

Apple Health (Medicaid) clinical policy and billing for COVID-19 (includes telemedicine/telehealth)

****Effective date 7/22/2022—See changes in red font****

During the public health emergency

In this time of the COVID-19 pandemic, the Health Care Authority (HCA) 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, in the interest of public health, HCA's Apple Health (Medicaid) program is trying to be as flexible as possible and is creating new policies that will allow you to provide medically necessary services and bill or report the encounter with the most appropriate code you determine applicable, using this guidance.

Introduction to telemedicine/telehealth

In response to the COVID-19 pandemic, the Health Care Authority (HCA) and the Apple Health (Medicaid) managed care organizations are allowing the use of a variety of telehealth technologies to meet the healthcare needs of providers, clients and families. In the health care community the words telehealth and telemedicine are often used interchangeably. However for Apple Health, telemedicine is defined in a very specific way.

An overview of HCA's telemedicine policy

Telemedicine is a form of telehealth that supports the delivery of health care services. HCA has covered telemedicine for many years. HCA's policy for using telemedicine to deliver services is consistent with Medicaid state and federal requirements. WAC 182-531-173 defines telemedicine to mean when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located. If the service is provided through store and forward technology, there must be an associated office visit between the client and the referring health care provider.

HCA covers telemedicine as an alternative means to provide care in all Medicaid benefits, including behavioral health.

Regarding facility fees, for telemedicine services (i.e., delivered through HIPAA-compliant, interactive, real-time audio and video telecommunications), the originating site is the physical location of the client at the time the service is provided. If the originating site is a qualified site, an originating site facility fee may be paid. Qualified originating sites are listed in the [Physician-Related Services/Health Care Professional Services Billing Guide](#). An originating site facility fee will not be paid if the originating site is not a billable location, such as home. If the provider is in the same location as the client, an originating facility fee will not be paid. Further policy for originating site reimbursement is found in the [Physician-Related Services/Health Care Professional Services Billing Guide](#). See the [Clinical policy and billing for COVID-19 FAQ](#) for allowances given during the public health emergency.

An overview of HCA's telehealth policy

HCA's Apple Health fee-for-service program and the contracted managed care organizations (MCOs) have also implemented temporary policies to expand the type of telecommunications that can be used to provide covered services. For the duration of the pandemic, telehealth can be considered an umbrella term that includes telemedicine as well as these temporary policies, some of which are reimbursed at rates comparable to in-person visits. In contrast to telemedicine, some telehealth technologies may not be HIPAA compliant and some are not conducted through interactive audio-video exchange. Under telehealth, HCA is standardizing the application of these policies with our partners, the managed care organization (MCOs) and the Administrative Service Organizations (ASOs) to:

- Reduce the administrative burden on providers
- Increase client access to care during the pandemic
- Help providers maintain delivery of services when social distancing is essential
- Rapidly increase telehealth innovation and access

Telehealth is the use of electronic information and telecommunications technologies to support distant primary health and behavioral health care; patient and professional health-related education; public health, and health administration. HCA is using telehealth modalities to provide assessment, diagnosis, intervention, consultation, supervision and information in lieu of an in-person visit. telehealth allows health care services to be provided in a variety of ways to provide health care service, including:

- Audio-only (telephone calls)
- Email
- Texting
- E-consults

When providing services using a non-HIPAA compliant telehealth technology, providers are encouraged to try to assure the client's privacy in a HIPAA compliant-like manner. See the section below on "Privacy" for applicable policies and tips.

Further billing guidance

For additional detail on providing services using telemedicine and telehealth technologies, see [HCA's COVID-19 information webpage](#) which provides guidance on how to bill.

The managed care organizations also have their specific billing instructions at the links below:

- [Molina Healthcare](#)
- [Coordinated Care](#)
- [United Health Care](#)
- [Community Health Plan of Washington](#)
- [Amerigroup](#)

Best Practices

When conducting telehealth services, it is important to ensure that the standard of care for telehealth is the same as that for an in-person visit providing the same health care service. Best practices may include but are not limited to:

- Consider the patient's resources when deciding the best platform to provide telehealth services.
- Test the process and have a back-up plan; connections can be disrupted with heavy volume. Communicate a back-up plan in the event the technology fails.
- Introduce yourself, including what your credential is and what specialty you practice. Show a badge when applicable.

