoming Administrative Rules, titled Scope and Standards of Nursing Practice and Certified Nurse Assistant (CNA) Role:

- Certified Nurse Assistants (CNA): Must be certified by the Wyoming State Board of Nursing, meet the requirements as outlined in [Wyoming Statute § 33-21-120 et seq](#), and work under the direction of a licensed nurse.

4.4 Speech -Language and Hearing Services

Services: Services must be referred by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law. Services are provided to improve, develop, or restore functions impaired or lost through illness, injury, or deprivation. Services may include the direct assistance with the selection, acquisition, training, or use of an assistive technology device (ATD). Speech services may be provided in an individual or group setting. Services may include, but are not limited to, testing or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning:

Hearing aid evaluation;

Auditory training;

Training for the use of augmentative communication devices;

Auditory acuity, speech detection and speech reception threshold;

Auditory discrimination in quiet and noise;

Impedance audiometry, including tympanometry and acoustic reflex;

Central auditory function; and

- Testing to determine the child’s need for individual amplification; selection and fitting the aids.

4.4.1 Language and Hearing Services Common Current Procedural Terminology Codes

Table 9. Speech Language Therapy Services Common Current Procedural Terminology (CPT) Codes

CPT Codes	Short Description
92521	Evaluation of Speech Fluency
92522	Evaluation of Speech Sound Production
92523	Evaluation of Speech Sound Production; with Evaluation of Language Comprehension and Expression
92610	Eval of Oral and Pharyngeal Swallowing Function

CPT Codes	Short Description
92507	Speech, Language, Voice, Communication Therapy, Individual
92508	Speech, Language, Voice, Communication Therapy, Group
92507	Speech/Hearing Therapy, Individual

4.4.2 Speech Language Therapy Services Covered Providers

Table 10. Speech Language Therapy Services Covered Providers

Individual Provider	Taxonomy
Audiologist	231H00000X
Speech Therapist	235Z00000X
Speech Language Assistant	N/A
Speech Language Aide	N/A

Speech language and hearing services may be provided by:

- Audiologists:** Must be licensed by the Wyoming State Board of Examiners of Speech-Language Pathology and Audiology, follow the [Wyoming Statutes § 33-33-102 through 33-33-204](#), and meet the requirements in 42 CFR §440.110.
- Speech Pathologists:** Must be licensed by the Wyoming State Board of Examiners of Speech-Language Pathology and Audiology, follow the [Wyoming Statutes § 33-33-102 through 33-33-204](#), and meet the requirements in 42 CFR §440.110.
- Speech-Language Pathology Assistants:** Must be certified by the American Speech-Language-Hearing Association, meet all requirements as outlined in [Wyoming Statutes § 33-33-102 through 33-33-204](#), and must work under the direct supervision of a licensed speech-language pathologist.
- Speech-Language Pathology Aides:** Must meet all requirements as outlined in [Wyoming Statutes § 33-33-102 through 33-33-204](#) and must work under the direct supervision of a licensed speech-language pathologist.

4.5 Physical Therapy

Services: Physical therapy services must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law. Services are provided to improve, develop, or restore functions impaired or lost through illness, injury, or deprivation. Physical therapy services may be provided in an individual or group setting. Services may include, but are not limited to,

testing or clinical observation as appropriate for chronological or developmental age for one or more of the following areas of functioning:

- Neuromotor assessment;
- Range or motion;
- Joint integrity and functional mobility;
- Flexibility assessment;
- Gait, balance and coordination assessment and training;
- Posture and body mechanics assessment and training;
- Soft tissue assessment;
- Pain assessment;
- Cranial nerve assessment;
- Nerve conduction;
- Therapeutic procedures;
- Manual manipulation;
- Muscle strengthening and therapy techniques;
- Gross motor development;
- Functional training;
- Sensory motor assessment and training;
- Activities of daily living assessment and training;
- Therapeutic exercise;

4.5.1 Physical Therapy Services Common Current Procedural Terminology Codes

Table 11. Physical Therapy Services Common Current Procedural Terminology (CPT) Codes

CPT Codes	Short Description
97161	PT Eval, Low Complex, Per session (typically 20 min)
97162	PT Eval, Moderate Complex, Per session (typically 30 min)
97163	PT Eval, High Complex, Per session (typically 45 min)
97164	PT Re-Eval; Establish Care Plan

