

# Local Educational Agency Billing and Reimbursement Overview

**Note: This document serves as a draft manual section preview. The information provided is not final policy, and may be subject to change. The final policy will be published in a future *Medi-Cal Update*.**

This section contains information about reimbursable services for the Local Educational Agency (LEA) Medi-Cal Billing Option Program and how to bill for those services. Included is information about non-reimbursable services, when to bill Other Health Coverage (OHC), and identification of the services each type of practitioner may bill. Also included is information about the type of claim form on which to bill, claim completion instructions and where to submit the claim.

<b>Introduction</b>	LEA providers may bill for services rendered to Medi-Cal eligible students. LEA services may be billed on the paper <i>UB-04</i> claim or submitted electronically through Computer Media Claims (CMC). See “Computer Media Claims (CMC)” in this section for more information.
<b>Medical Necessity</b>	Diagnostic or treatment services are considered medically necessary when used to correct or ameliorate defects, physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screen ( <i>California Code of Regulations</i> [CCR], Title 22, Sections 51184[b] and 51340[e][3]).
<b>Billing Code List</b>	A complete list of procedure codes that are reimbursable to LEAs for assessment, treatment, Targeted Case Management (TCM) and transportation services is included in the <i>Local Educational Agency (LEA) Billing Codes and Reimbursement Rates</i> section of this manual.
<b>Restrictions</b>	Time billed for treatments should include only direct service time. Indirect service time has been included in the reimbursement rate and should not be billed.
<b>Limitations</b>	LEA services not authorized in a student’s Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP) are limited to a maximum of 24 services (assessments and treatments) per 12 month period.

**Free Care and Other Health Coverage Requirements**

Medi-Cal may reimburse LEA providers for services provided to Medi-Cal eligible students regardless of whether there is any charge for the service to the student or the community at large.

Other Health Coverage (OHC) is any non-Medi-Cal private health coverage plan or policy that provides or pays for health care services. This includes commercial health insurance companies. Medi-Cal Managed Care Plans (MCPs) are not considered OHC.

A student with a third-party resource is one who is qualified for Medi-Cal benefits and also has OHC. In order to determine if a student has a third-party resource, the LEA may reference the LEA tape match file for OHC information for each Medi-Cal student. Additional information about eligibility verification and ways to verify eligibility is available in the *Local Educational Agency (LEA) Eligible Students* section of this manual.

Coverage may also include Medi-Cal covered health care services in a student's Individual Service Plan (ISP) per section 504 of the Rehabilitation Act of 1973. For students with an ISP, LEAs must bill OHC prior to billing Medi-Cal.

The following chart clarifies when OHC insurers must be billed:

<b>Insurance Status of Student</b>	<b>Services Provided to Students Authorized in an IEP/IFSP or Under Title V*</b>	<b>Eligible Non-IEP/IFSP Services Provided to All Other Students</b>
Medi-Cal only	Bill Medi-Cal	Bill Medi-Cal
Medi-Cal and OHC	Bill Medi-Cal	Bill OHC, then Medi-Cal
No Medi-Cal, has OHC	May bill OHC	May bill OHC

\* Title V of the *Social Security Act* – Grants for States for Maternal and Child Welfare

Insurance Status:  
Medi-Cal Only

The LEA may bill Medi-Cal for services provided to eligible students, regardless of whether those services are provided without charge to all other students. Non-IEP/IFSP services are limited to 24 services in a 12 month period. Services authorized in a student's IEP/IFSP are not subject to this limitation.

Example: A Medi-Cal eligible student with no OHC is provided speech therapy that is documented in the student's IEP/IFSP. The LEA provider may bill Medi-Cal for reimbursement for those services.

Example: A Medi-Cal eligible student with no OHC receives a vision assessment that is administered to all students in the school. The student does not have an IEP/IFSP. The LEA provider may bill Medi-Cal for reimbursement, subject to the annual limitation.

Insurance Status:  
Medi-Cal and OHC

Medi-Cal covered services provided to students with OHC under an IEP/IFSP may be billed to Medi-Cal for reimbursement, regardless of whether those services are provided to all other students. The LEA provider does not have to bill OHC first.