- Ask the patient their name and verify their identity. Consider requesting a photo ID when applicable/available.
- Inform patients of your location and obtain the location of the patient. Include this information in documentation.
- Inform the patient of how the patient can see a clinician in-person in the event of an emergency or as otherwise needed.
- Inform patients they may want to be in a room or space where privacy can be preserved during the conversation.

Documentation requirements for telehealth services are the same as those for documenting in-person care and, at a minimum, should also include:

- Start and stop time or duration of service (when billing a code based on time)
- The names of all participants in the encounter, including other patients and providers involved
- The location of the client and a note of any medical personnel with the client, as well as location of the provider
- That the encounter was conducted via telehealth, which telehealth platform was used, and whether it is HIPAA compliant
- If a physical exam is conducted, whether vital signs and exam findings are self-reported or obtained under direction
- If applicable, documentation that the patient consented and mode of consent (written vs. verbal vs. electronic, unless documented elsewhere).

Resources

There are many resources available for providers to get started with telemedicine and telehealth. Examples of resources are listed below. (Note that inclusion in the list below does not reflect an endorsement or verification of complete accuracy by HCA.)

- [Washington State Telehealth Collaborative](#)
- [Northwest Regional Telehealth Resource Center](#)
- [Telemental Health Toolkit from NRTRC](#)
- [Washington State Dental Association](#)
- [University of Washington Behavioral Health Institute](#)

Additionally, many professional societies have telehealth guidelines that may provide valuable care-specific information for health care professionals.

Privacy

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996. HIPAA-compliant telemedicine technology is covered by a Business Associates Agreement that provides protections for personal health information and data privacy. Recognizing that the COVID-19 public health emergency has created an immediate need for delivery of health care services in a new way, 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. Similarly, Washington also received a waiver (via an 1135 waiver request) from CMS that waives security requirements for video communication in a telehealth visit during the emergency period. These allow a health care provider using audio or video communication technology to provide services to patients during the COVID-19 nationwide public health emergency to use any non-public facing remote communication product that is available to communicate with the patient.

However, HCA is beginning the transition to a post-pandemic telehealth policy and will no longer allow services to be provided via a non-HIPAA compliant audio-visual modality.

The [Office of Civil Rights](#) (OCR) at HHS 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. The OCR notes that the following vendors offer HIPAA compliant services and are able to enter into HIPAA business associate agreements (BAAs):

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Providers are still responsible for ensuring patient privacy to the best of their ability and to retain responsibility with respect to patient privacy, only sharing or communicating personal health information with individuals authorized to receive the information. Providers should enable all available encryption and privacy modes when using such applications.

When using non-HIPAA compliant audio/video technologies, it is best practice to disclose to patients that these third-party applications potentially introduce privacy risks. For example, a provider may disclose that, “Due to the urgency of the care being provided, I am not using a HIPAA-compliant platform and therefore cannot guarantee the security of the technology being used. I will ensure your privacy to the best of my ability. I need to ask for your verbal consent that you understand this risk and are willing to proceed with this service.”

Considerations for Substance Use Disorder Services

Federal regulations (42 CFR Part 2) address the provisions for Confidentiality of Substance Use Disorder Patient Records. SAMSHA issued guidance for managing the release of records during this pandemic to support access to continued treatment and services. In this document, SAMSHA acknowledged it may not be possible to obtain written consent for release of records and, therefore, the provider could determine that in the case of medical emergency such as the current national emergency, written patient consent is not required. If possible to obtain written consent through email and scan functionality this would be the first option, but if this is not feasible, verbal consent could be documented and the records be requested without written consent. It is suggested the provider site the reason written consent cannot be obtained in the request for records.

Further resources include:

- [SAMSHA guidance](#)
- [HCA guidance](#)

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Frequently asked questions

The following FAQ reinforces HCA’s current policies regarding telemedicine as defined in [WAC 182-531-1730](#) and covers the new telehealth policies that will only be in effect during this health care crisis. We will update this FAQ as necessary to respond to new information as it develops.

