Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7840-ENG 1-19

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Notice of Intent to bill for Individual Education Plan (IEP) Mental Health Evaluations

Use this form to notify the Department of Human Services of your intent to bill Minnesota Health Care Program (MHCP) for IEP mental health evaluations with procedure code T1018, modifier U4.

School Information

SCHOOL OR SCHOOL DISTRICT NAME			DISTRICT NUMBER	NPI NUMBER
DIRECTOR OF SPECIAL EDUCATION, SCHOOL DIRECTOR OR ADMINISTRATOR	DISTRICT SUPERINTENDENT, SCHOOL ADMINISTRATOR OR CLERK OF THE BOARD			
STREET ADDRESS	CITY	STATE	ZIP CODE	

Bill for Evaluations Only

The school is requesting to bill for IEP evaluations necessary in determining eligibility for an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) as described in Minnesota Statute 256B.0625 Subd. 26. A mental health professional, clinical trainee under the supervision of a mental health professional or school psychologist will provide the evaluation to students with Medical Assistance coverage.

IEP Rate

MHCP will establish IEP rates to use for billing for these services. (Minnesota Statute 256B.0625 Subd. 26)

Use the IEP Services Annual Data Report Form (DHS-5052), to submit the total direct service hours and direct encounters documented in the provision of the covered IEP service for a period of two months. Also indicate the actual number of school days associated with the data being submitted. The information provided will be annualized and will be used in establishing an interim IEP rate. Use the IEP and IFSP Evaluation Documentation Log (DHS-5085A) to support the IEP evaluation services provided.

NAME OF PERSON SUBMITTING NOTICE (please print)		JOB TITLE
PHONE NUMBER	EMAIL ADDRESS	
AUTHORIZED SIGNATURE		DATE

Email completed forms to DHS_RATES_IEP@STATE.MN.US. Do not use this email address for IEP-related questions.