



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER REFERENCE MODULE

School Corporation Services

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School Corporation Services

Note: For updates to the information in this module, see [IHCP Bulletins](https://in.gov/medicaid/providers) at in.gov/medicaid/providers.

Introduction

State law requires Indiana public school corporations to enroll as Medicaid providers (provider type 12, specialty 120) in the Indiana Health Coverage Programs (IHCP). **Only school corporations that are recognized and approved by the Indiana Department of Education are eligible for IHCP enrollment.**

Authorization and Coverage for School-Based Medicaid Services

In accordance with *House Enrolled Act* (HEA) 1192, the IHCP has expanded the mandated federal and state educational plans that can authorize coverage of medically necessary school-based Medicaid services. The IHCP will reimburse school corporations for medically necessary Medicaid services when provided according to a Medicaid-enrolled student's educational program or plan as required by the *Individuals with Disabilities Education Act* (IDEA) or Section 504 of the federal *Rehabilitation Act of 1973* (*United States Code 29 USC 794*).

School-based Medicaid services may be provided according to any of the following:

- An Individualized Education Program (IEP), as defined in *Indiana Code IC 20-18-2-9*
- A plan developed under Section 504 of the federal *Rehabilitation Act*, *29 USC 794*
- A behavioral intervention plan, as defined in *IC 20-20-40-1*
- A service plan developed under *Indiana Administrative Code 511 IAC 7-34*
- An individualized healthcare plan, such as an Individualized Family Service Plan (IFSP)

Covered services must be medically necessary, included in the Indiana Medicaid State Plan, listed in (or required for developing) a student's IEP or other qualifying educational program or plan, and delivered by a qualified provider within their scope of practice. Examples might include:

- Nursing services provided by a nurse who is employed by or contracts with a school corporation
- Behavioral health services, including assessments and evaluations
- Speech/language pathology and hearing services
- Physical and occupational therapy
- Applied behavior analysis (ABA) therapy
- IEP- or IFSP-required specialized transportation services on dates of another covered IEP or IFSP service

All medically necessary services provided by an IHCP-enrolled school corporation and contained in an approved educational program or plan are exempt from IHCP prior authorization (PA) requirements. The educational program or plan serves as PA for the service provided.

The student's educational program or plan must identify the specific services – including the length, frequency, location (if provided off-site) and duration. The school corporation may bill only for the identified services, as specified in the student's educational program or plan.

All school-based services except for transportation require an order or referral, including but not limited to the following:

- Nursing services
- Occupational therapy
- Physical therapy
- Respiratory therapy
- Speech-language pathology and hearing services

IHCP-covered school services are carved out of the managed care delivery system; therefore, these services are exempt from primary medical provider (PMP) referral requirements for Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise members.

Note: Although school-based Medicaid services are exempt from managed care PMP referral requirements, provider cooperation is strongly encouraged to keep PMPs informed of health-related services provided to students enrolled in IHCP managed care programs. Arrangements should be made to send progress reports or some other type of documentation to the student's PMP to promote continuity and quality of care.

Billing for School-Based Medicaid Services

IHCP-enrolled school corporations may submit claims to the IHCP for reimbursement of all medically necessary, covered services identified in a student's educational program or plan. These school-based services must be billed by providers with specialty 120 – *School Corporation* using the professional claim (CMS-1500 claim form, IHCP Provider Healthcare Portal professional claim or 837P electronic transaction).

All school-based services must be billed under the National Provider Identifier (NPI) of the IHCP-enrolled school corporation rather than that of the specific practitioner who rendered the service. The school corporation enters its NPI in the billing provider field on the claim and, if opting to enter a rendering provider number, should use the school corporation NPI in that field, as well.

Additionally, all claims for school-based services other than transportation must contain the NPI of the physician or other professional who ordered or referred the services. This includes school-based nursing and therapy services, as well as all other school-based nontransportation services. A school corporation NPI is not an acceptable NPI for the ordering or referring provider. Failure to include the NPI of an appropriate ordering or referring provider on a school corporation (provider specialty 120) claim for any service other than transportation will result in a claim denial.

Note: The ordering or referring provider on the claim must be enrolled in the IHCP. Practitioners, including those employed by a school corporation, may enroll under the ordering, prescribing or referring (OPR) provider classification (provider type 50) with the applicable specialty. Enrollment under the OPR classification allows a provider to order, prescribe or refer services and supplies for IHCP members, but not to bill the IHCP for services rendered.

When school corporations bill services to the IHCP, the **TM*** modifier must be attached to the end of all billing codes to identify the service as a medically necessary Medicaid service rendered pursuant to an approved education program or plan. For general IHCP billing and claim-submission instructions, see the [Claim Submission and Processing](#) module.

