

School-Based Health Care Services (SBHS) COVID-19 Billing FAQ

In this time of the COVID-19 pandemic, Apple Health (Medicaid) is aware that usual and customary ways of providing and billing/reporting services may not be feasible. It is also understood that different providers will have different capabilities. Therefore, Apple Health and the SBHS program are trying to be as flexible as possible and are creating new policies that will allow SBHS-contracted school districts and providers to provide medically necessary services and bill or report the service(s) with the most appropriate code determined applicable using the guidance below.

This notification replaces any previous SBHS COVID-19 billing guidance. This notification reflects current SBHS billing guidance during COVID-19 related school closures, distance learning models, as well as telemedicine/telehealth guidance released by the Centers for Medicare and Medicaid Services (CMS). This FAQ may be updated as necessary to respond to new information as it develops.

The SBHS program provides reimbursement to contracted school districts for providing medically-necessary health related services that are included in a Title XIX Medicaid-eligible student's individualized education program (IEP) or individualized family service plan (IFSP). More information about the SBHS program can be found on the [SBHS webpage](#).

Frequently Asked Questions


Q-1. During COVID-19 related school closures and/or distance learning models, does the SBHS program pay for services provided through telemedicine? (Updated 4/21/2021)

- A.** The SBHS program reimburses SBHS-contracted school districts for providing IEP/IFSP health-related services when provided through HIPAA-compliant audio/visual telemedicine platforms when a student is at school, at home, or in an alternate setting. When schools closed in March 2020, the SBHS program also allowed reimbursement for services when provided through non-HIPAA compliant audio/visual platforms such as certain versions of Zoom, Skype, FaceTime, Google Hangouts, etc. **Effective 7/1/2021, the SBHS program will no longer provide reimbursement for IEP/IFSP services if provided through non-HIPAA compliant audio/visual telemedicine platforms.** Services provided through HIPAA-compliant platforms are still reimbursable and, for now, services provided via telephone (audio-only) are also still reimbursable.

Effective 7/1/2021, the following requirements must be met when providing services through telemedicine or audio-only telephone:

- The school district must be contracted with the SBHS program and be enrolled as a billing provider in ProviderOne.
- Licensed servicing providers (school staff or contracted employees) must be enrolled as servicing providers under the school district's ProviderOne account. Nonlicensed staff do not need to be enrolled in ProviderOne.



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- Services must be included in the Title XIX Medicaid-eligible student's IEP or IFSP (IEP/IFSP meetings, charting, parent contact and consultation, and preparing and sending materials to students/families are not reimbursable).
 - Services must be provided through HIPAA-compliant audio/visual platforms and/or through audio-only telephone. Emails, texts, and recorded videos are not reimbursable.

Q-2. How do school districts bill the SBHS program for services provided through HIPAA-compliant audio/visual telemedicine platforms during COVID-19 related school closures and/or distance learning models?

- A. When using HIPAA-compliant audio/visual communications, providers must use the appropriate SBHS code (CPT® or HCPCS code) found in the current version of the [SBHS Billing Guide](#) (as they would if the service was provided in person). In addition, modifier 95 and place of service (POS) 02 must be included on the claim. Providers must follow documentation requirements found in the "Documentation" section of the current version of the [SBHS Billing Guide](#) including documentation that services were provided through telemedicine, the location of the provider, and the location of the student. Do not bill Q3014 code (telemedicine fee) when the student is located at home or in an alternate setting.

Q-3. How do school districts bill the SBHS program for services provided through non-HIPAA compliant audio/visual telehealth platforms during COVID-19 related school closures and/or distance learning models? (Updated 4/21/2021)

- A. For the remainder of the 2020-21 school year, school districts may continue to provide services through non-HIPAA compliant audio/visual platforms. For dates of service after 7/1/2021, the SBHS program will no longer provide reimbursement for services provided through non-HIPAA compliant audio/visual platforms. In order to receive reimbursement for telehealth services after 7/1/2021, school districts must ensure they deliver telehealth services through HIPAA-compliant platforms. Audio-only telephone service delivery will continue to be allowed for the time being. The Health Care Authority (HCA) has a limited amount of HIPAA-compliant Zoom licenses available for free. School districts interested in this technology may go to [our Zoom application page](#) and follow instructions to submit your application.

Q-4. How do school districts bill the SBHS program for services provided through telephone-only during COVID-19 related school closures and/or distance learning models?