The FAQ below was revised after new information was released Friday, March 20, by the Centers for Medicare & Medicaid Services (CMS) in an all-state call about the use of telehealth in Medicaid. Note: Medicaid is not subject to the same policies as Medicare.

Part 1- General Information

Q: What are the requirements for providing services via telemedicine/telehealth to a Washington State Apple Health (Medicaid) client residing in Washington?

You must be licensed in Washington State to bill for telemedicine or telehealth services. Out-of- state practitioners can apply to be emergency volunteer health practitioners and register to practice in Washington state, or apply for Washington State licensure that may result in a temporary practice permit. Service(s) must be rendered consistent with the scope of professional licensure or certification.

For further information and details related to each option, see:

- [Washington State Department of Health](#)
- [Washington Medical Commission](#)
- [Nursing Care Quality Assurance Commission](#)

This rule does not pertain to providers in a Direct IHS Clinic, Tribal Clinic or Tribal FQHC as those providers may be licensed in any state per Federal law.

If the Washington Apple Health (Medicaid) client is receiving services outside of Washington State by a Washington State provider, the provider must follow the applicable laws of the state in which the client is located.

Q: Do I need to take any measures to inform the client about technologies that may not be HIPAA compliant?

Yes, clients must be informed when using a non-HIPAA compliant technology. This can be done in the following ways:

- Using mail to obtain written consent
- Use of an electronic signature
- Verbal - but the information provided and the verbal consent must be documented and dated.

Once in-person visits are resumed, the client must sign a consent form that communicates in writing that the client provided consent to use a platform that could not protect their personal health information.

Q: Are you following Medicare’s guidance and allowing the provider to select the E&M code level based just on the Medical Decision Making (MDM), or the time, with time defined as all of the time associated with the E/M on the day of the encounter?

Yes. Apple Health (Medicaid) is allowing the provider to code the E&M based on this CMS guidance.

*The MCOs will follow this policy.

Q: Is Medicaid removing any requirements regarding documentation of history and/or physical exam in the medical record?

Yes. Apple Health is removing requirements regarding documentation of the history and/or physical exam in the medical record when providing services via telemedicine or telehealth. *The MCOs will follow this policy.

Q: What if I am providing telemedicine or telehealth services outside of office hours?

The following codes are available as add on codes for services provided by primary care providers via telemedicine/telehealth outside of Monday- Friday, 8-5 workday hours. *HCA-contracted MCOs will follow this policy.

See [COVID-19 fee schedule for rates](#).

CPT® Code	Short Description	Modifier
99050	Medical services after hrs	CR
99051	MED SERV EVE/WKEND/HOLIDAY	CR

Q: Is there any more information regarding telemedicine and telehealth that I can review? Yes. You will find more information in the [Apple Health \(Medicaid\) telehealth policy recorded webinar](#).

Q: Are the managed care organizations who are contracted with Apple Health following these policies? Yes. HCA-contracted MCOs will follow this policy.

Part 2- Telemedicine using usual E/M codes, CPT or HCPCS codes, store and forward

Q: What telemedicine services are covered?

All Apple Health programs (FFS and MCOs) cover telemedicine when:

- Delivered via HIPAA compliant interactive, audio and video telecommunications (including web-based applications), and
- The provider works within their scope of practice to provide a covered service to an Apple Health eligible client.

FFS and MCOs will reimburse for professional services provided via telemedicine, in the following settings:

- Inpatient hospital, including ICU and CCU
- Outpatient Hospital, including ER, hospital- based clinics
- Free standing clinic and office services

Telemedicine services are paid at the same rate as if the services were provided face-to-face.

*Consult with the client’s MCO regarding billing requirements.

Q: How do I bill for services provided via telemedicine (HIPAA compliant audio-visual)?

For services provided via telemedicine (HIPAA compliant audio-visual):

- Bill the code you would usually that denotes the service rendered (including E/M codes)
- Use the appropriate place of service (POS) from the table below. If you use POS 02 and you should receive the nonfacility rate, you need to add modifier 95.

See [Physician-Related Services/Health Care Professional Services Billing Guide](#) for detailed instructions on how to bill for telemedicine services or appropriate MCO billing instructions.

