



April 15, 2020

Telemedicine/Telehealth Coverage during the COVID-19 Emergency: Guidance for Public Education Providers Billing Oregon Medicaid for School-Based Health Services, effective 4/9/2020

During these challenging times, the Oregon Health Authority (OHA) understands the need for flexibility regarding how Oregon public education partners deliver school-based health services (SBHS).

This guidance is intended to help eligible public education providers deliver and bill for SBHS provided to Medicaid-eligible children and students eligible for health-related services under the Individuals with Disabilities Education Act (IDEA).

If you have questions, please contact [Linda Williams](#) (503-945-6730).

Fee-for-service coverage

The following guidance is for public education entities enrolled as “School Medical” (SM) providers with Oregon Medicaid, for billing SBHS to OHA.

Telemedicine/telehealth technology permitted for delivery of SBHS services

Due to mandatory school closures and the implementation of online “Distance Learning for All,” OHA updated the SBHS rules to add the use of telemedicine/telehealth technology for the delivery of SBHS services, effective April 9, 2020.

- View the rule filing: [OARs 410-133-0040, 410-133-0080, 410-133-0220 and 410-133-0245](#) - Amends Rule For School Covered Health Services Using Telehealth Technologies In Response To COVID-19
- [OAR 410-133-0040](#) (Definitions) – Adds “Telehealth” to SBHS definitions
- [OAR 410-133-0080](#) (Coverage) – Describes covered services and requirements for coverage
- [OAR 410-133-0220](#) (Billing and Payment) – Adds that accepted modifiers are also provided by OHA’s SBHS program.
- [OAR 410-133-0245](#) (Cost Determination and Reporting) – Adds that costs for telehealth technologies used to provide SBHS health related services are included in the cost for each service discipline and are not billed separately.

SBHS appropriate for telemedicine/telehealth delivery

Please refer to [OAR 133-0080\(12\)](#) for a full description of the services, coverage criteria and documentation requirements for telemedicine/telehealth services. These include:

- Health-related services specified on a Medicaid-eligible child/student's IEP/IFSP, to the same extent as the same services if provided in-person.
- Electronic/telephonic interactive communications such as telephone conversation, or an internet relay chat session to:
 - Assist the licensed practitioner/clinician to coordinate and integrate a Medicaid-eligible child's covered health related services required by IDEA, and
 - Ensure that therapy provided under the supervision of a licensed practitioner meets supervision requirements. For example:
 - Coaching and observing parent interaction (for physical, occupational or speech therapy due to delayed developmental milestones).

To be eligible for coverage, SBHS services must also:

- Comply with [OAR 410-133-0320](#) (Documentation and Recordkeeping Requirements). Documentation on file must include:
 - SOAP charting or equivalent for covered health-related services, to indicate the services are telemedicine/telehealth services
 - The delivery method (synchronous audio/visual interactive equivalent to face to face, or electronic/telephonic interactive communication described as telephone conversation, video conference, or internet relay chat)
 - The distant site of the practitioner providing services and the site where the child/student is receiving services
- Be provided by a licensed practitioner/clinician who is employed by or contracted by an Oregon public school district or Education Service District that is enrolled as an Oregon Medicaid "School Medical" (SM) provider with OHA.

How to bill OHA for SBHS telemedicine/telehealth services

For IEP/IFSP services:

- Bill using the appropriate procedure codes and modifiers as listed in OHA's current [SBHS Procedure Codes and Billing Instructions](#).
- Only add modifier GT for services using synchronous audio/visual interactive technologies (equivalent to face-to-face) between two remote sites.
- Do not use modifier GT for services provided by other methods such as phone call or internet relay chat.

For care coordination assistance with the licensed practitioner:

- Refer to [OAR 410-133-0040](#)(16).
- The additional modifier GT is not required when billing for these services.

Information security and privacy requirements

Permitted telemedicine/telehealth modalities during the COVID-19 emergency:

To ensure continued access to services for covered members, certain telemedicine/ telehealth modality requirements for encryption will not be enforced by federal authorities (or required by OHA) during the COVID-19 emergency.

- This means services such as FaceTime, Skype or Google Hangouts can be used for service delivery.
- HIPAA-compliant platforms are preferred when available.
- To learn more about the HIPAA enforcement discretion, [visit the Office of Health and Human Services website](#).

To the extent possible during the COVID-19 emergency, use telemedicine/telehealth platforms that comply with:

- [HIPAA privacy and security standards](#)
- OHA's Privacy and Confidentiality Rules ([Chapter 943 Division 14](#))

Confidentiality, privacy and security requirements under FERPA and HIPAA

Services must continue to comply with applicable privacy rules and security protections for the child/student in connection with the telehealth communication and confidentiality related to records required by HIPAA and FERPA.

- Have policies and procedures in place to prevent a breach in privacy or exposure of protected health information or records (whether oral or recorded in any form or medium) to unauthorized individuals.
- Have consent on file obtained from the parent or guardian of the child/student to receive services via telehealth prior to the initiation of telehealth services.
- To learn more about privacy requirements pertaining to public education, COVID-19 and FERPA, [view the FAQ from the Oregon Department of Education](#).

Language access requirements for all Oregon Health Plan services

As with in-person services, providers must ensure meaningful access to language services as required by [Americans with Disabilities Act](#), [Title VI of the Civil Rights Act](#), [Section 1557 of the Affordable Care Act](#) and corresponding federal law at [45 CFR Part 92](#) (Section 1557). This includes but is not limited to:

- American Sign Language interpretation services to individuals who are Deaf or Hard of Hearing and
- Spoken language interpretation services for individuals with limited English proficiency (LEP).

Interpreter services must be free, timely and protect the privacy and independence of the LEP individual. The interpreter must be a certified or qualified health care interpreter (HCI). This can be:

- An interpreter on [OHA's current HCI registry](#) or
- Any other interpreter that meets the qualifications required by state and federal law.

To learn more about providing language access services, visit the federal [Office of Civil Rights website](#) and read [OHA's questions and answers about language assistance services](#).

Federal and state regulations for public education providers about meaningful access to language services include [Section 303.503 \(c\)](#) of IDEA and [OAR 581-015-2190](#) (Parent Participation).