
Local Educational Agency (LEA) Service: Physician Billable Procedures

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«This section contains information about physician and physician assistant services rendered in connection with the Local Educational Agency (LEA) Medi-Cal Billing Option Program.»

- Qualifications that practitioners must meet to render services are outlined in the *Local Educational Agency (LEA) Rendering Practitioner Qualifications* section of this manual.
- Modifier descriptions are located in the *Modifiers: Approved List* section of this manual. Additional modifier information is in the *Local Educational Agency (LEA) Billing and Reimbursement Overview* section of this manual.
- «Individualized Education Plan (IEP), Individualized Family Services Plan (IFSP) and Individualized Health and Support Plan (IHSP) are defined in the *Local Educational Agency (LEA): Individualized Plans* section of this manual.»
- Documentation and records retention requirements are described in the *Local Educational Agency (LEA): A Provider's Guide* section of this manual.

«Physician Services»

Physicians diagnose and treat diseases, injuries, deformities and other physical or mental conditions.

Covered Services

«Physician services include:»

- IEP/IFSP health/nutrition assessments
- «Health/nutrition assessments (non-IEP/IFSP)
- Health education/anticipatory guidance (non-IEP/IFSP)
- Vision assessments (includes Early and Periodic Screening, Diagnostic and Treatment [EPSDT] vision screenings and vision assessments performed outside of the mandated periodicity schedule) (non-IEP/IFSP)
- Hearing assessments (includes EPSDT hearing screenings performed pursuant to the mandated periodicity schedule and medically necessary hearing assessments performed outside of the mandated periodicity schedule) (non-IEP/IFSP)
- Nutritional counseling treatments»
- Psychology and counseling treatments, including individual and group treatments

Rendering Practitioners: Reimbursable Services

«The following chart indicates the services that are reimbursable to LEAs when performed by the indicated qualified practitioner(s).»

«Reimbursable Services Table»

Qualified Practitioners	Reimbursable Services
«Licensed physicians Licensed physician assistants»	IEP/IFSP health/nutrition assessments «Health/nutrition assessments (non-IEP/IFSP) Health education/ anticipatory guidance (non-IEP/IFSP) Vision screenings (non-IEP/IFSP) Hearing screenings (non-IEP/IFSP) Nutritional counseling treatments» Psychology and counseling treatments, including individual and group treatments

Recommendations

«Assessments»

The following services require a recommendation by a physician or registered credentialed school nurse. «The recommendation must be updated annually and documented in the student's files.» In substitution of a recommendation, a teacher or parent may refer the student for an assessment. «The referral must be documented in the student's files.»

- Health/nutrition assessments
- Health education/anticipatory guidance
- Hearing assessments (screenings)
- «Vision assessments (screenings)

When mandated EPSDT screenings are conducted, the Recommendations for Preventive Pediatric Health Care (known as the periodicity schedule), published by The American Academy of Pediatrics, will act as the recommendation for the assessment.

Treatments

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Recommendations for psychology and counseling treatment services, as required by *California Code of Regulations*, Title 22, Section 51309[a] and Title 42 *Code of Federal Regulations*, Section 440.130, may come from one of the following practitioners, within the practitioner's scope of practice.

- Licensed physician»
- Registered credentialed school nurse
- Licensed clinical social worker
- Licensed psychologist
- Licensed educational psychologist
- Licensed marriage and family therapist

«If the recommendation is obtained from a licensed physician, the physician may be employed by or contracted with the LEA, or may come from the student's primary care physician. A recommending physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a recommendation for psychology and counseling treatment services. However, the recommending physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to recommending services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3)

The recommendation, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the recommendation. The recommendations may be established and documented in the student's IEP, IFSP, IHSP or other care plan.

Referrals

All treatment services must be established and documented in the student's IEP, IFSP or other care plan. Nutritional counseling treatment services require a referral by a physician.

Referrals for nutritional counseling treatment services may come from physicians employed by or contracted with the LEA, or may come from the student's primary care physician. A referring physician does not need to be the student's primary care physician, and does not need to personally evaluate the student to issue a referral for nutritional counseling treatment services. However, the referring physician must have a working relationship with the LEA and treating practitioner, and must review the student's records prior to referring services. If authority has been delegated by a supervising physician, the following practitioners may sign authorization forms:

- Nurse practitioners practicing under standardized procedures, developed in collaboration with a physician (*California Business and Professions Code*, Section 2835.7)
- Physician assistants with a written Practice Agreement (prior to January 1, 2020, a Delegation of Services Agreement) and who are under the supervision of a licensed physician (*California Business and Professions Code*, Sections 3502 and 3502.3)

The written referral, which must be maintained in the student's files, must be updated annually and is valid for one year from the date of the referral. Referrals may be established and documented in the student's IEP, IFSP, IHSP or other care plan.»

Supervision Requirements

«The following chart identifies whether a rendering practitioner requires supervision to provide physician services.»

«**Supervision Requirements Table**»

«Qualified Practitioners	Supervision Requirements
Licensed physicians	No supervision required to provide physician services
Licensed physician assistants with a written Practice Agreement (California <i>Business and Professions Code</i> , Sections 3502 and 3502.3)	Supervision required as indicated under California <i>Business and Professions Code</i> , Section 3502»

Service Limitations: Daily

«Psychology/counseling treatment services that are authorized in an IEP, IFSP or IHSP are limited to 24 units per student per day.» This daily limit includes a maximum of three initial service increments (3 units x 15 minutes = 45 minutes) and 21 additional service increments.