CPT Codes	Short Description
97110	Therapeutic Exercises; Per 15 min
97150	Group Therapeutic Exercises; Per 15 min
92507	Speech/Hearing Therapy, Individual

4.5.2 Physical Therapy Services Covered Providers

Table 12 Physical Therapy Services Covered Providers

Individual Provider	Taxonomy
Physical Therapist	225100000X
Physical Therapy Assistant	n/a
Physical Therapy Aide	n/a

Physical Therapy services may be provided by:

- Physical Therapists:** Must be licensed by the Wyoming Board of Physical Therapy and meet the requirements of the Wyoming Physical Therapy Practice Act located in [Wyoming Statute § 33-25-101 through 33-25-116](#).
- Physical Therapy Assistants:** Must be licensed by the Wyoming Board of Physical Therapy and work under the supervision of a licensed physical therapist. Supervision must be consistent with the Wyoming Physical Therapy Practice Act, [Wyoming Statute § 33-25-101 et seq.](#)
- Physical Therapy Aides:** Must work under the supervision of a licensed physical therapist. Supervision must be consistent with the Wyoming Physical Therapy Practice Act, [Wyoming Statute § 33-25-101 et seq.](#) Physical therapy aides may perform patient care activities as defined by the Board under the on-site supervision of a licensed physical therapist or a certified physical therapist assistant.

4.6 Psychology and Counseling Services

Services: Psychology and counseling services must be prescribed by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law. Psychology and counseling services involve the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotion, and interpersonal relationships. It includes diagnosis, prevention, treatment and amelioration of psychological problems and emotional and mental disorders.

Services may include, but are not limited to the following areas of functioning:

- Cognitive assessment;

- Emotional assessment;
- Behavior assessment;
- Cognitive-behavioral therapy;
- Individual interactive psychotherapy; and
- Sensory integrative therapy.

4.6.1 Psychology and Counseling Services Common Current Procedural Terminology Codes

Table 13. Psychology and Counseling Services Common Current Procedural Terminology (CPT) Codes

CPT Codes	Short Description
90791	Psych Diagnostic Evaluation
90832	Psychotherapy, Individual; Per session (typically 30 min)
90834	Psychotherapy, Individual; Per session (typically 45 min)
90837	Psychotherapy, Individual; Per session (typically 60 min)
H0046	Mental Health Services, Group Therapy; Per 15 min
H2019	Therapeutic Behavioral Services; Per 15 min

4.6.2 Applied Behavior Analysis

Applied Behavior Analysis (ABA) is a behavioral intervention that has been identified as an evidence-based approach that prevents or minimizes the adverse effects of behaviors that interfere with learning and social interaction, and promote, to the maximum extent practicable, the functioning of a student. ABA treatments are only allowable to students between the ages of 0-20 years of age with a diagnosis of Autism Spectrum Disorder. Services must be medically necessary to ameliorate symptoms of a diagnosed disorder, build adaptive behaviors, or reduce maladaptive behaviors to enhance the student’s health, safety, and overall functioning or to prevent deterioration or regression.

Services may include, but are not limited to the following:

- Behavioral interventions;
- Cognitive behavioral intervention;
- Comprehensive behavioral treatment;
- Language training;
- Modeling; and

- Natural teaching strategies.

4.6.3 Psychology and Counseling Services Covered Providers

Table 14 Psychology and Counseling Services Covered Providers

Individual Provider	Taxonomy
Clinical Psychologist	103TC0700X
School Psychologist	103TS0200X
Licensed Clinical Social Worker (LCSW)	1041C0700X
School Social Worker	1041S0200X
Licensed Marriage and Family Therapist (LMFT)	106H00000X
Licensed Professional Counselor (LPC)	101YP2500X
School Counselor	101YS0200X
Certified Mental Health Worker	101Y00000X
Licensed Behavior Analyst	103K00000X
Assistant Licensed Behavior Analyst	106E00000X
Registered Behavior Technician	106S00000X

Psychology and Counseling services may be provided by:

Clinical Psychologists: Must be licensed by the Wyoming Board of Psychology and meet the requirements of the Psychology Practice Act, found in [Wyoming Statute § 33-27-113 through 33-27-123](#).

