

THE OFFICE OF MEDICAID SERVICES
Medicaid Services via Telehealth Webinar- 8/27/20
Frequently Asked Questions (FAQs)

Consent

1. Is verbal consent required for telehealth in general, or each session? Should the consent be documented on the clinical service note (CSN)?

Answer: Please refer to the South Carolina Labor, Licensing, and Regulation (LLR) regarding written telehealth consent requirements. LLR requires that some licensed professionals obtain a written consent form for telehealth services.

The Medicaid bulletin dated April 6, 2020, states: “Families and beneficiaries should be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations, privacy and confidentiality, and the effect the provider’s setting has on each of these issues.”

Verbal consent is not required to be documented on the clinical service note. The telehealth training has been updated to reflect this change.

2. We have developed a telehealth permission form and sent it out to parents. Can we provide the services and bill prior to receiving the signed permission?

Answer: If LLR requires written consent to render telehealth services then the consent must be obtained prior to delivering services. Standard consent forms for Medicaid services must still be signed.

3. Has SCDE revised the current Medicaid Consent form to include teletherapy as all other services are included on the form?

Answer: No, telehealth is not a service, but a mode of delivery. The OMS has not created a telehealth consent form for school districts to utilize.

Referrals

1. OT and PT referrals were obtained in February 2020. Schools were closed before students could be re-evaluated for OT/PT services. This was documented in the prior written notice of the spring IEP. It was the plan that the student be re-evaluated once school began in fall 2020. Then, an IEP meeting would follow. Is this correct in light of today’s webinar?

Answer: Medicaid has not revised the policy for referrals, re-evaluations, and treatment plans.

2. Is the revised referral going to be effective for all services or just telehealth? If it is for all services, when is it effective?

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Answer: The OMS does not require the use of the provided referral forms as the referral forms are only an example. However, if the school districts decide to develop or utilize another referral form, they must ensure that all Medicaid components are included.

3. Is the new form for occupational therapy required to be signed by a physician or can it be signed by another occupational therapist? Is this only for kids participating in teletherapy or all kids?

Answer: The Medicaid referral process has not changed, and providers must adhere to the process if services are being provided in person or via telehealth. Occupational therapy referrals must be signed by one of the following providers:

- Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.)
 - Licensed Advanced Practice Registered nurse (APRN)
 - Licensed Physician Assistant (P.A.)
 - Licensed Independent Social Worker – Clinical Practice (LISW-CP)
4. When does the change to referral forms go into effect? For those of us that issue those forms in PCG and Enrich, we are awaiting the changes to be made in PCG and Enrich.

Answer: The recommendations will be submitted to PCG and ENRICH. School districts will be notified when the updates have been made.

5. Who is authorized as a LPHA to refer for services in order to bill Medicaid?

Answer:

A. What licensure is required to sign an LPHA referral for Speech services?

- Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.)
- Licensed Advanced Practice Registered nurse (APRN)
- Licensed Physician Assistant (P.A.)
- Licensed Speech-Language Pathologist (SLP)
- Licensed Independent Social Worker – Clinical Practice (LISW-CP)

B. What licensure is required to sign an LPHA referral for OT services?

- Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.)
- Licensed Advanced Practice Registered nurse (APRN)
- Licensed Physician Assistant (P.A.)
- Licensed Independent Social Worker – Clinical Practice (LISW-CP)

C. What licensure is required to sign an LPHA referral for PT services?

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- **Licensed Physician; Medical Doctor (M.D.), or a Doctor of Osteopathy (D.O.)**
- **Licensed Advanced Practice Registered nurse (APRN)**
- **Licensed Physician Assistant (P.A.)**

6. Do we need to get all new referrals for new students and the students that had early IEPs?

Answer: For Medicaid purposes, all students will need a new referral each year. Medicaid has not revised the policy for referrals, re-evaluations, and treatment plans.

Electronic Signatures

1. Can school districts use the Electronic Signatures for the IEPs/treatment plans?

Answer: South Carolina Department and Health and Human Services (SC DHHS) will accept electronic signatures on the Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), Individual Treatment Plan (ITP), and the Individual Plan of Care (IPOC) when an electronic health record/system is being utilized. Please review the SC DHHS Administrative Billing Guide to review/identify the requirements and standards specific to electronic signatures.