For Medi-Cal covered services provided to students with OHC that are not part of an IEP/IFSP, the LEA must bill other responsible third-party insurers prior to billing Medi-Cal regardless of whether those services are provided to all other students.

Example: A Medi-Cal eligible student with OHC is provided audiology services documented in the student's IEP/IFSP. The LEA provider may bill Medi-Cal without pursuing OHC.

Example: A Medi-Cal eligible non-IEP/IFSP student with OHC receives a general health assessment that is administered to all students at the school. The LEA provider must pursue and bill that student's OHC prior to billing Medi-Cal.

Example: A Medi-Cal eligible non-IEP/IFSP student with OHC receives an individual nursing service that is medically necessary. The LEA provider must pursue and bill that student's OHC prior to billing Medi-Cal.

Insurance Status:  
OHC Only, No Medi-Cal

All medical services provided by the LEA to non-Medi-Cal students who have private third-party health insurance may be billed to the respective OHC insurer, regardless of whether the services are provided to all other students.

Example: A non-Medi-Cal student with OHC is provided physical therapy by a LEA practitioner. The LEA Provider may bill the third-party insurer for reimbursement.

### **Third-Party Liability Recoupment**

In most circumstances for services provided to Medi-Cal eligible students with OHC, Medi-Cal is the payer of last resort. OHC must be billed prior to Medi-Cal. However, for services provided to students authorized in an IEP/IFSP, Medi-Cal is the primary payer. In such instances where legally liable commercial insurance is available, the Department of Health Care Services (DHCS) may bill commercial insurance carriers to recoup funds paid by DHCS to the LEA provider. DHCS will not cost avoid against claims (initially deny claims due to OHC) or offset claims to LEA providers in an effort to recoup funds.

As a result of the recoupment process, commercial insurance carriers may issue an *Explanation of Benefits* (EOB) to the parent of the insured student.

**Other Health Coverage:  
Denials of Claims and  
Non-Response**

If the OHC carrier denies a claim, the denial notice is valid and may be submitted with Medi-Cal claims for one year from the date of the denial for that student and procedure. LEA providers are subject to the same denial criteria as other Medi-Cal providers. A claim will be processed by the DHCS Fiscal Intermediary (FI) only if the denial reason listed on the EOB or denial letter is a valid denial reason according to Medi-Cal standards, or there is no response from the OHC carrier.

If a response from the OHC carrier is not received within 90 days of the provider's billing date, the provider may bill Medi-Cal. A copy of the completed and dated insurance claim form must accompany the Medi-Cal claim. LEA must state "90 day response delay" on the billing claim form.

Legitimate denial reasons may include, but are not limited to:

- Service not covered
- Patient not covered
- Deductible not met

Illegitimate denial reasons generally involve improper billing, such as submitting a late, incorrect or illegible claim.

The following provider manual sections contain OHC codes, information about identifying student OHC and other general OHC billing information that LEAs need to submit Medi-Cal claims:

- *Other Health Coverage (OHC) Guidelines for Billing* in the Part 1 manual
- *Other Health Coverage (OHC)* in the Part 2 manual
- *Other Health Coverage (OHC): CPT-4 and HCPCS Codes* in the Part 2 manual

**Managed Care Plans**

Information about reimbursement of services for students who are members of Medi-Cal Managed Care Plans (MCPs) is available in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

**Practitioner Services  
Reimbursable to LEAs**

The two charts on following pages in this section are quick reference guides to help LEA providers identify the qualified rendering practitioners who may perform each LEA service. The charts also list additional service requirements; for example, when supervision is required.