Q. Which place of service (POS) should I use when billing HIPAA-compliant telemedicine (audio-visual) or telehealth (audio-only)?

Effective October 1, 2021 to April 3, 2022:

Apple Health is allowing audio-only/telephone to be used when current practice for providing services is not an option (face-to-face, telemedicine). Report the service modality code (CPT or HCPCS code) as you would if the encounter was in person. In these cases, Apple Health is temporarily allowing services using a telephone, as described above, to conduct an office visit. Report the code (CPT or HCPC) as you would if the encounter was in person. Always document the modality used for delivery in the health care record. Remember to use the POS indicator that best describes where the client is (e.g., 12 is home, 31 is skilled nursing facility, 13 is assisted living facility, etc.).

Do not bill with the providers location as the place of service.

*HCA-contracted MCOs are also adopting these policies.

Effective for dates of service on and after April 4, 2022:

(Providers whose systems are ready to bill using the new POS 10 prior to April 4, 2022, may begin to do so effective for claims with dates of service on and after January 1, 2022.)

- Use the new POS 10 and the revised definition of POS 02.
- Choose the appropriate POS when services were provided via telemedicine(audio-visual) or telehealth (audio-only).
- When billing POS 02
 - Add modifier 95 if the distant site is designated as a nonfacility.
 - Nonfacility providers must add modifier 95 to the claim to receive the nonfacility payment.
- **Effective for dates of service on and after July 22, 2022, when billing for POS 10:**
 - Add modifier 95 if the distant site is designated as a nonfacility
 - Nonfacility providers must add modifier 95 to the claim to receive the nonfacility payment

Place of service (POS)	Description
02	Revised definition: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
10	New: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Q. Which modifier should we use to denote that the services were provided via telehealth (audio-only)?

The American Medical Association (AMA) released a new audio-only modifier on 12/30/21 with an effective date of 1/1/22. HCA is implementing the use of the modifier effective 2/1/22. Modifier FQ is allowed for DOS 1/1/22-1/31/22. Please note that Behavioral Health and Mental Health Services have different allowances for the FQ modifier. See [Apple Health \(Medicaid\) behavioral health policy and billing during the COVID-19 pandemic \(FAQ\)](#)

Modifier	Modifier Descriptor
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Q. What if I start an appointment with a client via telemedicine (audio-visual) and there is a technical issue that isn't able to be resolved and I complete the appointment via audio-only/telephone?

If any portion of the appointment was provided via telemedicine then bill according to telemedicine billing instructions found in the [Physician-Related Services/Health Care Professional Services Billing Guide](#).

Q: Can an outpatient hospital facility bill for the originating site facility fee when the client is at home?

Yes, when the facility is providing administrative and clinical support services for a client receiving services via telemedicine from a provider associated with that facility/clinic. To receive payment for the originating site facility fee when the client is at home, providers must use HCPCS code Q3014 and modifier CR. Do not bill using HCPCS code G0463 for the same date of service. This policy was effective March 1, 2020. [See the COVID-19 fee schedule](#).

Q: Is store and forward a covered telemedicine modality?

Yes, but only if you are providing dermatology services. See the [Physician-Related Services/Health Care Professional Services Billing Guide](#)

Q: What about e-consults?

During this crisis Apple Health is *temporarily* allowing the following code to be utilized when consultation between other specialties occurs. [See the COVID-19 fee schedule](#).

CPT® Code	Short Description
99451	NTRPROF PH1/NTRNET/EHR 5/>

You must bill using modifier CR.

Q: What if telemedicine is used to provide services when the client and the provider are within the same facility?

Yes. During this time, HCA wants Apple Health providers to be able to use telemedicine services to provide patient care even if it is within the same facility. When providing telemedicine services within the same facility, do not submit a claim for the originating site.

Part 3 Telehealth using usual E/M codes, CPT or HCPCS codes

Q: What modes of technology can I use to provide services to my patients?

Under the circumstances, Apple Health is covering a variety of technology modalities in lieu of in person visits to support evaluation, assessment and treatment of clients. These modalities include:

- Audio-only/telephone calls.
- On-line digital exchange through a patient portal ([see section on CPT code 99421-43](#))
- Texting and email may also be used, but the agency cautions as to the extent this should be used for doing assessments and providing treatment. ([See section on HCPCS code G2012](#)).