- A. When using the telephone to deliver services (audio-only/no visual component), providers do not use existing SBHS codes found in the SBHS Billing Guide. Instead, providers must use the following CPT® codes, modifier, and place of service (POS) to bill for phone-only services. Districts should use the place of service that best describes where the student is located. For example, if the student is



at home, use POS 12 for “home”. If the student is at daycare, use POS 99 for “other”. School districts and providers may review the [SBHS Billing Guide](#) for a list of allowable POS codes.

CPT® Code	Short Description	Comments	Place of Service
98966	HC PRO PHONE CALL 5-10 MIN	Use modifier CR	Enter POS that best describes where the student is located
98967	HC PRO PHONE CALL 11-20 MIN	Use modifier CR	Enter POS that best describes where the student is located
98968	HC PRO PHONE CALL 21-30 MIN	Use modifier CR	Enter POS that best describes where the student is located

CPT® codes and descriptions only are copyright 2019 American Medical Association.

Q-5. How do providers document when services are provided through telephone-only?

- A. Providers must follow documentation requirements found in the “Documentation” section of the current version of the [SBHS Billing Guide](#), including documentation that services were provided over the telephone, the location of the provider, and the location of the student. Modifier CR and the place of service (POS) that best describes where the student was located must also be included on the claim.


Q-6. What is the reimbursement rate for services provided through telemedicine and/or over the phone?

- A. School districts are reimbursed for services provided through telemedicine at the same rate as if the service was provided face-to-face. Rates for all SBHS codes are located in the current version of the [SBHS Fee Schedule](#). Rates for 98966-98968 are located in the [COVID-19 Fee Schedule](#).

Q-7. Can the phone codes listed above be billed more than once per day?

- A. As of 10/1/2020, the phone codes have a [CMS MUE edit](#) of one (1) which means each code can only be billed once per day, per provider, per student. However, multiple providers may bill for the same phone code when providing phone-only services to the same student on the same day.
- *Example 1.* A student has three different phone sessions with three different providers on the same day. Each provider provides services to the student for 20 minutes. Each provider may bill for one (1) unit of 98967 (HC PRO PHONE CALL, 11-20 minutes).
 - *Example 2.* A student has a 60-minute phone session with three different providers. Each provider provides services for 20 minutes (Provider A provides services from 1:00-1:20,





Provider B provides services from 1:20-1:40, Provider C provides services from 1:40-2:00). Each provider should bill for one (1) unit of 98967 (HC PRO PHONE CALL, 11-20 minutes).

Q-8. Can providers bill for phone calls with parents when the student is not present?

- A. A phone call between just the provider and the parent when the student is not present is not billable through the SBHS program. If the student is present and the provider is speaking with the parent while the parent is assisting the child with performing the activities/services, this is billable.

Q-9. Can providers bill for activities such as sending information to a student or parent via email or store and forward technology, and/or preparing activities for the student? There is not a live connection with the student during this time.

- A. These types of activities are not be billable through the SBHS program since the provider is not providing services directly to the student. A list of noncovered services can be found in the current version of the [SBHS Billing Guide](#). For IEP/IFSP documentation purposes, providers may still document these types of activities, but these activities should not be submitted to HCA for reimbursement.

Q-10. Do school districts and providers need to take any measures to inform parents and students that some telehealth platforms may not be HIPAA-compliant? (Updated 4/21/2021)


- A. Effective 7/1/2021, school districts will no longer be able to receive Medicaid reimbursement for IEP/IFSP services if provided through non-HIPAA compliant platforms. The Health Care Authority (HCA) has a limited amount of HIPAA-compliant Zoom licenses available for free. School districts interested in this technology may go to [our Zoom application page](#) and follow instructions to submit your application.

Q-11. Which technologies are HIPAA-compliant and which are not HIPAA-compliant?

- A. The Department of Health and Human Services Office for Civil Rights (OCR) has issued a [Notification of Enforcement Discretion for Telehealth Remote Communications](#) during the COVID-19 Nationwide Public Health Emergency. School districts and providers are encouraged to read this notification for additional information and should consult their IT department or legal counsel to determine if the technology they are using is HIPAA-compliant or not.

Q-12. Can school districts bill the SBHS program for services provided in-person in the home or in an alternate setting (e.g., childcare/daycare)?

- A. In some cases, school providers may be traveling to a student's home or to an alternate setting to provide IEP or IFSP services. When providing services in-person in the home or in an alternate setting, providers must use the appropriate SBHS code (CPT® or HCPCS code) found in the current version of



the [SBHS Billing Guide](#) and the place of service (POS) that best describes the location of the student. Providers must follow documentation requirements found in the “Documentation” section of the SBHS Billing Guide including documentation that services were provided in the home or in an alternate setting. School districts may review the SBHS Billing Guide for a list of allowable POS codes.

