

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, the Health Care Authority (HCA) 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.

About the SBHS program

The SBHS program provides reimbursement to contracted school districts and ESDs 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 4/7/2022)**

- A. The SBHS program reimburses SBHS-contracted school districts for providing IEP/IFSP health-related services when provided via HIPAA-compliant audio/visual telemedicine platforms when a student is at school, at home, or in an alternate setting. The SBHS program also reimburses for services when provided via audio-only telehealth (i.e. telephone). The following requirements must be met when providing IEP/IFSP services via telehealth:
- Services must be provided via HIPAA-compliant audio/visual platforms and/or through audio-only telehealth. Emails, texts, and recorded videos have never been reimbursable through the SBHS program and are currently not reimbursable.
 - The school district must be contracted with the SBHS program and be enrolled as a billing provider in ProviderOne.
 - Services must be provided by or under the direction of [DOH-licensed providers](#) and the licensed providers must be enrolled as servicing providers under the school district's ProviderOne account. Non-licensed staff do not need to be enrolled in ProviderOne.
 - Services must be included in the Title XIX Medicaid-eligible student's IEP or IFSP and must be referred or recommended by a DOH-licensed provider (IEP/IFSP meetings, charting, parent contact and consultation, and preparing and sending materials to students/families are not reimbursable).



Q-2. How do school districts bill the SBHS program for services provided through HIPAA-compliant audio/visual telemedicine platforms? (Updated 4/7/2022)

A. For dates of service prior to 7/1/2022, continue to bill per current policy:

Student located at school or another location other than home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code found in the [SBHS Billing Guide](#) with place of service (POS) 02 and modifier 95; and
- If student is at school, submit an additional claim for procedure code Q3014 (telemedicine facility fee) with POS 03

Student located at home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code found in the [SBHS Billing Guide](#) with POS 02 and modifier 95
- Do not submit an additional claim for Q3014 since the student is located at home

For dates of service on and after 7/1/2022:

Student located at school or another location other than home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code found in the [SBHS Billing Guide](#) with POS 02 and modifier 95; and
- If student is at school, submit an additional claim for procedure code Q3014 (telemedicine facility fee) with POS 03

Student located at home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code found in the [SBHS Billing Guide](#) with **NEW POS 10**, and modifier 95
- Do not submit an additional claim for Q3014 since the student is located at home

Telehealth Place of Service (POS)	Description Below are recent updates to POS from CMS, to be implemented no later than 7/1/2022	Comments
02	Revised definition: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.	Use when providing services via audio/visual or audio-only telehealth and student is located anywhere other than the home.
10	New: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.	Use when providing services via audio/visual or audio-only telehealth and student is located in the home.

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

- A. To ensure students had access to necessary IEP/IFSP health services during COVID-related school closures, the SBHS program temporarily allowed reimbursement for services provided via non-HIPAA compliant telemedicine platforms for dates of service 3/1/2020-6/30/2021. For dates of service on and after 7/1/2021, the SBHS program no longer provides reimbursement for services provided through non-HIPAA compliant audio/visual platforms. In order to receive reimbursement for telemedicine services after 7/1/2021, school districts must ensure they deliver telehealth services through HIPAA-compliant platforms. Audio-only telephone service delivery is still reimbursable. See Q-4-Q-8 for instructions on how to bill for services provided via audio-only telehealth.

Q-4. How do school districts bill the SBHS program for services provided through audio-only telehealth services (i.e. telephone call)? (Updated 4/7/2022)

- A. **For dates of service 3/1/2020-6/30/2022, use information in the table below to bill for audio-only service delivery (telephone):**

CPT® Code	Short Description	Comments	Place of Service (POS)
98966	HC PRO PHONE CALL 5-10 MIN	Use modifier CR	Enter POS that best describes where the student is located (e.g. 12-Home, 03-School, 99-Other)
98967	HC PRO PHONE CALL 11-20 MIN	Use modifier CR	Enter POS that best describes where the student is located (e.g. 12-Home, 03-School, 99-Other)
98968	HC PRO PHONE CALL 21-30 MIN	Use modifier CR	Enter POS that best describes where the student is located (e.g. 12-Home, 03-School, 99-Other)

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

For dates of service on and after 7/1/2022, the three phone codes listed above will no longer be reimbursable through the SBHS program. Use the information below to bill for audio-only telehealth services (i.e. telephone) for dates of service on and after 7/1/2022:

Student located at school or another location other than home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code with POS 02 and **NEW modifier 93**; do not add modifier 95
 - **SBHS codes that can be provided via audio-only (telephone) are limited to: 92507,92521, 92522, 92523, 97535, and S9445**
- Do not submit an additional claim for Q3014. HCA does not pay for Q3014 (telemedicine facility fee) when services are provided via-audio only, regardless of the student’s location.