Q: Do I need to take any measures to inform the client about technologies that may not be HIPAA compliant?

Yes, clients must be informed when using a non-HIPAA compliant technology. This can be done in the following ways:

- Using mail to obtain written consent
- Use of an electronic signature
- Verbal - but the information provided and the verbal consent must be documented and dated.

Once in-person visits are resumed, the client must sign a consent form that communicates in writing that the client provided consent to use a platform that could not protect their personal health information.

Q: How do I bill for services provided via telehealth (audio-only)?

For services provided via telehealth (audio-only)

- Bill the code you would usually that denotes the service rendered (including E/M codes)
- Use modifier 93 to denote that the service was provided via telehealth (audio-only)
- Use the appropriate [place of service \(POS\)](#)
- If you use POS 02 and you should receive the nonfacility rate, you need to add modifier 95.

Part 4- Other telehealth codes and policies

Q: Are the telephone codes a covered service?

Yes. [See the COVID-19 fee schedule](#).

CPT® Code	Short Description	Modifier
99441	PHONE E/M PHYS/QHP 5-10 MIN	CR at the line level
99442	PHONE E/M PHYS/QHP 11-20 MIN	CR at the line level
99443	PHONE E/M PHYS/QHP 21-30 MIN	CR at the line level

Q: What if I am trying to serve a new client, since the telephone codes are for established patients?

Apple Health is allowing the use of CPT® codes 99441-99443 for new or established patients during this crisis.

Q: How do I bill if I am using audio-only/telephone to provide medical services? This includes regular E/M codes as well as other CPT/HCPCS codes.

Apple Health is allowing audio-only/telephone to be used when current practice for providing services is not an option (face-to-face, telemedicine). Report the service modality code (CPT or HCPCS code) as you would if the encounter was in person. In these cases, Apple Health is temporarily allowing services using a telephone, as described above, to conduct an office visit. Report the code (CPT or HCPCS) as you would if the encounter was in person. Always document the modality used for delivery in the health care record. Remember to:

- Use modifier FQ. See information about [the new audio-only modifier](#).
- Use appropriate POS (02, 10). [See new POS information](#).

Q: What will I be paid for providing services using these codes?

When you bill for CPT® codes 99441-99443 with modifier CR, you will be paid the rates identified on the COVID-19 fee schedule. Due to system constraints, the system will not pay the pediatric or the medication for opioid use disorder enhanced rate for these codes. If you are a provider that receives an enhanced rate for E/M services provided to children/youth under the age of 18 or if the services you provide meet the criteria for the medication for opioid use disorder rate enhancement, follow the instructions in Part 2 or 3 within this policy for billing a telemedicine or a telehealth E/M code to receive the enhanced rate.

*Depending on your contract with the MCOs, their payment may be different. For example, if you are paid at a capitated rate, or another non fee-for-service methodology.

Q: Can telephone calls be initiated by the provider?

Yes, during this pandemic, providers are allowed to initiate phone calls.

Q. Can services be provided via a patient portal?

Yes. [See the COVID-19 fee schedule](#).

CPT® Code	Short Description	Modifier
99421	OL DIG E/M SVC 5-10 MIN	CR at the line level
99422	OL DIG E/M SVC 11-20 MIN	CR at the line level
99423	OL DIG E/M SVC 21+ MIN	CR at the line level

Q: What if I need to consult with another provider regarding treatment of my patient?

CPT® code 99446 is already a covered code. [See Physician-Related Services/Health Care Professional Services Billing Guide](#).

Q: Medicare has given guidance to use HCPCS code G2012. Is Apple Health covering that code?

Yes. This code is covered and must be billed with modifier CR. Apple Health considers texting and email a virtual check-in. If billing for texting to complete a telehealth visit with a client, bill using HCPCS G2012 for payment of this service.

HCPCS Code	Description
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

Q: Is Z11.59 (encounter for screening for other viral diseases) a covered diagnosis code?

Yes, Z11.59 is a covered code with a retroactive date of March 1, 2020. If you have received a denial due to diagnosis code Z11.59, resubmit your claim.