«Health/nutrition assessments and health education/anticipatory guidance provided to non-IEP/IFSP students are limited to four units, per student, per day.

Vision assessments provided to non-IEP/IFSP students are limited to one, per student, per day.

Hearing screenings provided to non-IEP/IFSP students are limited to one, per student, per day.»

Initial and Additional Treatment Services

«The LEA provider may bill each type of psychology/counseling initial service (individual or group) once per student per day.» The initial service for psychology/counseling is based on 15 thru 45 continuous minutes; one unit may be billed for each 15-minute increment. A maximum of three units may be billed for the initial service; all units are reimbursable under one initial service maximum allowable rate. «As a reminder, an initial service of 45 minutes is only required when a practitioner is wishing to be reimbursed for an additional 15-minute service increment.»

Additional services are billed when more than 45 minutes are spent on the initial service. Additional services are billed in time increments of 15 minutes, and may be rounded up when seven or more continuous minutes are provided. Additional LEA services must be billed in conjunction with an initial service treatment CPT® code. If the student receives more than one treatment session per day (for example, two psychology/counseling treatment sessions at different times during the day), the total treatment time for the second session must be billed as additional treatment services.

Procedure Codes/Service Limitations Chart: Physician Services

The following chart contains the CPT procedure codes with modifiers, if necessary, to bill for physician services. Service limitations also are included.

«The “Qualified Practitioners (Modifiers)” listing following some of the charts indicates whether an additional modifier (beyond those already indicated in the “Procedure Code/Modifier” column) must be entered on the claim to identify the type of practitioner who rendered the service.»

Reimbursement rates for these services are in the *Local Educational Agency (LEA) Billing Codes and Reimbursement Rates* section of this manual.

IEP/IFSP Assessment

Procedure Codes/Service Limitations for Physician Services Table

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«96156 TL (IFSP)»	Initial IFSP health/nutrition assessment, each completed 15-minute increment	One per lifetime per provider
«96156 TM (IEP)»	Initial or triennial IEP health/nutrition assessment, each completed 15-minute increment	One every third state fiscal year per provider
«96156 52 TL (IFSP) or 96156 52 TM (IEP)»	Annual IEP/IFSP health/nutrition assessment, each completed 15-minute increment	One every state fiscal year per provider when an initial or triennial IEP/IFSP health/nutrition assessment is not billed
«96156 TS TL (IFSP) or 96156 TS TM (IEP)»	Amended IEP/IFSP health/nutrition assessment, each completed 15-minute increment	One every 30 days per provider

«Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)»

Assessments (Non-IEP/IFSP)**Procedure Codes/Service Limitations for Physician Services Table**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96156	Health/nutrition assessment, each completed 15-minute increment	4 units per day
96156 TS	Health/nutrition re-assessment, each completed 15-minute increment	4 units per day
99401	Health education/anticipatory guidance, each completed 15-minute increment (applies to both initial and re-assessment)	<<1 unit per day>>
99401 CR	COVID-19 vaccine counseling-only visit <<(15 minutes)>>	1 unit per day
<<99402	Health education/anticipatory guidance, 30 minutes (applies to both initial and re-assessment)	1 unit per day
99402 CR	COVID-19 vaccine counseling-only visit (30 minutes)	1 unit per day
99403	Health education/anticipatory guidance, 45 minutes (applies to both initial and re-assessment)	1 unit per day>>

Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)

Procedure Codes/Service Limitations for Physician Services Table (continued)

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
«99403 CR	COVID-19 vaccine counseling-only visit (45 minutes)	1 unit per day
99404	Health education/anticipatory guidance, 60 minutes (applies to both initial and re-assessment)	1 unit per day
99404 CR	COVID-19 vaccine counseling-only visit (60 minutes)	1 unit per day»»
99173	Vision assessment	One per day
92551	Hearing assessment, per encounter (screening test, pure tone, air only)	One per day
92552	Hearing assessment, per encounter (pure tone audiometry, threshold, air only)	One per day

Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)

Treatments (Pursuant to IEP, IFSP and IHSP)**Procedure Codes/Service Limitations for Physician Services Table**

Procedure Code/Modifier	LEA Program Usage	LEA Limitations (Per Student)
96158 TL (IFSP) or 96158 TM (IEP) or 96158 (IHSP)	Psychology/counseling initial service, 15 thru 45 continuous minutes, individual (bill 1 unit per 15-minute increment)	3 units per day
96159 TL (IFSP) or 96159 TM (IEP) or 96159 (IHSP)	Psychology/counseling additional, 15-minute increment, individual	21 units per day
96164 TL (IFSP) or 96164 TM (IEP) or 96164 (IHSP)	Psychology/counseling initial service, 15 thru 45 continuous minutes, group (bill one unit per 15-minute increment)	3 units per day
96165 TL (IFSP) or 96165 TM (IEP) or 96165 (IHSP)	Psychology/counseling additional, 15-minute increment, group	21 units per day
S9470 TL (IFSP) or S9470 TM (IEP) or S9470 (IHSP)	Nutritional counseling, 15-minute increment	24 units per day

Qualified Practitioners (Modifier):

- Licensed physician (AG)
- Licensed physician assistant (U7)

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.