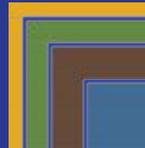# School Medicaid Billing Q & A

Northwest Regional ESD - Medicaid Department, Fiscal Services
Sarah Foster - May 14, 2020

What is considered telepractice?

Telepractice is the application of telecommunications technology to the delivery of professional services at a distance by linking provider to student or provider to provider for assessment, intervention, and/or consultation.

Telepractice typically occurs in real time and 'face to face' with a provider via online video conferencing, but also includes the following:

- Consultation via phone or online

- Email support with instructional materials (w/ intermittent support)

- Interactive with parent (data /information sharing / training)

Telehealth and School Medicaid Billing

Telehealth Services - Methods of Delivery

- Synchronous - Live interactions
  - Direct Student Contact
- Asynchronous - Video modeling, instructional videos
  - No Direct Student Contact
- Telehealth or Teletherapy
  - Online interactive
  - Instructional email
  - Educational platform interaction
  - Teleconsultation (phone/online)
  - Assessment

Service Options and Medicaid Billing

Online Educational Platform - Synchronous

- Interactive sessions with groups of students
- Materials/activities are available on platform
- Data is collected in real time

Online Educational Platform - Asynchronous

- Videos and materials are uploaded for student/parent independent access
- Data collected: review of work samples
- Phone Check-ins

Service Options and Medicaid Billing

Telehealth or Teletherapy

- Virtual online therapy sessions with student/parent
- Online materials/tools
- Data collected in real time
- Incorporates asynchronous supports
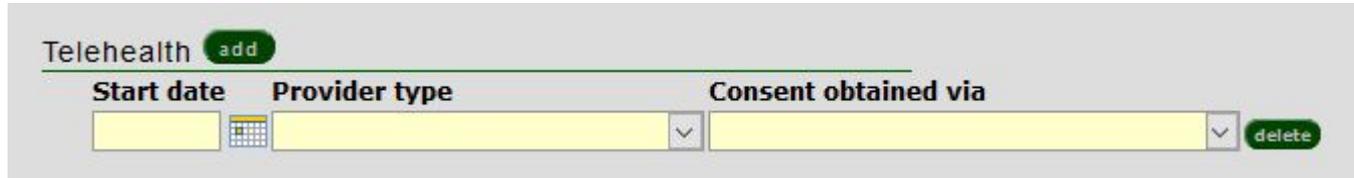
Telehealth and Parent Consent

How do we obtain consent for telehealth services?

- Each licensing board has rules governing the provision of services via telehealth, including the requirement that consent to receive services through telehealth is obtained.
  - NWRESD requires **Telehealth Consent** be discussed with parents and obtained before initial services are provided. If you have not obtained, do so at next visit.
  - Consent may be obtained through any of the following options:
    - Phone, email, text, video-conference or in-person when directed to do so

Telehealth and Parent Consent

Document Telehealth Consent in the ecWeb Child/Medical Tab:

- Start Date - Enter date of consent
- Provider Type - Enter your specific provider discipline
- Consent Obtained Via - Choose method used for obtaining consent

How to Code Services during a closure

Direct Services (Telehealth or Teletherapy)

- Virtual online therapy sessions with student/parents and,
- Data collected in real time via phone or direct online interaction
  - Select Telehealth service checkbox
  - Include **Provider** location (Originating) and **Student** location (Distance)
    - Each service log entry should contain this information
  - Select procedure code for service
    - T1018 - individual
    - 92508 - group therapy speech

How to Code Services during a closure

Consultation/Coordinated Care Services (Asynchronous)

- Video modeling, instructional videos, materials to enhance access and intermittent phone check-ins
  - DO NOT Select Telehealth Service Checkbox
  - Include Service Provided Through Distance Learning Plan in support of IFSP Goals in each service log
  - Select procedure code for service
    - G9005 - Consultation/Coordinated Care
    - G9007 - Coordinated Care/IFSP Meetings (medical component only)