Note: For IHCP purposes, the standard definition of modifier **TM (Individualized Education Program [IEP]) is expanded to include services pursuant to an approved education program or plan as required by the Individuals with Disabilities Education Act (IDEA) or Section 504 of the federal Rehabilitation Act of 1973 (29 USC 794).*

*The modifiers **TL** (Early intervention/individualized family service plan [IFSP]) and **TR** (School-based IEP services provided outside the public school district responsible for the student) are **not** to be used when billing school corporation services to the IHCP.*

Because IHCP-covered school services are carved out of managed care, school corporation providers must not submit claims for these services to the student's managed care entity (MCE). Instead, school corporation providers must submit all claims to the IHCP fee-for-service (FFS) claim processor, Gainwell Technologies, either electronically or at the following address:

Gainwell – CMS-1500 Claims
PO Box 50445
Indianapolis, IN 46250-0418

Additional Information for Specific School-Based Medicaid Services

The following sections include general coverage and billing requirements related to nursing, diabetes self-care management training (DSMT), behavioral health and specialized transportation services that are provided pursuant to a student's approved educational program or plan.

For telehealth-related questions, see the [Telehealth and Virtual Services](#) module.

*Reminder: All school-based Medicaid services must be billed with modifier **TM** (denoting a medically necessary service rendered pursuant to an approved education program or plan), in addition to any other applicable modifiers. The student's education program or plan serves as prior authorization for medically necessary school-based Medicaid services; thus, no additional prior authorization is necessary.*

Nursing Services

IHCP reimbursement is available for nursing services rendered by a nurse employed by or under contract with an IHCP-enrolled school corporation provider when the services are medically necessary and provided pursuant to an IHCP-enrolled student's education program or plan.

School corporations should use the following Current Procedural Terminology (CPT^{®1}) procedure code and modifier combinations to bill medically necessary nursing services provided by a registered nurse (RN) or a licensed practical nurse (LPN) pursuant to the student's educational program or plan:

- 99600 TD TM – School nursing services delivered by an RN (including a nurse practitioner [NP]) pursuant to an approved education program or plan, per 15 minutes
- 99600 TE TM – School nursing services delivered by an LPN pursuant to an approved education program or plan, per 15 minutes

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The procedure code and modifier combinations are all-inclusive for medically necessary school nursing services provided pursuant to a student's approved educational plan or program. Coverage and reimbursement of 99600 with the appropriate modifiers includes all services performed in accordance with the scope of practice for a nurse, including but not limited to, administration of oral medication and nebulizer treatments. The only **exceptions** are as follows:

- Diabetes self-management training (DSMT) services should be billed as described in the [Diabetes Self-Management Training Services](#) section.
- Behavioral health services rendered by an advanced practice registered nurse (APRN) should be billed as described in the [Behavioral Health Services](#) section.

School corporations should bill 99600 with the appropriate modifiers and the appropriate number of units based on accurate start and stop times. For the current reimbursement rate, see the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

Units of Time

When submitting claims for medically necessary school nursing services provided pursuant to a student's approved educational program or plan, school corporations should bill **aggregate daily total care time**. If total daily care is eight minutes or more, the provider may round the units up to the 15-minute unit of service and bill one unit of 99600 with the appropriate modifiers. If total daily care time is seven minutes or less, the provider cannot round this time up and, therefore, cannot bill for it.

Documentation of Start and Stop Times

Documentation must include the start and stop times for each medically necessary school nursing service provided per date of service, pursuant to a student's approved educational program or plan.

Documentation of Off-Site Services

Documentation of medically necessary school nursing services provided off-site or during a school field trip must note the place of service and include a description of the beginning and ending dates and times of the school field trip. The student's educational program or plan must specifically authorize the Medicaid-covered service for which there is a documented medical need.

Diabetes Self-Management Training Services

If DSMT services are medically necessary and provided pursuant to a Medicaid-enrolled student's educational program or plan, the appropriate DSMT procedure code and modifier combination should be billed along with the **TM** modifier, as follows:

- G0108 U6 TM –*Diabetes outpatient self-management training services pursuant to a student's educational program or plan, individual, per 15 minutes*
- G0109 U6 TM –*Diabetes self-management training service pursuant to a student's educational program or plan, group session (2 or more), per 15 minutes*

This billing guidance applies even if the DSMT service is rendered by a nurse. The all-inclusive school nursing code (99600 with the appropriate modifiers) should **not** be used to bill DSMT services.

DSMT must be medically necessary and provided pursuant to a Medicaid-enrolled student's educational program or plan. The IHCP covers the quantity of units specified in the approved educational program or plan; additional PA is not required. See the [Diabetes Self-Management Training Services](#) module for additional requirements and guidelines related to this service.