Credentialed School Psychologists with a Specialist in School Psychology: Must be credentialed by the Wyoming Professional Teaching Standards Board and meet the requirements of the Psychology Practice Act, found in [Wyoming Statute § 33-27-113 through 33-27-123](#).

Social Workers: Must be licensed by the Wyoming Mental Health Professions Licensing Board and meet the requirements of the Mental Health Professions Practice Act, found in [Wyoming Statute § 33-38-101 through 33-38-113](#).

School Social Workers: Must meet the requirements in [Wyoming Statute § 33-38-102 \(a\)\(xi\)](#). The school social worker must obtain the Professional Services Endorsement for School Social Worker from the Professional Teaching Standards Board. A school social worker must practice under the supervision of a qualified clinical supervisor licensed in the state of Wyoming per [Wyoming Statute § 33-28-102](#).

Marriage and Family Therapists: Must be licensed by the Wyoming Mental Health Professions Licensing Board and meet the requirements of the Mental Health Professions Practice Act, found in [Wyoming Statute § 33-38-101 through 33-38-113](#).

Licensed Professional Counselors: Must be licensed by the Wyoming Board of Psychology and meet the requirements in [Wyoming Statute § 33-38-101 through 33-38-113](#).

School Counselors: Must meet the requirements in [Wyoming Statute § 33-38-101 through 33-38-113](#). The counselor must obtain a Professional Services Endorsement for a School Counselor through the Professional Teaching Standards Board. A counselor must practice under the supervision of a qualified clinical supervisor licensed in the state of Wyoming per [Wyoming Statute § 33-38-102](#).

Certified Mental Health Workers (CMHW): Must be certified and meet the requirements in [Wyoming Statute § 33-38-102 \(a\)\(xii\)](#). A CMHW must practice under the supervision of a qualified clinical supervisor licensed in the State of Wyoming.

Licensed Behavior Analysts: Must be licensed by the Wyoming Board of Psychology and meet the requirements in [Wyoming Statute § 33-27-113 through 33-27-124](#).

Licensed Assistant Behavior Analysts: Must provide services under the supervision of a Board Licensed Behavior Analyst, be licensed by the Wyoming Board of Psychology, and meet the requirements in [Wyoming Statute § 33-27-113 through 33-27-124](#).

Registered Behavior Technicians: Must provide services under the supervision of a Board Licensed Behavior Analyst, be licensed by the Wyoming Board of Psychology, and meet the requirements in [Wyoming Statute § 33-27-113 through 33-27-125](#).

4.7 Non-Covered Services

Services billed under the SBS Program are subject to the limitations and coverage restrictions that exist for other Wyoming Medicaid services pursuant to [Wyoming Medicaid Rules Chapter 26](#) and the applicable Medicaid Provider Manuals. Wyoming Medicaid will not cover the following services:

- Services classified as educational, such as services for academic assessment;
- Services billed by a practitioner outside their area of expertise;
- Vocational training that is related solely to specific employment opportunities, work skills, or work settings;
- Services not identified in the student's IEP or IFSP;
- Evaluations that do not result in an IEP or IFSP;
- Transportation services;
- Communication and consultation with parents, other Providers, and educators;
 - Attendance at meetings;
 - Instructional assistant contact;

- Parental contact;
- Parental consultation;
- Preparation and distribution of correspondence to parents or other professionals;
- Professional consultation; and
- Teacher contact.
- Services to non-Medicaid enrolled individuals; and
- Services provided by Providers that are 100% federally funded.

In addition, the SBS Program does not reimburse for school-related and educational activities such as:

- Providing classroom instruction (including lesson planning).
- Testing, correcting papers.
- Developing, coordinating, and monitoring the IEP for a student, which includes ensuring annual reviews of the IEP are conducted, parental sign-offs are obtained, and the actual IEP meetings with the parents. (If appropriate, this would also refer to the same activities performed in support of an IFSP.)
- Compiling attendance reports.
- Performing activities that are specific to instructional, curriculum, and student-focused areas.
- Reviewing the education record for students who are new to the school district.
- Providing general supervision of students (such as playground, lunchroom, and so on).
- Monitoring student academic achievement.
- Providing individualized instruction (such as math concepts) to a special education student.
- Conducting external relations related to school educational issues and matters.
- Compiling report cards.
- Carrying out discipline.
- Performing clerical activities specific to instructional or curriculum areas.
- Activities related to the educational aspects of meeting immunization requirements for school attendance.
- Compiling, preparing, and reviewing reports on textbooks or attendance.
- Enrolling new students or obtaining registration information.
- Conferring with students or parents about discipline, academic matters, or other school-related issues.
- Evaluating curriculum and instructional services, policies, and procedures.