Consult Your Board

Consult your individual licensing board for specific guidance to identify if services are Direct teletherapy or Consultative telehealth

- Speech and Audiology
  - BSPA COVID-19 and Tele-practice
- Occupational Therapy
  - Oregon OTLB - Rules on Telehealth and FAQs
- Physical Therapy
  - Oregon PTLB - Standards for Telehealth Services
- Nursing Services
  - School Nurse Telehealth FAQs
- Psychology Services
  - Oregon Board of Psychology, COVID - 19 Resources

Guidance and Resources

The following reference and resources guidance is available. Please continue to refer to this guidance when providing services during this closure

School Medicaid Telehealth Quickstart Guide

NWRESD Coronovirus (COVID-19) Information

Medicaid Guidance for EI/ECSE Practitioners

Distance Learning For All

FAQs for EI/ECSE and Medicaid

When administering a Distance Learning Plan (DLP), are the services described in the current IFSP sufficient to bill Medicaid for the DLP telehealth services?

- For the most part, the IFSP does not need to be amended…
  - In a majority of IFSPs, if the decisions documented in the DLP aligns with what is documented on the IFSP, the IFSP services continue to be billable to Medicaid.
- Do we need to change the IFSP if the IFSP indicates group therapy and the DLP indicates individual services?
  - The IFSP does not need to be changed. Bill Medicaid as a group of one child as you would bill the service if all but one child were absent from the group.

FAQs for EI/ECSE and Medicaid

What if the DLP indicates a change in frequency but not total time in a month? For example: The IFSP says therapy is one time a month for 30 minutes and the new DLP indicates three times a month for 10 minutes each time.

- There is no need to update the IFSP. See the **New EI/ECSE Distance Learning Toolkit**.
  - During this state of emergency as it relates to billing Medicaid 30 min 1 x per month as written on an IFSP, and document information for each 10 minute session **within** one service log entry,
  - Bill for the prescribed 30 minutes on the **final date the 30 minutes of total service was completed**.

FAQs for EI/ECSE and Medicaid

Example: Documenting frequency changes provided through DLP

FAQs for EI/ECSE and Medicaid

Entering a Service Log for Telehealth Services

FAQs for EI/ECSE and Medicaid

UPDATE: How are **parent coaching** and **parent consultation** billed to Medicaid?

- **Parent coaching** is an individual direct service and is billed to Medicaid as an individual service (DIRECT).
- **Parent consultation** is communication provided by a therapist within the scope of practice to follow up with a parent/guardian when there is no interaction with the child in real time regarding what is working or not working and to provide technical assistance.
  - Billed as coordinated care (CONSULT) for a covered health service related to a specific health service on the child's (IFSP).

FAQs for EI/ECSE and Medicaid

What if the DLP calls for **less total monthly time** than the IFSP cover page?

- No change is needed since you are not exceeding the total monthly time proposed in the IFSP.

What if the DLP calls for **more time** than the IFSP Cover page?

- The IFSP would need to be amended to include this increase in therapy time.

FAQs for EI/ECSE and Medicaid

Do I continue to bill for IFSP Meetings?

- IFSP meetings should be billed to Medicaid (medical component)
  - Document discussion of the medical components of the IFSP
  - Minutes reported in service log should be for medical components of IFSP only.

Remember to exclude any portion of eligibility meetings or other services that may have been included.

Questions and Answers

Any Questions?

- Please submit via the "Chat" feature'

Slide deck will be made available at the NWRESD Medicaid Reimbursement Webpage following the meeting.

- Please continue to refer to NWRESD Medicaid Reimbursement webpage for updates and continued guidance.

Connect with us!

Please reach out to us with any questions you may have about this information or all matters relating to School Medicaid. Here's how to reach us:

[Medicaid Reimbursement Webpage](#) - School Medicaid Telehealth Guidance, additional Medicaid-related resources

([School Medicaid Billing](#)) - Learn more about School-Based Health Services

[Sarah Foster](#) - School Medicaid Program Manager

[Kathi Ayala](#) - School Medicaid Administrative Specialist