- *Practitioner-Performed Assessment Services Reimbursable to LEAs*
- *Practitioner-Performed Treatment and TCM Services Reimbursable to LEAs*

## Practitioner-Performed Assessment Services Reimbursable to LEAs

Practitioner	IEP/IFSP ASSESSMENTS							NON-IEP/IFSP ASSESSMENTS						
	Psychological	Psychosocial Status	Health	Health/Nutrition	Audio logical	Speech-Language	Physical Therapy	Occupational Therapy	Psychosocial Status	Health/Nutrition	Health Education/Anticipatory Guidance	Hearing	Vision	Developmental
Registered Credentialed School Nurse			X <sup>(5)</sup>							X <sup>(5)</sup>	X <sup>(5)</sup>		X <sup>(5)</sup>	
Licensed Physician/Psychiatrist				X <sup>(5)</sup>						X <sup>(5)</sup>	X <sup>(5)</sup>	X <sup>(5)</sup>	X <sup>(5)</sup>	
Licensed Optometrist													X <sup>(5)</sup>	
Licensed Clinical Social Worker		X <sup>(4)</sup>							X <sup>(4)</sup>		X <sup>(4)</sup>			
Credentialed School Social Worker		X <sup>(4)</sup>							X <sup>(4)</sup>		X <sup>(4)</sup>			
Licensed Psychologist	X <sup>(4)</sup>								X <sup>(4)</sup>		X <sup>(4)</sup>			
Licensed Educational Psychologist	X <sup>(4)</sup>								X <sup>(4)</sup>		X <sup>(4)</sup>			
Credentialed School Psychologist	X <sup>(4)</sup>								X <sup>(4)</sup>		X <sup>(4)</sup>			
Licensed Marriage and Family Therapist		X <sup>(4)</sup>							X <sup>(4)</sup>		X <sup>(4)</sup>			
Credentialed School Counselor		X <sup>(4)</sup>							X <sup>(4)</sup>		X <sup>(4)</sup>			
Licensed Physical Therapist							X <sup>(2)</sup>							X <sup>(2)</sup>
Registered Occupational Therapist								X <sup>(2)</sup>						X <sup>(2)</sup>
Licensed Speech-Language Pathologist						X <sup>(3)</sup>						X <sup>(3)</sup>		X <sup>(3)</sup>
Speech-Language Pathologist						X <sup>(1)(3)</sup>						X <sup>(1)(3)</sup>		X <sup>(1)(3)</sup>
Licensed Audiologist					X <sup>(3)</sup>							X <sup>(3)</sup>		
Audiologist					X <sup>(1)(3)</sup>							X <sup>(1)(3)</sup>		
Registered School Audiometrist												X <sup>(3)</sup>		

Notes: (1) Requires supervision. A speech-language pathologist with a valid Preliminary or Professional Clear Services Credential in speech-language pathology does not require supervision.  
 (2) Requires a written prescription by a physician or podiatrist, within the practitioner's scope of practice. In substitution of a written prescription, a registered credentialed school nurse, teacher or parent may refer the student for the assessment.  
 (3) Requires a written referral by a physician or dentist, within the practitioner's scope of practice. In substitution of a written referral, a registered credentialed school nurse, teacher or parent may refer the student for the assessment.  
 (4) Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice. In substitution of a recommendation, a teacher or parent may refer the student for the assessment.  
 (5) Requires a recommendation by a physician or registered credentialed school nurse. In substitution of a recommendation, a teacher or parent may refer the student for the assessment.

General Note: Credentialing requirements for licensed practitioners employed by LEAs are described in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

## Practitioner-Performed Treatment and TCM Services Reimbursable to LEAs

Practitioner	Physical Therapy	Occupational Therapy	Speech Therapy	Audiology (including Hearing Check)	Psychology and Counseling	Nursing Services	School Health Aide Services	Targeted Case Management
Registered Credentialed School Nurse						X		X
Certified Public Health Nurse						X <sup>(6)</sup>		X
Licensed RN and Certified Nurse Practitioner						X <sup>(5)</sup>		X
Licensed Vocational Nurse						X <sup>(1)</sup>		X
Trained Health Care Aide							X <sup>(1)</sup>	
Licensed Physician/Psychiatrist					X			
Licensed Clinical Social Worker					X <sup>(4)</sup>			X
Credentialed School Social Worker					X <sup>(4)</sup>			X
Licensed Psychologist					X <sup>(4)</sup>			X
Licensed Educational Psychologist					X <sup>(4)</sup>			X
Credentialed School Psychologist					X <sup>(4)</sup>			X
Licensed Marriage and Family Therapist					X <sup>(4)</sup>			X
Credentialed School Counselor								X
Licensed Physical Therapist	X <sup>(2)</sup>							
Registered Occupational Therapist		X <sup>(2)</sup>						
Licensed Speech-Language Pathologist			X <sup>(3)</sup>					
Speech-Language Pathologist			X <sup>(1)(3)</sup>					
Licensed Audiologist				X <sup>(3)</sup>				
Audiologist				X <sup>(1)(3)</sup>				
Program Specialist								X