- Participating in or presenting training related to curriculum or instruction (such as language arts workshop, computer instruction, and so on).
- Translating an academic test for a student.

Chapter 5 – Programmatic Expectations

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5.1 Patient Confidentiality

All medical records under the SBS Program are confidential and cannot be released without the written consent of the Medicaid student or their personal representative. The Family Educational Rights and Privacy Act (FERPA) requires that LEAs obtain written consent from the parent or guardian prior to releasing any medical information in personally identifiable form from the student’s education record. Pursuant to 34 CFR, Section 99.30, the written consent must specify the records that may be disclosed, state the purpose of the disclosure, and identify the party to whom the disclosure may be made. This requirement includes when care is coordinated between the school and another entity that is providing medically necessary services to the student.

5.2 Additional School-Based Services Program Provider Responsibilities

LEAs are also responsible for:

- Ensuring that all SBS Program covered services submitted for reimbursement are furnished by qualified practitioners acting within their scope of practice.
- Ensuring that all Medicaid beneficiaries are aware of and understand the freedom of choice options outlined in Section 1902(a)(23) of the Social Security Act as specified in 42 CFR Sections 431.51(a)(1) and 441.18(a)(1).
- Ensuring services billed using the NPI will not be separately billed by the rendering practitioners.
- Ensuring the SBS Program Providers adhere to and comply with all Federal Health and Human Services and CMS requirements with respect to billing for services provided by other healthcare professionals under contract with the LEA and must avoid duplication of services and billing with other programs.
- Not discriminate against any beneficiary based on race, color, national or ethnic origin, sex, age, religion, political beliefs, or mental or physical disability.

5.3 Integrating and Coordinating Care

Medicaid is focused on “whole child care,” therefore, LEAs and school-based Providers are encouraged to integrate and coordinate any care provided in school with care provided across other settings and within the family unit. School-based Providers should coordinate with primary care and other community-based Providers as well as members of the household who may be able to reinforce and provide continuity of care.

Appendices

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Appendix A – Change Control Table

Table 15 provides detailed changes made to this version of the School-Based Services Program Provider Manual.

Table 15. Change Control Table

Effective Date	Changes
01/13/2025	Appendices Appendix B – Provider Notifications Log: Updated.

Appendix B – Provider Notifications Log

Provider Notifications Log			
Active Dates	Notification Type	Title	Audience
January 2025	Email and Provider Bulletin	Procedure Code Denials	All Providers except the following: Care Management Entity (CME) Day Training, Developmentally Disabled Waiver Behavior Health (ABI, DDAW, DDCW, CMHW) Long Term Waiver
December 2024	Email, What's New and Provider Bulletin	1099 Forms – Verification of Mailing Addresses	All Providers
December 2024	Email, What's New and Provider Bulletin	Upcoming Changes to Remittance Advice	All Providers
December 2024	Email and Provider Bulletin	Web Browsers, Pop-Ups and Settings	All Providers
November 2024	What's New and BMS Banner Message	Implemented Error Codes for COB Primary Insurance	All Providers
October 2024	Email and Provider Bulletin	Attention All Providers: Updated Wyoming Medicaid Provider Contact Email Addresses	All Providers
October 2024	BMS Banner Message	Enhanced Template Function	All Providers