2. Can the school district use the ENRICH electronic signatures?

Answer: South Carolina Department and Health and Human Services (SC DHHS) will accept electronic signatures when an electronic health record/system (i.e., ENRICH and PCG) is being utilized. Please review the SC DHHS Administrative Billing Guide to review/identify the requirements/standards specific to electronic signatures.

Billing

1. Are group speech therapy services not allowable/billable for telehealth?

Answer: Medicaid does not reimburse for group speech therapy services provided via telehealth at this time. Please reference SC DHHS Medicaid bulletin MB# 20- 009 which states, “Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services with staff-to-beneficiary ratio that is greater than one-to-one.”

2. Our district is having LEAP week and some of our students are scheduled to receive Occupational, Physical, and Speech therapies. Are we allowed to bill for these services for LEAP week?

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Answer: Medicaid does not determine the date that services must be rendered; however, the services rendered must be included in the students' IEP and services must adhere to all Medicaid policies.

3. When the Medicaid service provider logs are used for individual speech therapy and the student receives individual speech therapy virtually (telehealth) - does the teacher select the procedure code 92507 (Individual speech/language therapy) or 92507 (GT- Individual speech/language therapy telehealth)?

Answer: All telehealth services must be billed using the appropriate diagnoses code, procedure code, modifier, and appended with the GT modifier.

4. Can the assessment be completed and not billed to Medicaid, but the services identified as medically necessary as a result of the assessment be billed to Medicaid? In other words, if the evaluation is completed via telehealth which is not reimbursable, does that mean that services included and rendered as a result of the assessment are not reimbursable?

Answer: When the assessment is completed via telehealth (which is not reimbursable because it does not meet Medicaid standards), the services identified/recommended are also non-reimbursable.

Other School-Based Questions

1. Is it still required to have the Medicaid Notification signed?

Answer: Yes, the *Medicaid Notification of Use of Public Benefits or Private Insurance to Pay for Services* form must be signed annually and presented to the parent/guardian.

2. Are group telehealth services a Medicaid reimbursable service? If a student was evaluated for group therapy and the parent has chosen a virtual platform, what are the school district's options?

Answer: Medicaid does not reimburse for group speech therapy services provided via telehealth at this time. Please reference SC DHHS Medicaid bulletin MB# 20- 009 which states, "Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services with staff-to-beneficiary ratio is greater than one-to-one." Please reference SC DHHS Medicaid bulletin MB# 20-008 and MB# 20-016.

Appropriate services must be determined by the IEP team and must be based on the needs of the student. The school district must follow IDEA guidelines for providing and documenting services.

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3. I noticed that during the Medicaid training, it was mentioned that COTA's and PTA's can provide telehealth services, but nothing was mentioned about SLPA's. Can you provide some guidance on the use of SLPA's with telehealth?

Answer: SC DHHS Medicaid bulletins, MB #20-008 and MB# 20-016, provided information on Telehealth coverage for services provided by Physical, Occupational, and Speech Therapy Assistants. The Medicaid bulletins can be found at <https://www.scdhhs.gov/Medicaid-Bulletins>.

4. We are completing Individual Delivery Models (IDMs) on each kid. Does this serve as documentation? Is the IDM in lieu of amending the IEP?

Answer: Please contact the Office of Special Education Services regarding guidance on developing IEPs and IDMs.

5. The fee schedule that is on the Medicaid Webinar does not match the fee schedule on the SC DHHS website. Can you please advise which is the correct one for us to bill from?

Answer: Please utilize the LEA fee schedule at <https://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/school-based-rehabilitative-services/medicaid-lea-revised-fee-schedule-date-2-1-2020/>.

Medicaid gives clear guidance on services that can be delivered via telehealth. See the Medicaid bulletins # 20-008 and # 20-016. Both bulletins can be found on the Medicaid website at <https://www.scdhhs.gov/Medicaid-Bulletins>.

All telehealth services must be billed using the appropriate diagnoses code, procedure code, modifier, and appended with the GT modifier.

RBHS Questions

1. I am confused about whether or not RBHS providers can bill for Family Therapy and Group Therapy. It seemed like at first it was stated that was allowable, then when reviewing the FAQs it was stated that they were not billable. Could you please clarify?

Answer: Medicaid does not reimburse for group or multi-family therapy services provided via telehealth at this time. Please reference SC DHHS Medicaid bulletin MB# #20-009, #20-016, and #20-014 which states, "Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services with staff-to-beneficiary ratio is greater than one-to-one."