Q-13. Do school districts need to amend an IEP or IFSP to indicate that related services will be provided through telemedicine or in an alternate setting during COVID-19 related school closures and/or distance learning models?

- A. For Medicaid billing purposes, the IEP or IFSP must list which related services the student receives, who is responsible for providing the service(s), and the amount and duration of services. The SBHS program does not require the IEP/IFSP to state that services will be provided through telemedicine or in an alternate setting. School districts should contact the [Office of Superintendent of Public Instruction](#) (OSPI) for questions regarding when IEPs must be amended and the [Department of Children, Youth, and Families](#) (DCYF) for questions regarding when IFSPs must be amended.

Q-14. How do SBHS-contracted school districts obtain consent to bill Medicaid during COVID-19 related school closures and/or distance learning models?

- A. School districts are required per the Individuals with Disabilities Education Act (IDEA) to obtain a one-time consent from parents prior to accessing public benefits i.e., Medicaid to pay for school-based services. Since this is an IDEA requirement and not a Medicaid requirement, HCA and the SBHS program cannot provide guidance on how to obtain consent at any time including during COVID-19 related school closures. School districts may contact the [Office of Superintendent of Public Instruction](#) (OSPI) with consent questions for IEP services and the [Department of Children, Youth, and Families](#) (DCYF) with consent questions for IFSP services.

Q-15. Can providers bill for services even if the frequency of services does not match what is written in the IEP/IFSP summary of service matrix?

- A. Providers should try to provide services as close to what is prescribed in the IEP or IFSP as possible. However, the SBHS program is aware that different providers and families have different capabilities and that services may not be provided exactly as stated in the IEP/IFSP during this time. For documentation purposes, providers should document in the treatment notes or somewhere in the IEP/IFSP why services were not provided exactly as prescribed. When billing for services, providers must still record time-in/time-out for all services provided and must follow documentation requirements as outlined in the [SBHS Billing Guide](#) and as outlined in this FAQ document.





Q-16. Can assistants, interim permit holders, and nonlicensed school staff bill for services provided through telemedicine?

- A. Assistants, interim permit holders, and nonlicensed school staff (as outlined in the current version of the [SBHS Billing Guide](#)) may provide and bill for services provided through telemedicine per their scope of practice. Just as if the service were provided in-person, the supervising provider must ensure the appropriate level of supervision is in place for all assistants, interim permit holders, and nonlicensed staff based on their level of education/training and ability, as well as the complexity and acuity of care provided to the students. Supervising providers must review and co-sign treatment notes prior to submitting claims to HCA for reimbursement. All services provided by nonlicensed staff are billed under the supervising provider's NPI in ProviderOne.


Q-17. Does the SBHS program provide reimbursement for COVID-19 related health services such as daily temperature checks, screening for COVID symptoms, testing for COVID-19, etc.?

- A. The SBHS program only provides reimbursement for health-care related services that are listed in an eligible student's IEP or IFSP. Daily temperature checks, screening for COVID-19 related symptoms, and/or testing for COVID-19 are not reimbursable through the SBHS program as these types of services are typically not included in a student's IEP or IFSP. School districts interested in receiving reimbursement for these types of services may be able to do so by contracting with and billing the Medicaid Managed Care Organizations (MCO) in their region. More information about contracting with the MCOs can be found on HCA's [MCO webpage](#).

Q-18. If a student is temporarily located in a different state or country and a provider provides IEP/IFSP health-related services via telehealth to the student, can the school district bill for these services even though the student is not located in Washington State during service delivery?

- A. If the student has active Washington Apple Health (Medicaid) coverage during the time of service delivery, the school district may bill for services provided to the student. Please note, however, that any time a provider renders services to a client/student who is located outside of the state, there may be risk involved. Before providing telehealth services to students located outside the state of Washington, the SBHS program recommends providers review their scope-of-practice requirements with the [WA State Department of Health](#), as well as the Department of Health in the state/country where the student is located during service delivery, to ensure they are providing services within their scope-of-practice.

WA Apple Health (Medicaid) clients are encouraged to notify HCA's Medical Assistance Customer Service Center at 1-800-562-3022 if they plan to travel out of the state or country and/or if they plan to receive services outside the state, as this may impact their Medicaid coverage. If the student has moved out of the state permanently and no longer has WA Apple Health (Medicaid) coverage, the school district would not be able to bill for services provided to the student.



Q-19. How do school districts bill for telehealth services when the student and the provider are both located in the school building? (Updated 4/21/2021)

- A. If both the provider and the student are in the school building when services are provided via telehealth, the provider must bill as indicated below:
- Provider must document that services are provided via telehealth and document the location of the provider and the location of the student.
 - Bill the applicable procedure code with modifier 95 and place of service (POS) 02.
 - Since the student is located at the school, the provider may also bill for the Q3014 telehealth facility fee with POS 03.