Appendix C – Glossary

Term	Definition
Acentra Health	Acentra Health is the vendor for the WDH that acts as the state’s fiscal agent for Medicaid billing.
Applied Behavior Analysis (ABA)	A behavioral intervention that is an evidence-based approach that prevents or minimizes the adverse effects of behaviors that interfere with learning and social interaction, and promote, to the maximum extent practicable, the functioning of a student.
Assistive Technology Device (ATD)	An item, piece of equipment, software program, or product system that is used to increase, maintain, or improve the functional life of a person with a disability.
Benefits Management System (BMS)	The claims processing system used by the Wyoming Department of Health.
Centers for Medicare and Medicaid Services (CMS)	The Centers for Medicare and Medicaid Services, is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with states to deliver Medicaid, Children’s Health Insurance Program, and other public health insurance programs.
Certified Mental Health Worker (CMHW)	A person certified to perform the application of human services or psychological theory and methods to the assessment, treatment or prevention of psychological dysfunction, disability or impairment, including emotional or mental disorders, under the supervision of a qualified clinical supervisor licensed in the state of Wyoming.
Code of Federal Regulations (CFR)	The Code of Federal Regulations is the codification of the general and permanent regulations published in the Federal Register by the executive departments and agencies of the federal government of the United States.
Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS)	The CPT/HCPCS codes are a collection of codes that represent procedures, supplies, products, and services which may be provided to Medicaid beneficiaries.
Federal Medicaid Assistance Percentage (FMAP)	Federal Medical Assistance Percentages are the percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs in the United States of America.
Family Educational Rights and Privacy Act (FERPA)	The Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996 is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge.

Term	Definition
Individualized Education Plan (IEP)	The IEP is a plan or program developed to ensure that a child with an identified disability who is attending an elementary or secondary educational institution receives specialized instruction and related services.
Individualized Family Services Plan (IFSP)	The IFSP is a written legal document that guides the delivery of early intervention services provided to infants and toddlers (birth to age 3) who have disabilities, including developmental delays. The IFSP also includes family supports services, nutrition services, and case management.
Individuals with Disabilities Education Act (IDEA)	The Individuals with Disabilities Education Act is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.
Local Education Agency (LEA)	An LEA is a public board of education or other public authority within a state that maintains administrative control of public elementary or secondary schools in a city, county, township, school district, or other political subdivision of a state. School districts and county offices of education are both LEAs.
Licensed Practical Nurse (LPN)	Licensed practical nurses provide quality care and comfort measures under the supervision of registered nurses (RNs).
Medicaid	Medicaid in the United States is a federal and state program that helps with healthcare costs for some people with limited income and resources.
Medical Necessity	A determination that a health service is required to diagnose, treat, cure, or prevent an illness, injury, or disease which has been diagnosed or is reasonably suspected to relieve pain or to improve and preserve health and be essential to life. The service must be: (a) Consistent with the diagnosis and treatment of the client’s condition; (b) In accordance with the standards of good medical practice among the Provider’s peer group; (c) Required to meet the medical needs of the client and undertaken for reasons other than the convenience of the client and the Provider; (d) Performed in the most cost effective and appropriate setting required by the client’s condition.
National Provider Identifier (NPI)	The National Provider Identifier is a unique identification number for healthcare providers. All healthcare providers, health plans, and clearinghouses that submit Medicaid claims are required to apply for and use an NPI.
National Plan & Provider Enumeration System (NPPES)	Data set used by CMS to assign unique identifiers to healthcare professionals.
Ordering, Referring, and Prescribing (ORP)	Billable services must be authorized by a Provider through an order, referral, or prescription.
Registered Nurse (RN)	A registered nurse is a nurse who has graduated from a nursing program and met the requirements outlined by a country, state, province, or similar government-authorized licensing body to obtain a nursing license.

Term	Definition
School-Based Services (SBS)	Services delivered to Medicaid eligible students with an IEP or IFSP that can be billed to and reimbursed by the federal government.
State Fiscal Year (SFY)	The dates in which the state operates the state budget year to year. In Wyoming, the SFY is from July 1st to June 30th.
Taxonomy Code	A taxonomy code is a unique 10-character code that designates your classification and specialization. This is used in billing and will designate the services delivered within the SBS Program.
Third Party Liability (TPL)	Third Party Liability refers to the legal obligation of third parties (for example, certain individuals, entities, insurers, or programs) to pay part or all the expenditures for medical assistance furnished under a Medicaid state plan.
Wyoming Department of Education (WDE)	The Wyoming Department of Education manages and operates education in the state of Wyoming.
Wyoming Department of Health (WDH)	The Wyoming Department of Health is the operating agency of Wyoming Medicaid.

Appendix D – Provider Requirements

The Provider Requirements document is located on the [SBS Program website](#) under the **Quick Links** section.

