Medicaid School Program Billing Guidance Effective Jan. 1, 2026

The Medicaid School Program (MSP) is a school payment program that allows local education agencies (LEAS) to receive Medicaid reimbursement for school-based services provided to students who receive Medicaid. This document provides instructions for Medicaid School Program providers to bill for Medicaid School Program services provided to children enrolled in Medicaid.

An MSP provider is one of the following that has also enrolled as a Medicaid provider:

- A local education agency (LEA) city school district, local school district, exempted village school district, or any other school district as defined in sections 3311.01 to 3111.04 of the Revised Code;
- A state school for the deaf as defined by section 3325.01 of the Revised Code;
- A state school for the blind as defined by section 3325.01 of the Revised Code;
- A community school as defined by Chapter 3314. of the Revised Code

The MSP provider receives reimbursement for the federal share of Medicaid funding and is responsible for paying the state share with local, state or private dollars. It is the MSP provider's decision on what state or local funds to use for the match but note that Student Wellness and Success Funds may be used to meet this requirement. Per Ohio law, districts and schools must spend at least 50% of their Student Wellness and Success Funds on physical or mental health services.

The Medicaid School Program updates outlined in this billing guidance are effective Jan. 1, 2026. For billing guidance prior to Jan. 1, 2026, refer to the MSP Billing Guidance through Dec. 31, 2025. The MSP updates include:

- Medical necessity to bill for services provided to children enrolled in Medicaid can be documented in an Individual Education Plan (IEP) or using the School Services Plan of Care form. The School Services Plan of Care Guidance provides more information on how to use the form.
- An updated benefits package that includes additional nursing and behavioral health services and provider types. The updated MSP services, including descriptions, codes, rendering providers, rates, and whether the code requires a plan of care (either IEP or School Services Plan of Care) can be found on the MSP webpage.
- Reimbursement for screening services provided to children enrolled in Medicaid without a plan of care.

Chapter 5160-35 of the Ohio Administrative Code details the requirements of the MSP.

- 5160-35-01: Definitions for Chapter 5160-35 of the Administrative Code
- 5160-35-02: Qualifications to be a Medicaid School Program (MSP) provider and criteria for payment
- 5160-35-04: Reimbursement for services provided by Medicaid School Program (MSP) providers

  *5160-35-04 will be updated in 2026 to reflect program changes.
- 5160-35-05: Services authorized for Medicaid coverage that can be provided by Medicaid School Program (MSP) Providers
- 5160-35-06: Other Services, medical supplies and equipment authorized for Medicaid coverage that can be provided by Medicaid School Program (MSP) providers
- 5160-35-07: Services that can be provided by Medicaid School Program Providers (MSP) to eligible children enrolled in Medicaid without a plan of care

Billing for MSP services

The MSP provider can only submit claims for medically necessary services to children enrolled in Medicaid and have a plan of care, in accordance with Ohio Administrative Code 5160-31-05 and 5160-35-07 with the exception of the services listed below. A plan of care documents medical necessity and includes:

- An Individualized Education Plan (IEP) as defined in section 3323.011 of the Ohio Revised Code
- Student Services Plan of Care as defined in Ohio Administrative Code 5160-35-01:
  - A standardized and timebound template developed and maintained by the Ohio department of Medicaid to be used by the MSP provider. The school services plan of care serves as documentation of the services an eligible child will receive as part of the Medicaid school program to address an eligible child's physical, mental, or behavioral health needs that inhibit the eligible child's academic performance or regular school attendance. The school services plan of care details services provided to an eligible child as described in rules 5160-35-05, 5160-35-06, and 5160-35-07 of the Administrative Code.

Ohio Administrative Code requires that the MSP provider will submit claims for reimbursement for all district service costs for which the MSP provider will submit a cost report seeking cost reconciliation. Additionally, costs for direct services for which a provider has not submitted an interim claim will not be paid to the MSP provider in any final cost report settlement.