Q: Is the new ICD-10 code Z20.822 (contact with and suspected exposure to COVID-19) a covered diagnosis?

Yes. This diagnosis code is covered as of January 1, 2021.

Part 5 – Telemedicine and Telehealth in the FQHC/RHC setting

Q: What medical services are encounter eligible for federally qualified health centers (FQHCs), rural health clinics (RHCs), and Tribal Facilities (Direct IHS Clinics, Tribal Clinics and Tribal FQHCs)?

The following codes are encounter eligible when billed with modifier CR: CPT® 99441-43, 99421-23, and 99429; HCPCS code G2012.

Fee For Service (FFS) Claims:

All FFS encounter eligible claims should be billed directly to ProviderOne with HCPCS code T1015.

Managed Care Claims:

FQHCs, RHCs, and Tribes should bill the encounter eligible codes for MCO clients directly to the HCA-contracted MCOs. For all FQHCs and those RHCs who reconcile directly with HCA, these claims will be included in the annual reconciliation.

For those RHCs who receive the full encounter rate, MCOs will ensure these clinics receive their full encounter rate for the encounter eligible codes. RHCs are required to bill HCPCS code T1015 in addition to the encounter eligible codes to receive the full encounter rate through MCOs.

For Tribal Facilities (Direct IHS Clinics, Tribal Clinics, and Tribal FQHCs) – the MCO payment of the encounter rate is scheduled to begin on 04/01/2020 (AI/AN clients) and 07/01/2020 (non AI/AN clients). Until MCO payment of the encounter rate begins – the balance of the encounter rate may be billed to ProviderOne for medical services.

Q: Are FQHC’s or RHC’s eligible to be an originating site?

Yes. Both FQHC’s and RHC’s are approved originating sites. Apple Health (Medicaid) only pays an originating site facility fee for services provided via telemedicine.

Part 6 - Provider/program specific information including the following: EPSDT, Office Based Opioid Treatment, Medical Nutritional Therapy, Residents, Maternity

EPSDT

Q: What about EPSDT visits that were provided via telemedicine or telehealth?

Apple Health is aware that there are components of an EPSDT visit that cannot be completed via telemedicine or telehealth. As those components are critical to the well-being of children/youth, there will be a need for a follow-up appointment to complete those components. Apple Health is approving the following plan to address this concern.

For an EPSDT appointment via telemedicine/telehealth, follow the guidance below:

- Services provided via a telehealth (audio-only) choose the appropriate EPSDT visit code, [with modifier FQ](#) and the [appropriate POS \(02 or 10\)](#)
- Services provided via telemedicine (audio-visual), choose the appropriate EPSDT visit code, and the appropriate POS (02 or 10)

Note: Remember to add any of the additional procedure codes that are applicable to other services/screenings provided. ([See the EPSDT Billing Guide and the Physician-Related Services/Health Care Professional Services Billing Guide.](#))

* Providers should check with the MCO about their requirements for a modifier code.

For the in-person follow-up appointment to complete EPSDT components, bill the following on an EPSDT claim:

- CPT® code 99429 with modifier CR ([See the COVID-19 fee schedule.](#))
Note: Remember to add any of the additional procedure codes that are applicable to other services/screenings provided. ([See the EPSDT Billing Guide and the Physician-Related Services/Health Care Professional Services Billing Guide.](#))

* Providers should check with the MCO about their requirements for a modifier.

CPT® Code	Short Description
99429	Unlisted preventive medicine service

Office Based Opioid Treatment

Q: How can I provide support to my patients receiving Office Based Opioid Treatment (OBOT) services when patient contact has been limited during the COVID-19 crisis?

During COVID-19, CPT® code 99211 can be billed when a nurse phone call is utilized to provide contact and support to assist in accomplishing treatment goals.

- This is a separate E/M billed by the provider to be used in lieu of a face-to-face E/M.
- Use [modifier FQ](#)
- Use [appropriate POS \(02, 10\)](#)

If the nurse providing the service is funded through a current contract with Health Care Authority (such as SOR/OTN/Hub and Spokes/ Nurse Care Manager Projects), they are excluded from billing this service at this time.

Medical Nutrition Therapy

Q: Can dieticians bill for medical nutrition therapy provided via telemedicine or telehealth?