Notes: (1) Requires supervision. A speech-language pathologist with a valid Preliminary or Professional Clear Services Credential in speech-language pathology does not require supervision.  
 (2) Requires a written prescription by a physician or podiatrist, within the practitioner's scope of practice.  
 (3) Requires a written referral by a physician or dentist, within the practitioner's scope of practice.  
 (4) Requires a recommendation by a physician, registered credentialed school nurse, licensed clinical social worker, licensed psychologist, licensed educational psychologist, or licensed marriage and family therapist, within the practitioner's scope of practice.  
 (5) Licensed registered nurses and certified nurse practitioners who do not have valid credentials require supervision.  
 (6) Certified public health nurses who do not have valid credentials require supervision, except when providing specialized physical health care services as specified in *California Education Code*, Section 49423.5.

General Notes: MEDICAL TRANSPORTATION AND MILEAGE ALSO ARE REIMBURSABLE TO LEAs PURSUANT TO STANDARDS IN CALIFORNIA CODE OF REGULATIONS (CCR), TITLE 22, SECTION 51491(h).  
 Credentialing requirements for licensed practitioners employed by LEAs are described in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.

## **Service Limitations**

LEAs are authorized to bill for the services as outlined in the preceding charts for students with or without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP). LEA providers must use the appropriate billing CPT-4 or HCPCS code based on the student's plan of care or assessment needs.

Service limitations vary depending on the type of service received. Service limitations specific to each service type are included in the various *Local Educational Agency (LEA) Service* sections of the manual. For example, service limitations related to physical therapy treatments are located in the *Local Educational Agency (LEA) Service: Physical Therapy* section.

LEA services not authorized in a student's IEP or IFSP are limited to a maximum of 24 services (assessment, treatment and transportation) per 12 month period for a student without prior authorization. For non-Individuals with Disabilities Education Act students, LEAs must obtain authorization for LEA services rendered beyond 24 services per 12 month period from:

- California Children's Services program
- Short-Doyle program
- Medi-Cal consultant
- Prepaid health plan (including Primary Care Case Management)

## **IEP/IFSP Assessments**

The number of IEP and IFSP assessments that providers may perform is limited by service type. Information about the limits, and additional IEP and IFSP information is located in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.

## **Initial and Additional Treatment Services**

Information about initial and additional treatment services are located in the following sections:

- *Local Educational Agency (LEA) Service: Hearing*
- *Local Educational Agency (LEA) Service: Occupational Therapy*
- *Local Educational Agency (LEA) Service: Physical Therapy*
- *Local Educational Agency (LEA) Service: Physician Billable Procedures*
- *Local Educational Agency (LEA) Service: Psychology/Counseling*
- *Local Educational Agency (LEA) Service: Speech Therapy*

**Treatment Services Billed in 15 Minute Increments**

Information about treatment services billed solely in 15 minute increments (with no initial or additional treatment services) is located in the following sections:

- *Local Educational Agency (LEA) Service: Nursing*
- *Local Educational Agency (LEA) Service: Targeted Case Management*

**Medical Transportation and Mileage**

Information about medical transportation and mileage is located in the *Local Educational Agency (LEA) Service: Transportation (Medical)* section.

**Modifiers**

Modifiers are codes added on a claim line with the procedure code to indicate that the procedure was altered by some specific circumstance, but not changed in its definition or code. For LEA billing purposes, the interpretation of some modifiers may differ slightly from the national description. An overview of the variety of modifiers that may be submitted on LEA claims follows. (Only select procedure codes and circumstances require modifiers.)

**Note:** To help providers bill for services, the “Billing Codes and Services Limitations” charts in each of the *Local Educational Agency (LEA) Service* sections provide a guideline for the modifier(s) that must be submitted with each procedure code.