MSP Services without a Plan of Care

MSP providers can submit claims for services outlined in Ohio Administrative Code 5160-35-07 for children who are enrolled in Medicaid. MSP providers do not need a plan of care for the child but must retain sufficient documentation of medical necessity. Provider notes and documentation must clearly justify why the service is needed to support academic and/or attendance outcomes for the child. Records must be complete, dated and signed and fully describe the extent of the service completed.

The MSP provider can bill for the following services if the child is enrolled in Medicaid and a plan of care is not required:

- Physical, mental, and behavioral health screenings recognized as valid and within scope of practice by the direct service provider. The screening should be used to identify children at-risk for physical, mental, or behavioral health conditions and to refer for services as appropriate.
- Administration of medication prescribed in accordance with 5160-35-01 of the Ohio Administrative Code.
- Contacting the prescribing or ordering providers about prescription or treatment orders.
- Consultation with parents and providers regarding a physical, mental, or behavioral health condition or diagnosis.
- Administration of the Child and Adolescent Strengths and Needs (CANS) Assessment, for a child who has not previously had a CANS assessment completed.
- Direct service activities to address tobacco prevention, cessation, and vaping.
- Screening, brief intervention, referral, and treatment (SBIRT).

The MSP webpage includes MSP Services Beginning on Jan.1, 2026, which provides the CPT codes that can be billed to MSP. This document also includes if a plan of care is required to bill for the service.

Billing for Vision and Hearing Screenings

Ohio Revised Code requires school districts to complete hearing and vision screenings for students. Vision and hearing screenings are included in the Medicaid School Program. These services may be provided by an employed or contracted registered nurse or a licensed practical nurse under appropriate direction as required in Ohio Administrative Code 5160-35 and Chapter 4723 of the Ohio Revised Code.

92551	Pure tone hearing test
99173	Visual acuity screening test

Please review MSP Services Beginning Jan. 1 for details about these codes.

The MSP provider may be reimbursed for vision and hearing screenings provided to an eligible student without an IEP or a school services plan of care with sufficient documentation of medical necessity by the provider. This can be accomplished through the service documentation that the provider is already completing. The notes may include:

- An explanation why the service is necessary to support the student's academic performance or attendance
- Evidence that the service is required to identify a condition that could adversely affect the student's academic performance or attendance

For example: Student passed universal screening. Documentation of this preventative service is medically necessary to comply with state health mandates and to ensure no undiagnosed visual barriers exist that could impede academic performance.

Districts must obtain parental permission to bill Medicaid before seeking reimbursement from Medicaid for a service provided to an eligible child, including vision and hearing screenings.

Obtaining Parental Permission to Bill Medicaid

The MSP providers are responsible for obtaining parental permission to bill Medicaid before seeking reimbursement from Medicaid for a service provided to an eligible child.

Federal regulations require:

1. Parental consent must be obtained to seek access to public health information, including Medicaid eligibility, and must be obtained to bill public health insurance for services provided.
2. A notification of continued access to public health insurance must be sent annually to the parent.
3. Parents have the right to revoke consent at any time.
4. School districts are obligated to provide services to students through Free and Appropriate Public Education (FAPE), regardless of the parental consent status.

Because parental consent is required to bill Medicaid, the MSP providers may need to update their process to obtain permission to bill Medicaid when implementing the School Services Plan of Care. The MSP providers cannot bill for services included in the School Services Plan of Care if they have not obtained permission to bill Medicaid from the student's parent or legal guardian.

Many of Ohio's MSP Billing Agents provide standardized and compliant forms to obtain parental consent to bill Medicaid and an MSP provider can contact their MSP Billing Agent with questions.

Billing for Co-Treatment Activities

ODM recognizes the importance of co-treating/co-teaching to provide high-quality and effective care to students to meet treatment goals. When two different disciplines are coordinating together to provide services to a student, it is important to ensure that it is identified in the IEP or school services plan of care and that the service is being provided as a benefit to the student.

