

School-Based Medicaid Program COVID-19 Telehealth Q&A

Updated 3/31/20

MassHealth issued All Provider Bulletin 289 in response to the COVID-19 State of Emergency to mitigate the spread of COVID-19. **Please read the following sections of All Provider Bulletin 289 before proceeding with this document:** Billing for Covered Services Delivered via Telehealth, Other Considerations, Additional Information, and Appendix A.

Telehealth will continue to be a billable modality of service once the State of Emergency has ended. However, the specific telehealth policy may change after All Provider Bulletin 289 is rescinded. Once that bulletin is rescinded, this Q&A will also be rescinded. Additional guidance and an updated Q&A will be distributed to clarify the MassHealth telehealth policy for after the COVID-19 State of Emergency has ended.

Q: For which services can an LEA bill via telehealth during COVID-19?

A: As described in All Provider Bulletin 289, MassHealth permits qualified practitioners to deliver clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (including telephone and live video) during COVID-19. SBMP Qualified Practitioners are listed in the CSQP document on the SBMP Resource Center. Practitioners with the authority to authorize services as described in the Direct Service Claiming Guide may determine which services are clinically appropriate to be delivered via telehealth.

Q: Do all reimbursable services requirements apply to services delivered via telehealth?

A: Yes. Telehealth is a modality and not a different type of service, therefore all reimbursable services requirements (e.g. RMTS participation, service documentation) described in the Direct Service Claiming Guide apply to services delivered via telehealth.

Q: Should services be documented differently?

A: In addition to the service documentations described in the DSC Guide, practitioners must include a notation in their documentation that indicates the service was provided via telehealth and the physical location of the practitioner and the student. Practitioners do not need to specify their home address or the student's home address.

Q: Is student supervision (e.g. by a parent in the home) required for telehealth services?

A: Services must be clinically appropriate to be provided via telehealth. If student supervision is required for the services to be provided effectively and clinically

appropriately, then practitioners may wish to factor that into their consideration when determining whether a service is billable.

Q: Should services provided via telehealth be billed differently than in-person services?

A: Yes. When the practitioner is in a different location from the student receiving services, place of service code 02 should be used rather than place of service code 03, which is normally used for school-based services. All other billing processes remain the same (CPT codes, units, maximum interim fees).

Q: Are the interim payment maximum fees different for services provided via telehealth?

A: No. Maximum fees are the same if services are provided in-person or via telehealth.

Q: What are the privacy requirements for services delivered via telehealth during COVID-19?

A: According to the U.S. Office of Civil Rights (OCR), which is responsible for enforcement of HIPAA, "OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. " Additionally, the OCR states "Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks." See <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> for more information, including a list of HIPAA-compliant programs.