**Individualized Plan Modifiers**

The modifiers below allow accurate processing and enable the approval of additional LEA services beyond 24 services per 12-month period. (Information about service limitations is located under the heading “Service Limitations” in this section.)

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
TL	Early Intervention/ Individualized Family Services Plan (IFSP)	Service is part of an IFSP
TM	Individualized Education Program	Service is part of an Individualized Education Plan (IEP)

Modifiers TL and TM also must be used to indicate LEA services rendered to a student who is a member of a Medi-Cal managed care plan or who is receiving TCM services and the services are authorized in the student's IEP or IFSP.

Telehealth Modifier

Qualified services by interactive telehealth must be billed with modifier GT (services rendered via interactive audio and video telecommunications systems). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier GT.

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
GT	Telehealth	Service provided via telehealth rendered from distant site

Qualified services provided at originating site (in-person with the student) during telehealth transmission are billed according to standard Medi-Cal practices (without a GT modifier).

Practitioner Modifiers

A practitioner modifier identifies the type of practitioner who rendered a service. Modifiers used for the LEA Program are broadly interpreted in some cases.

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
AG	Primary physician	Licensed physicians/psychiatrists
AH	Clinical psychologist	Licensed psychologists, licensed educational psychologists and credentialed school psychologists
AJ	Clinical social worker	Licensed clinical social workers and credentialed social workers
GN	Service delivered under an outpatient speech-language pathology plan of care	Licensed speech-language pathologists and speech-language pathologists
GO	Service delivered under an outpatient occupational therapy plan of care	Registered occupational therapists
GP	Service delivered under an outpatient physical therapy plan of care	Licensed physical therapists
HO	Master's degree level	Program specialists
TD	RN	Registered credentialed school nurses, registered credentialed school nurses who are also registered school audiometrists, licensed registered nurses, certified public health nurses and certified nurse practitioners
TE	LPN/LVN	Licensed vocational nurses

Intensity of Service Modifiers

Intensity of service modifiers are national modifiers used to identify the type of service rendered, and include the following:

<u>Modifier</u>	<u>National Modifier Description</u>	<u>LEA Program Usage</u>
22	Increased procedural services	Additional 15 minute service increment rendered beyond the required initial service time
52	Reduced services	Annual reassessment
TS	Follow-up service	Amended reassessment

**Computer Media Claims (CMC)**

Computer Media Claim (CMC) submission is the most efficient method of submitting Medi-Cal claims. CMCs are submitted via asynchronous telecommunications (modem) or on the Medi-Cal Web site at *www.medi-cal.ca.gov*. CMC submission bypasses the claims preparation and data entry processes of hard copy claims and goes directly into the claims processing system. CMC submission offers additional efficiency to providers because these claims are submitted faster, entered into the claims processing system faster and paid faster.

CMC submissions require a computerized claims billing system. LEA providers may prepare the CMC submission themselves or contract with a DHCS-approved billing service to prepare and submit their claims. Generally, the claim submission requirements of CMC are the same as for paper claims. Because CMC submission is a “paperless” billing process, there are some special requirements. Additional information is available in the *CMC* section of the Part 1 Medi-Cal provider manual.

**Claim Submission: UB-04 Claim**

LEA services can be billed on a paper *UB-04* claim. Instructions for preparing and submitting the claim are included in the *UB-04 Completion: Outpatient Services* section of this manual.

Explanation of UB-04 Form Items

Items specific to LEA should be completed as follows:

Type of Bill (Box 4). Enter the facility type code “89” in the first two spaces of this field.

Provider Name, Address, ZIP Code (Box 1). Enter the official name of the LEA (for example, school district or county office of education), address and the nine-digit ZIP code in the space provided at the upper left hand corner of the *UB-04* claim.

HCPCS/Rates (Box 44). Enter the applicable HCPCS/CPT-4 code(s). Add modifier(s) if required. Additional information about reimbursable codes and required modifiers is included in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Total Charges (Box 47). Enter the usual and customary charges. Additional information about rates is in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

Payer (Box 50). Enter the words "O/P MEDI-CAL" in Box 50 to indicate the type of claim and payer. List the name of the school district in the *Remarks* field (Box 80).

