# School-Based Wellness Centers

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| **Approved By:** | Highmark Health Options – Market Leadership |
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| **Products:** | Medicaid |
| **Application:** | All participating hospital and providers |
| **Page Number(s):** | 1 of 2 |

## OVERVIEW

This memorandum is intended to serve as a processing guide for submitting medical claims as they relate to School-Based Wellness Centers (SBWCs), as well as to highlight key discrepancies between the Delaware Health and Social Services (DHSS) Department of Medicaid and Medical Assistance (DMMA) and Highmark Health Options (HHO) documentation and policies as it relates to current claims payment methodologies and processing. The specific target audience for this information includes DMMA, internal HHO resources and Delaware SCWC providers submitting medical claims under HHO SBWC provider policy.

## BACKGROUND

SBWCs provide primary prevention, early intervention and treatment services, including physical examinations, treatment of acute medical conditions, community referrals, counseling and other supportive services to children in school settings. However, they are not a substitute for the member's Primary Care Physician (PCP), and the Contractor shall support coordination of services provided by SBWCs and services provided by the member's PCP.

HHO shall offer participation agreements to all School-Based Wellness Centers (SBWCs) enrolled with DMAP, and such participation agreements must include at least the same service array covered by the State's Medicaid Fee for Service program (FFS) program for the applicable SWBCs.

## REPORTING

HHO shall submit a quarterly *School-Based Wellness Center Report* that provides information on all of the procedure codes being billed by each approved SBWC. The report shall include the number of submitted, paid, denied, resubmitted, adjudicated, open and reversed claims.

At a minimum, the report will include:

- SBWC provider name.
- Total claims submitted, paid, denied, resubmitted, adjudicated, open and reversed.
- Year to date services by service code.
- Year to date claims total.
- Year to date claims status.
- Claims denied and resubmitted.

## PROVIDER BILLING INFORMATION

SBWC services shall be billed per *medical encounter*. Claims are limited to one all-inclusive *encounter* per day and must include all services received by an eligible recipient on a single day or relevant to the *encounter*. Claims that do not include, at minimum, one procedure code in addition to the T1015 or it will be denied. Additionally, SBWC services are subject to post payment audit to assure completeness in reporting.

| Procedure Code | Description | Rate Type |
|---|---|---|
| T1015 | Clinic visit/encounter, all-inclusive | PRB |

## BILLING FORMAT

SBWC may submit claims for medical encounters provided to HHO members electronically or on paper CMS 1500 forms or electronic 837P claim forms. Medicare crossover claims must come in on UB Format UB-04 (equivalent to CMS-1450 & electronic submission code 837I). See Appendix.

## LINK TO EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) REIMBURSEMENT POLICY

https://hho.fyi/epsdt-reim

## POLICY SCOPE

This policy applies to claims submitted to Highmark Health Options under the Delaware Medicaid product.

## POLICY UPDATE HISTORY

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| 1/27/2022 | Approved by Policy Governance |