

## 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 8/3/2020)

A. The SBHS program reimburses SBHS-contracted school districts for providing IEP/IFSP health-related services when provided through HIPAA-compliant audio/visual telemedicine technologies when a student is at home or in an alternate setting. During COVID-19 related school closures and/or when a district is providing services through a distance learning model, the SBHS program is also temporarily reimbursing for telehealth provided through non-HIPAA compliant audio/visual technologies such as non-HIPAA compliant versions of Zoom, Skype, FaceTime, Google Hangouts video, as well as services provided via telephone-only. In order to receive reimbursement for services provided via telemedicine or telephone-only, the following requirements must be met:

- 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.
- 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).





**Q-2. How do school districts bill the SBHS program for services provided through HIPAA-compliant audio/visual telemedicine technologies during COVID-19 related school closures and/or distance learning models? (Updated 8/3/2020)**

- 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 HIPAA-compliant 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 technologies during COVID-19 related school closures and/or distance learning models? (Updated 8/3/2020)**

- A.** When using non-HIPAA compliant audio/visual communications (certain versions of Skype, Zoom, FaceTime, Google Hangouts video, etc.), 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 modifier CR** along with 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 non-HIPAA compliant telehealth, 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-4. How do school districts bill the SBHS program for services provided through telephone-only during COVID-19 related school closures? (Updated 8/3/2020)**

- 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 may review the [SBHS Billing Guide](#) for a list of allowable POS codes.

CPT Code	Description	Comments	Place of Service
98966	Telephone assessment and management service, 5-10 minutes of medical discussion	Use modifier CR	Enter POS that best describes where the student is located
98967	Telephone assessment and management service, 11-20 minutes of medical discussion	Use modifier CR	Enter POS that best describes where the student is located
98968	Telephone assessment and management service, 21 or more minutes	Use modifier CR	Enter POS that best describes where the student is located

**Q-5. How do providers document when services are provided through telephone-only? (Updated 8/3/2020)**

- 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? (Updated 8/3/2020)**

- A.** As of 7/1/2020, the phone codes have a [CMS MUE edit](#) of more than one which means the codes can be billed more than once per day, per provider, per student. In addition, multiple providers can bill for the same phone code when providing phone-only services to the same student on the same day.
- *Example 1.* A provider renders services to the same student on three separate occasions on the same day. She provides services from 9:00-9:10, 12:00-12:10 and again at 2:00-2:10. The provider may bill for 3 units of code 98966 (telephone assessment and management, 5-10 minutes).
  - *Example 2.* 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 should bill for one (1) unit of 98967 (telephone assessment and management, 11-20 minutes).
  - *Example 3.* 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 (telephone assessment and management, 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. (Updated 8/3/2020)**

- 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 technologies may not be HIPAA-compliant?**

- A. Providers who choose to provide services through non-HIPAA compliant technologies must notify parents that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Notifying parents and obtaining consent can be done in the following ways:
- Using mail to obtain written consent from parent
  - Use of an electronic signature
  - Verbal - information about the technology not being HIPAA-compliant and the verbal consent must be documented in the treatment notes

**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)? (Updated 8/3/2020)**

- 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? (Updated 8/3/2020)**

- 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-15. Can assistants, interim permit holders, and nonlicensed school staff bill for services provided through telemedicine? (Updated 8/3/2020)**

- 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 was 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-16. 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.? (Added 8/3/2020)**

- 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](#).

## **Questions?**

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