Yes. Dieticians can bill for medical nutrition therapy services that are provided via telemedicine or telehealth. Please follow guidance for those policies.

Residents

Q: Can residents provide care allowed under the primary care exception (PCE) via telemedicine/telehealth?

Yes. As long as the appropriate level of supervision is in place for all residents based on each resident's level of education/training and ability, as well as patient complexity and acuity. Apple Health (Medicaid) is aligning with Medicare policy to allow office/outpatient E/M services provided in a primary care center under direct supervision of the teaching physician either in person or by interactive telecommunications technology. Apple Health (Medicaid) is expanding the services allowed to be billed with modifier GE to include the following codes CPT® codes 99421-23, and 99441-43 and HPCS code G2012.

Maternity

Q: Will HCA continue to pay for OB services under pre-COVID 19 payment policies (bundled/unbundled payment)? How will services rendered using telemedicine/telehealth modalities be paid?

Yes. HCA will continue to pay for OB services under pre-COVID-19 payment policies using the bundled or unbundled approach, as applicable. Prenatal and postnatal services rendered using a telemedicine/telehealth modality and conducted as an OB visit will be paid as it would if the visit was in person under OB bundled/unbundled payment policy.

Q: How do I bill the antepartum care place of service (POS) if some of those services were provided via telemedicine or telehealth?

HCA recommends you choose the usual procedure code you would have for billing the service and use the POS that is relevant to the service provided on the date of the last visit. For example,

- If the service was provided in person in an office setting, use POS 11 (office)
- If the service was provided via audio-visual telemedicine [appropriate POS \(02, 10\)](#).
- If the service was provided via audio-only telehealth then use the [FQ modifier](#) and the [appropriate POS \(02, 10\)](#).

Just like pre-COVID-19 OB billing policies and procedures, for any service provided that falls outside of the CPT guidelines for global OB care, follow the telemedicine/telehealth guidance for all medical providers. Problem-oriented services provided outside of the standard of care can be provided via telemedicine or telehealth. Please see the guidance regarding how to bill for telemedicine (HIPAA compliant audio-visual) or telehealth (audio-only) in this FAQ.

Part 7 - Billing for LAB, Specimen collection and facility fees

Q: What are your policies for COVID-19 testing?

See the [COVID-19 Testing Clinical Policy](#)

Q: If I need to test a client for COVID-19, will I get paid for collecting the specimen?

If you are a provider that can bill for an E/M service, the testing is part of the E/M service. If the client comes in to the provider's office just for the specimen collection, then you can bill using CPT® 99211 for the service.

Q: Is Medicaid following CMS guidance regarding payment for counseling patients at the time of the COVID-19 testing?

Yes. These counseling services are covered by Apple Health (Medicaid). Physicians and other practitioners furnishing counseling services to clients should use existing and applicable coding and payment policies to report services, including evaluation and management visits. When furnishing these services during year 2020, physicians and other practitioners spending more than 50% of the face-to-face time (for noninpatient services) or more than 50% of the floor time (for inpatient services) providing counseling or coordination of care may use time to select the level of visit reported. See CMS' document on [Provider Counseling Talking Points](#) for guidance.

Q: What if we are submitting a facility claim that is related to COVID-19?

Consistent with Medicare policy, add condition code DR (Disaster Related).

Q: What if care is provided in a tent outside the emergency department (ED)?

If services are provided in a tent located in close proximity to the ED and the ED staff provides COVID care or non-COVID care, it will be considered an extension of the ED (POS 23). For professional services, use modifier CR. For facility fees, use condition code DR.

Part 8- Prevention and Treatment of COVID-10

Q: What is the COVID-19 testing policy?

See [COVID-19 testing clinical policy](#)

Q: What is the policy regarding vaccine administration?

See the [COVID-19 vaccine clinical policy](#)

Q: What is the policy for monoclonal antibody infusion?

See the [COVID-19 monoclonal antibody clinical policy](#)

Q: Can a pharmacist administer and bill for COVID-19 testing?

See the [COVID-19 testing clinical policy](#)

Q: Can a pharmacist administer and bill for COVID-19 vaccines?

See the [COVID-19 vaccine policy](#)