Behavioral Health Services

To bill for behavioral health services provided pursuant to a Medicaid-enrolled student's educational program or plan, school corporations should use the appropriate procedure code for the service along with the **HE** modifier (when applicable, to indicate that the service was rendered by a behavioral health practitioner other than a physician, physician assistant or psychologist endorsed as health service provider in psychology [HSPP]) *plus* modifier **TM**. If the behavioral health service is rendered by an advanced practice registered nurse (APRN) within their scope of practice, it should be billed with the appropriate procedure code plus modifiers **HE**, **SA** and **TM**. Behavioral health services should *not* be billed as school nursing services, using the 99600 procedure code and modifier combination.

For information about practitioners eligible to perform behavioral health outpatient professional services, as well as supervision requirements and general billing and reimbursement information, see the [Behavioral Health Services](#) module.

Note: School psychologists licensed by the Department of Education are qualified providers to supervise or approve services associated with a Medicaid-enrolled student's educational program or plan as required by the IDEA or Section 504 of the federal Rehabilitation Act of 1973 (29 USC 794), when provided within their scope of practice under IC 20-28-1-11. Supervision by a licensed psychologist endorsed as an HSPP is not required for school psychologist testing services required to develop an education plan.

School psychologist testing services will be reimbursed when provided by a licensed independent practice school psychologist or licensed school psychologist as licensed under 511 IAC 15-6-33, who is employed or contracted with an IHCP-enrolled school corporation. The testing must be medically necessary and required to determine the health-related services a public school corporation shall provide per a Medicaid-enrolled student's educational program or plan when provided within their scope of practice under IC 20-28-1-11 as required by the Individuals with Disabilities Education Act (IDEA) or Section 504 of the federal Rehabilitation Act of 1973 (29 USC 794).

Transportation Services

IHCP reimbursement is available for IEP and IFSP specialized transportation services rendered by personnel who are employed by, or contractors of, an IHCP-enrolled school corporation provider when the services are medically necessary and provided pursuant to an IHCP-enrolled student's approved IEP or IFSP as required by IDEA. Such transportation services are not covered when provided by a member of the child's family, unless that person is employed by, or a contractor of, the school corporation.

The specialized transportation services must be authorized in the child's IEP or IFSP and must be provided to enable the child to receive another IHCP-covered service identified in the child's IEP or IFSP.

Additional payment is available for an attendant, subject to the limitations in 405 IAC 5-30-8 (1) and (2), provided that the student's IEP or IFSP includes the need for an attendant and that all other IHCP requirements are met.

When billing the IHCP for IEP specialized transportation services, modifier **TM** must be attached to all transportation billing codes to identify the service as related to the member's IEP. Additionally, school corporations should follow IHCP transportation guidelines and rules, as stated in [IHCP Bulletins](#) and the [Transportation Services](#) module.

School corporations are exempt from the following transportation guidelines and regulations:

- Nonemergency medical transportation (NEMT) brokerage requirements – Transportation services provided by school corporations are exempt from the brokerage requirement and may be arranged directly with the transportation provider and billed to the IHCP rather than its contracted NEMT broker.
- Enrollment requirements set out in *405 IAC 5-4-2* – School corporations are exempt from these enrollment requirements when transportation services provided conform to *405 IAC 5-30-11* and requirements set out in *IC 20-27* are met.
- Copayment requirement – Pursuant to federal law, transportation copayments should not be collected by school corporations for members who receive IEP/IFSP transportation services.
- Member's signature on documentation – Member's signature is not a documentation requirement for IEP/IFSP transportation services provided by a school corporation.

Hearing Services

School corporations should bill for hearing services provided pursuant to an IHCP-enrolled student's education program or plan using the appropriate procedure code for the service along with the appropriate modifier to indicate the practitioner rendering the service plus modifier **TM**.

For information about practitioners eligible to perform hearing services, as well as supervision requirements and general billing and reimbursement information, see the [Hearing Services](#) module.

Therapy Services

IHCP reimbursement is available for occupational therapy, physical therapy, respiratory therapy and speech-language pathology services rendered by a therapist that is employed by, or under contract with, an IHCP-enrolled school corporation provider when the services are medically necessary and provided pursuant to an IHCP-enrolled student's education program or plan.

See the [Therapy Services](#) module for information about practitioners eligible to perform therapy services, as well as supervision requirements and general billing and reimbursement information. School corporations should bill therapy services provided pursuant to an approved education program or plan using the appropriate procedure code for the service along with the appropriate modifier to indicate the practitioner rendering the service (if needed), as described in the *Therapy Services* module, plus modifier **TM**.