

Massachusetts School-Based Medicaid (SBMP) Billing Service Documentation for Day/Residential Special Education Schools

Please use this form per [Administrative Advisory 2019-3](#): Updated State Mandated Form for Documentation of Medicaid Service Delivery in Out-of-District Programs (28M/12). This form should only be completed if services meet all requirements for Medicaid reimbursement. In order to be reimbursable, the service must be provided by a qualified practitioner, clinically appropriate and medically necessary, and authorized or ordered by a qualified practitioner when appropriate. Please see the SBMP [Interim Claiming Guide](#)^{1*} for information about these requirements. The supporting documentation (e.g., authorization and service notes demonstrating medical necessity) may be included with this form or kept in the student’s health record.

PART I - Information to be provided by an approved special education day or residential school or educational collaborative

Additional service dates may be included on additional pages.

Student Name					SASID	
Service Date	Procedure Code	Activity/Procedure Notes ²	Diagnosis	Individual or Group (check one)	IEP related service (check one)	Start and End Times
				I ___ G ___	Yes___ No ___	____ / ____
				I ___ G ___	Yes___ No ___	____ / ____
				I ___ G ___	Yes___ No ___	____ / ____

PART II - Signatures to be provided by an approved special education day or residential school or educational collaborative. Please note supervisor must be the same for all services noted on this form (and any additional attached pages). Please fill out one service documentation form (this form) per supervising professional signature needed.

Provider’s Signature	Date
Provider’s Name <i>(please print)</i>	Title
Supervising Professional’s Signature <i>(when required for services provided “under the direction of”)</i>	Date
Supervising Professional’s Name <i>(please print)</i>	Title
Name of Approved Special Education School or Educational Collaborative <i>(please print)</i>	

PART III - Information to be provided by Public School District (LEA)

School District Name	Provider Number	
Student’s MassHealth ID	Student Date of Birth	Service Period, Year

¹ <https://www.mass.gov/info-details/sbmp-resource-center#direct-service-claiming-resources>

² Use the clinically appropriate procedure code from the SBMP Resource Center’s [SBMP Billable Procedure Codes \(https://www.mass.gov/info-details/sbmp-resource-center#direct-service-claiming-resources-\)](https://www.mass.gov/info-details/sbmp-resource-center#direct-service-claiming-resources).

PART I CONTINUED - Information to be provided by an approved special education day or residential school or educational collaborative

Additional services for the same student are noted below. Please write the student's name and SASID again.

Student Name					SASID	
Service Date	Procedure Code	Activity/Procedure Notes ³	Diagnosis	Individual or Group (check one)	IEP related service (check one)	Start and End Times
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____
				I __ G __	Yes__ No __	_____ / _____

³ Use the clinically appropriate procedure code from the ["SBMP Billable Procedure Codes"](https://www.mass.gov/info-details/sbmp-resource-center#direct-service-claiming-resources-) document published on the SBMP Resource Center at <https://www.mass.gov/info-details/sbmp-resource-center#direct-service-claiming-resources->