Q-20. With many schools still closed due to COVID-19, how can school districts obtain signatures from new providers for the signature log and/or signatures for handwritten treatment notes?


- A. *Obtaining signatures for signature log:* Per the [SBHS Billing Guide](#), school districts must maintain a [signature log](#) to support the signature identity of licensed servicing providers. School districts must obtain a one-time signature for each licensed provider who participates in the SBHS program. If the school district is unable to obtain a handwritten signature from a new provider, the provider may use the electronic signature function available in both Word and Adobe. The provider may also hand-sign the signature log, scan, and email a copy to the school district SBHS coordinator.

Obtaining signatures for handwritten treatment notes: Per the SBHS Billing Guide, providers are required to sign treatment notes in order to verify the services have been accurately and fully documented, reviewed, and authenticated. If a servicing provider maintains handwritten treatment notes, the provider may use the electronic signature function available in both Word or Adobe in order to affix their signature to the treatment notes. The provider may also hand-sign the treatment notes, scan, and email a copy of the notes to the school district's SBHS coordinator or billing agent if applicable.

Q-21. Due to the 6.2% increase in Federal match, school districts are currently providing 26.28% local match instead of the regular 30% local match. How long will this continue? (Updated 4/21/2021)

- A. On March 18, 2020, the President signed into law the Families First Coronavirus Response Act (FFCRA). Section 6008 of the FFCRA provides a temporary 6.2 percentage point increase to each qualifying state and territory's Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act. This became effective January 1, 2020 and extends through the end of the public health emergency (PHE). More information about this and what it means for SBHS-contracted school districts can be found in the 5/22/2020 [GovDelivery notification](#).

The increased FMAP will be in effect through the end of the public health emergency which is currently set to expire on 6/30/2021 but may be extended beyond this date. Once the PHE ends, it is



expected the Federal match will go back to 50%; at that time, school districts will be required to provide 30% of the total claim amount as they did prior to the PHE per the [intergovernmental transfer \(IGT\) process](#).

Q-22. When school-based providers provide IEP/IFSP health-related services via audio/visual technology, is this considered “telehealth”, “telemedicine”, and/or “teletherapy”? Is there a difference between these terms?

- A. “Telehealth”, “telemedicine”, and “teletherapy” are terms that are often used interchangeably. Telehealth is often used as an umbrella term and includes a broad range of technologies and services to provide patient care. Telemedicine and teletherapy are subsets of telehealth that refer solely to the provision of health care services and therapy over a distance, through the use of telecommunications technology without an in-person visit. When school-based providers provide IEP/IFSP health-care related services via audio/visual technology, this is considered telemedicine. School districts, ESDs and providers participating in HCA’s SBHS program must follow applicable telemedicine rules and regulations as outlined in the current version of the [SBHS Billing Guide](#), SBHS [WAC 182-537](#), this SBHS COVID-19 FAQ, and the [SBHS contract](#) between the district/ESD and HCA.

Q-23. Do school-based providers need to complete the Department of Health (DOH) telemedicine training?

- A. **Yes.** DOH-licensed school-based providers who participate in the SBHS program and provide services via telemedicine (as outlined in this FAQ document and the [SBHS Billing Guide](#)) are required to complete the DOH telemedicine training. DOH encourages providers to take the telemedicine training as soon as possible and no later than June 30, 2021.


SBHS-contracted districts, ESDs, and providers may visit the [Washington State Telehealth Collaborative Training webpage](#) for additional resources and more information about this training. **Because this is a DOH requirement and NOT an HCA (Medicaid) requirement**, any questions about the telehealth training requirement should be directed to the [Office of Health Professionals and Licensing at DOH](#).

Q-24. When do I use modifier CR? (Added 4/21/2021)

- A. For dates of service 3/1/2020-6/30/2021, the CR modifier is required when billing for telehealth services provided through non-HIPAA compliant platforms and/or when billing the telephone codes. For dates of service after 7/1/2021, the CR modifier should only be included on claims containing the three phone codes: 98966, 98967, & 98968.

Q-25. Are recovery services billable? (Added 4/21/2021)

- A. **Yes.** Per OSPI, “districts may provide recovery services through remote and/or hybrid learning models during the 2020–21 school year in order to assist students in making progress toward their IEP goals



and to mitigate the educational impact of the pandemic on the student.” If the IEP team determines a student needs recovery services, these services are billable through the SBHS program.

Questions?

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