Student located at home and provider at distant site or school:

- Submit a claim with the appropriate SBHS CPT® or HCPCS code with **NEW POS 10** and **NEW modifier 93**; do not add modifier 95
 - **SBHS codes that can be provided via audio-only (telephone) are limited to: 92507,92521, 92522, 92523, 97535, and S9445**



- Do not submit an additional claim for Q3014 (telemedicine facility fee) since the student is located at home

Telehealth Modifiers	Description	Comments
93	New (Effective 7/1/2022): Synchronous Telemedicine Service Rendered via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional.	Use only when providing services via audio-only telehealth (i.e. telephone). Use with either POS 02 or POS 10.
95	Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.	Use only when providing services via HIPAA-compliant audio/visual telehealth. Use with either POS 02 or POS 10.

Q-5. How do providers document when services are provided via HIPAA-compliant or audio-only telehealth?
(Updated 4/7/2022)


- A. Providers must follow documentation requirements found in the “Documentation” and “Telemedicine” sections of the current version of the [SBHS Billing Guide](#), including documentation that services were provided via audio/visual telehealth or via audio-only telehealth, the location of the provider, and the location of the student.

Q-6. What is the reimbursement rate for services provided through telehealth? **(Updated 4/7/2022)**

- A. School districts are reimbursed for services provided through telehealth 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](#). **Note: Effective for dates of service on and after 7/1/2022, the three phone codes listed on page 3 of this FAQ will no longer be billable through the SBHS program.**

Q-7. Can the phone codes listed above be billed more than once per day? **(Updated 4/7/2022)**

- A. Each phone code has 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. **Note: Effective for dates of service on and after 7/1/2022, the three phone codes listed on page 3 of this FAQ will no longer be billable through the SBHS program.**
- *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 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?

- A. If services were provided via non-HIPAA compliant telehealth platforms between 3/1/2020-6/30/2021, providers were required to inform parents that services were provided via a non-HIPAA compliant platform as outlined in previous versions of this FAQ. Effective for dates of service on or after 7/1/2021, school districts are no longer able to receive Medicaid reimbursement for IEP/IFSP services if provided through non-HIPAA compliant audio/visual platforms. School districts should consult their IT department or legal counsel to determine if the telehealth technology they use is HIPAA-compliant.


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 telehealth technology they use 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 (e.g. POS 12-Home, POS 99-Alternate Setting). 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 current version of the [SBHS Billing Guide](#) and as outlined in this FAQ document.

Q-16. Can assistants, interim permit holders, and non-licensed school staff bill for services provided through telehealth? (Updated 4/7/2022)

- A. Assistants, interim permit holders, and non-licensed school staff (as outlined in the current version of the [SBHS Billing Guide](#)) may provide and bill for services provided through audio/visual and audio-only telehealth per their scope of practice. Just as if the services were provided in-person, the supervising provider must ensure the appropriate level of supervision is in place for all assistants, interim permit holders, and non-licensed 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 non-licensed 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 audio/visual telehealth when the student and the provider are both located in the school building? (Updated 4/7/2022)

- A. If both the provider and the student are in the school building when services are provided via audio/visual telehealth, the provider must bill as indicated below:
- Provider must document that services were provided via audio/visual telehealth and document the location of the provider and the location of the student.
 - Bill the applicable procedure code found in the SBHS Billing Guide 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. How can school districts obtain signatures from new providers for the signature log and/or signatures for handwritten treatment notes if providers are working remotely?

- 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 4/7/2022)

- 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 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 **for services provided prior to 7/1/2022** as they did prior to the PHE per the [intergovernmental transfer \(IGT\) process](#). **For services provided on and after 7/1/2022**, school districts will no longer be required to provide local match to HCA. Please see the 3/29/2022 SBHS [GovDelivery notification](#) for more information.


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. 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](#)) were required to complete the DOH telemedicine training by 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. Are recovery services billable?

- A. Yes.** Per OSPI, “districts may provide recovery services through remote and/or hybrid learning models 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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SBHS webpage: <https://www.hca.wa.gov/sbhs>