Operating NPI (Box 77). Enter the NPI of the medical professional actually providing the service. For LEA, the independent contractor is defined as a medical professional that is not a direct employee of the LEA and provides health care services to students.

**Note:** LEAs billing for services rendered by their own employees who do not have individual NPI numbers should leave the *Operating NPI* field blank. LEA employees are paid a salary by the LEA (for example, the district or county office of education).

## ICD-10-CM Codes

ICD-10-CM diagnosis codes are identified in the *International Classification of Diseases, 10<sup>th</sup> Revision, Clinical Modification* (ICD-10-CM) code book that was developed to create international uniformity in diagnosing health conditions. Current copies of the ICD-10-CM code book are available by writing or calling:

Optum  
2525 Lake Park Blvd.  
Salt Lake City, UT 84120  
Telephone: 1-800-464-3649

Or

PMIC (Practice Management Information Corporation)  
Order Processing Department  
4727 Wilshire Boulevard, Suite 300  
Los Angeles, CA 90010-3894  
Telephone: 1-800-MED-SHOP (633-7467)  
(Monday – Friday, 8:00 a.m. – 5:30 p.m., CST)  
Fax: 1-800-633-6556 (24 hours daily)  
(For credit card orders or purchase orders)

**Note:** ICD-10-CM codes must be included on the claim or the claim will be denied. Billing instructions are included in the *UB-04 Completion: Outpatient Services* section of this manual.

### **“From-Through” Billing**

All LEA services except mileage (associated with medical transportation) may be billed on a “from-through” basis when the same service(s) are rendered more than once in a month. This is to facilitate billing when there is more than one date of service.

Consecutive and  
Non-Consecutive Days

“From-through” billing may be used for both consecutive and non-consecutive days of service.

Claim Completion  
Instructions

Two claim lines are completed when billing the “from-through” format.

- Line 1: Enter the service description in the *Description* field (Box 43) and the initial date on which the procedure was rendered in the *Service Date* field (Box 45).
- Line 2: Indicate the individual dates of service in the *Description* field (Box 43), the procedure code in the *HCPCS/Rate* field (Box 44) and the last date of treatment in the *Service Date* field (Box 45). Enter the total number of units provided in the *Service Units* field (Box 46). Enter the total amount in the *Total Charges* field (Box 47).

See *Figure 4* in the *Local Educational Agency (LEA) Billing Examples* section in this manual for a “from-through” billing example.

### **Claim Submission and Twelve-Month Billing Limit**

LEA claims must be received by the DHCS Fiscal Intermediary (FI) within 12 months following the month in which services were rendered. Claims are submitted to the following address:

Xerox State Healthcare, LLC  
P.O. Box 15600  
Sacramento, CA 95852-1600

### **Retroactive Billing From Date of Service**

LEA services are reimbursable within 12 months of the month of service, as long as the claim is billed within statutory limits. LEAs, therefore, are not subject to the six-month billing guidelines. *Figure 5* in the *Local Educational Agency (LEA) Billing Examples* section of this manual illustrates a retroactive billing example.

## Billing Reminders

When billing, providers should remember:

- Only bill for one student per claim form.
- In the *HCPCS/Rate* field (Box 44) enter the modifier TL (IFSP) or TM (IEP), if applicable, to indicate that the LEA service is authorized in the student's IEP or IFSP. The use of these modifiers indicates the approval of additional LEA services beyond the 24 LEA services per 12-month period limitation.
- In the *HCPCS/Rate* field (Box 44) enter the practitioner modifier, if applicable, to designate the practitioner who rendered the specific LEA service to the student. Practitioner modifier information for each LEA service is in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.
- Enter the first and second modifiers in the *HCPCS/Rate* field (Box 44) on the claim, if applicable.

If the same procedure code and modifier combination (assessment, treatment, transportation or TCM) is billed on more than one line of a claim or on different claim forms for the same date of service, it will appear that the procedure was billed twice in error. To avoid duplicate billing, providers should complete one claim for multiple sessions, entering the number of sessions in the *Service Units* field (Box 46) and the time of each session in the *Remarks* field (Box 80).

*Figure 2* in the *Local Educational Agency (LEA) Billing Examples* section of this manual illustrates billing more than one session on the same date of service.