ODM's guidance on this topic comes from the Medicare Claims Processing Manual 11 Part B Billing Scenarios for PT and OTs and from Ohio Administrative Code 5160-8-35.

- Therapists or therapy assistants working together as a team to treat one or more patients cannot bill each separately for the same or different service provided to the same patient. When two therapists provide treatment to a single student, at the same time, neither therapist can bill separately for the full session. Where two different provider types provide the same or different service at the same time on the same patient:
    - One therapist could bill for the entire time OR
    - The two therapists can divide the service units

The exception to this rule occurs when one of the therapists is a speech-language pathologist.

- The codes billed by SLPs are generally not timed-based but rather are billed by encounter and reflect a specific treatment session or approach.

- For example: If an OT/PT and SLP are co-treating, the SLP should bill for the SLP treatment provided and the OT/PT can bill for all of the timed OT/PT codes that were provided.

Please note: These examples are only used as a guide. Please consult with your licensure board for additional clarity.

- If a therapist is co-teaching with a classroom teacher, the therapist can bill for the total of their time. The teacher is not providing a Medicaid-reimbursable service and therefore the claim for the Medicaid covered service would be submitted on a claim with the PT/OT/SLP/Aud as referring. MSP claims don't require the rendering practitioner, so the PT/OT/SLP/Aud providers should only be reported in the referring field.
- Each therapist should document what they did, for the duration of time, and which IEP goal addressed during the treatment. Each therapist must document and clearly indicate the rationale for the co-treatment and state the goals that were addressed through the method of intervention.

Please note: The process by which the billing agent splits the claim is up to each individual billing agent the district has contracted with.

MSP Ordering and Referring Providers

Ohio Law and Ohio Administrative Code authorizes physical therapists, occupational therapists (OT), speech language pathologists (SLP), audiologists (AUD), clinical nurse specialists, certified nurse practitioners, and physician assistants to make referrals for therapy services under the Medicaid School Program (MSP). For dates of service July 1, 2017 and after, the National Provider Identifier (NPI) of either the practitioner who ordered or referred a therapy service under MSP is required on claims submitted to the Ohio Department of Medicaid (ODM) for reimbursement. The MSP webpage includes MSP Services Beginning on Jan.1, 2026, which indicates the services that require an order or referral.

Submitting MSP claims via EDI

The Referring Provider information should be sent in the 2310A loop and will apply to the entire claim. If submitting a claim with an Ordering Provider, that information should be sent in the 2420E loop and will apply only to the detail/service line on which it is sent (this is a current requirement for all ORP claims). Please ensure that claims include the appropriate information in the right loop and segments for the claims to process appropriately.

Diagnosis Codes on MSP Claims

A diagnosis code is a required element on claims and claims would deny without this information. This information is used to process the claim and ODM may check to make sure the diagnosis is appropriate for the service provided. If a diagnosis is already known or documented in the IEP or school services plan of care, that diagnosis could be used on claims. The skilled health professionals (such as occupational therapists, physical therapists, speech-language pathologists, nurses, etc.)

should assign the disease classification code to their claims based on which codes most appropriately pertain to the specific reason for which the service was delivered by the licensed provider.

Claims Detail Rollup for Same Day Services

When the same service is rendered to the same student by the same practitioner at more than one time during the same day, those services should be "rolled up" into a single detail line on a claim. However, if anything differs except the time the service was rendered, the claims should be reported separately. Services that need to be rolled up must be rolled up by the same date of service, same student, same HCPCS code, same practitioner NPI (if applicable), same supervisor NPI (if applicable, and same place of service. Services that are not appropriately rolled up may result in a denial for duplicate services.

This document is effective beginning Jan. 1, 2026. Updated MSP CPT codes and guidance effective beginning Jan. 1, 2026 can be found here.

Please email MedicaidSchoolPrograms@Medicaid.Ohio.gov with any questions.