Appendix E – Links to Resources

	Resource	Link
1.	Individuals with Disabilities Education Act	https://sites.ed.gov/idea/
2.	Individuals with Disabilities Education Act – Parental Consent	https://sites.ed.gov/idea/regs/b/b/300.154/d/2
3.	National Correct Coding Initiative (NCCI)	http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html
4.	National Plan and Provider Enumeration System (NPES)	https://nppes.cms.hhs.gov/#/
5.	Taxonomy Codes	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Find-Your-Taxonomy-Code
6.	U.S. Department of Education	https://www.ed.gov/
7.	Wyoming Department of Education	https://edu.wyoming.gov/
8.	Wyoming Department of Health	https://health.wyo.gov/
9.	Wyoming Department of Health - Provider Manual	N/A
10.	Wyoming Department of Health - Fee Schedule	https://www.wyomingmedicaid.com/portal/fee-schedules
11.	Wyoming Department of Health – Provider Portal	https://wyoming.dyp.cloud/landing
12.	Wyoming Department of Health – SBS Program	https://health.wyo.gov/healthcarefin/medicaid/school-based-services/#:~:text=The%20School%2DBased%20Services%20(SBS,in%20a%20school%2Dbased%20setting
13.	Wyoming Statutes	https://wyoleg.gov/



Wyoming Medicaid

School-Based Services Provider

Bulletin / January 2025, Quarter 4

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Procedure Code Denials

Attention Wyoming Medicaid Providers:

On December 30, 2024, an issue was identified with procedure codes (CPT Codes) being ended on September 30, 2024. This end date caused erroneous denials to post on claims. The procedure codes that were impacted are varied.

The claims with denied lines will appear on this week's remittance advice and providers will see the Medicaid specific error code:

- 1144 – Procedure or revenue code not covered nationally on date of service.

Claims that are identified to have this issue will be reprocessed for correct payment the week of January 6, 2025. There is no action for providers to take due to this being a known issue.

Note: Professional type claims may show a “paid” status – however there will be a line denial.

For questions, providers can contact the Provider Services Call Center at 1-888-996-6223 from 7 am – 6 pm MST, Monday through Friday.

1099 Forms – Verification of Mailing Addresses

Attention All Billing Providers:

Reminder! 1099 Forms will be mailed to providers in early 2025 to the provider's mailing address that was entered on their W-9 Form.

When a 1099 Form is returned to the State Auditor's Office as undeliverable, the provider's Wyoming Medicaid payments will be placed “on hold” until a new W-9 Form is completed with the correct mailing address (P.O. Box is acceptable) and returned to Medicaid's provider enrollment vendor, HHS Tech Group, to process. Updated W-9 Forms can be emailed

to wyenrollmentsvcs@hhstechgroup.com or mailed to:

HHS Tech Group
2515 Warren Ave., Ste. 503
Cheyenne, WY 82001

All providers are encouraged to submit a new W-9 Form if there has been any change in address in the year of 2024. In addition, it is recommended to log into the HHS Tech Group provider portal <https://wyoming.dyp.cloud/>, navigate to the Provider Data tab and verify all addresses, phone numbers, and emails in each section to ensure they are up to date. Any updates must be made by completing/submitted a Change of Circumstance or CoC.

The current version of the W-9 Form can be found at <https://sao.wyo.gov/vendors/>.

IMPORTANT! Wyoming Medicaid must be able to reach you, the provider, via email and phone.

While providers are reviewing addresses, they should also validate and update their email addresses to ensure, at a minimum one (1) email address is for an employee or group email account within the actual provider's office/facility. Wyoming Medicaid communicates to providers via email and their provider enrollment status may be updated to "inactive" when emails bounce OR when emails are only directed to their vendors.

Providers are responsible for managing their vendors and ensuring they are following the most current Medicaid policies and billing requirements. Wyoming Medicaid and Acentra Health (Fiscal Agent) must be able to speak with the provider offices at any time.

Note: The provider record with HHS Tech Group must be reviewed and kept updated to avoid delays in Medicaid payment.

Upcoming Changes to Remittance Advice

Attention Wyoming Medicaid Providers:

On December 16, 2024, the information supplied on the provider Remittance Advice (RA) will be updated to provide additional details. Updates include:

- Checks received by Acentra Health
- Claim number(s) the checks were applied to
- Payment after TPL (Primary insurance) is applied
- Patient Pay Amount (nursing home only) amount
- Total claim amounts with the claim status listed on the RA for the pay cycle

This new look will appear for providers on the RAs provided on and after December 20, 2024. The RA location will remain the same in the provider portal.

To support providers' understanding of these changes, Acentra Health will conduct virtual provider trainings in January 2025. These provider trainings will be conducted via the GoTo Webinar platform and links will be made available on the provider training tab of the Wyoming Medicaid website: [Provider Training, Tutorials and Workshops](#)

For questions before the provider training occurs, please contact Provider Services at 1-888-996-6223 or via email at: wypvideroutreach@acentra.com.

Web Browsers, Pop-Ups and Settings

Attention Wyoming Medicaid Providers:

Acentra Health is aware that some providers experienced issues when entering a claim through DDE (Direct Data Entry). This is the result of pop-up blockers being enabled when submitting claims and data being transferred from previous submissions.

Reminder: For the Provider Portal (BMS) to function correctly, pop-ups must be allowed. Compatible Web Browsers are as follows:

- Google Chrome
- Firefox
- Microsoft Edge

For full details, please view the [Browser Compatibility web page](#) on the Wyoming Medicaid website.

Provider Action:

Providers need to allow pop-ups and resubmit claims for payment. Please use the instructions below:

To allow pop-ups on Chrome

- Select the ellipses (3 dots on the top right corner of the web browser).
- Select “Settings” located at the bottom of the options.
- Select “Privacy and Security” located on the left side of the screen.
- Select “Site settings” and then “Pop-ups and redirects.”
- Select “Sites can send pop-ups and use redirects.”

To allow pop-ups on Edge

- Select the ellipses (3 dots on the top right corner of the web browser).
- Select “Settings” located at the bottom of the options.
- Select “Cookies and site permissions” located on the left side.
- Select “Pop-ups and redirects.”
- Select the “Unblock” button located at the top.

To allow pop-ups on Firefox

- Select the 3-line option (3 lines located on the top right corner of the web browser).
- Select “Settings” located on the left side of the screen.
- Select “Privacy & Security” located on the left side.
- Scroll down to “Permissions” and uncheck “Block pop-up windows.”

If providers require additional assistance, please call or email Acentra Health:

Provider Relations Call Center: 1-888-996-6223

Email: wyprovideroutreach@acentra.com

Attention All Providers: Updated Wyoming Medicaid Provider Contact Email Addresses

Acentra Health has created two new emails, one for correspondence/communication and a separate email for appeals, in an effort to streamline the process. The new email reflects the change in business name from CNSI to Acentra.

The new addresses are currently active and able to receive emails. Please utilize wyprovideroutreach@acentra.com for correspondence/communication and wypeals@acentra.com for appeals.

You still have the option of submitting via the [secure Provider Portal](#) or via fax number at 307-460-7408. The new emails provide another option for the convenience of the provider.

The previous CNSI email addresses will be monitored until 12/31/2024.

Remember: Wyoming Medicaid communicates updates, policy, and other vital information primarily through email. It is a Medicaid requirement that providers keep their email addresses updated in the PRESM system. You can check your demographic information that is currently on file at <https://wyoming.dyp.cloud/landing>, or call 1-877-399-0121, or email WYEnrollmentSVCS@HHSTechgroup.com.

Please make a note and add wyproviderservices@acentra.com to your valid emails. If an email is returned (bounces back), your provider number will be suspended, and payment will be held until the information has been updated in the PRESM system.

Implemented Error Codes for COB Primary Insurance

BMS Banner Message (Provider Portal)

On October 12, 2024, the Division of Healthcare Financing/Wyoming Medicaid implemented new system error codes for other payer(s) coordination of benefits (COB) information. The error codes range from 7214 – 7219. To avoid claim denials, please review the provider bulletin titled,

Implemented Error Codes for COB Primary Insurance, for additional details and helpful hints,

located on the [What's New web page](#) of the WY Medicaid

website: <https://wyomingmedicaid.com/portal/ProviderWhatsNew>

Enhanced Template Function

BMS Banner Message (Provider Portal)

Acentra Health has enhanced the template function per provider request. Effective October 12, 2024, providers will be able to modify name, dates, procedure codes, and other information within the template. For additional support on how to complete this, please view the Quick Reference Guide (QRG) at:

https://wyomingmedicaid.com/portal/sites/default/files/inline-files/Quick_Reference_Guides/Creating_Templates.pdf