

Family Planning Only (FPO) Program billing guide for telemedicine/telehealth services offered during the COVID-19 pandemic

*****Effective 1/1/2022*****

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 the guidance below.

This 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.

Frequently asked questions

Can providers use telemedicine/telehealth to serve clients receiving Family Planning Only benefits?

Yes. Clients under the Family Planning Only – Pregnancy Related program and the Family Planning Only program (formerly referred to as TAKE CHARGE) are eligible for telemedicine/telehealth services during the COVID-19 outbreak.

The availability of telemedicine/telehealth during the pandemic allows Family Planning Only clients, particularly those in medically underserved areas of the state, improved access to essential family planning services that may not otherwise be available.

ProviderOne has been updated to allow reimbursement for telemedicine/telehealth services for Family Planning Only clients, dating back to the start of the pandemic.

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

Refer to Part II of [Clinical policy and billing for COVID-19 FAQ](#). Part II describes technologies and modalities, which may be used to provide services to Family Planning Only clients.

How do I bill for services provided to Family Planning Only clients via telemedicine or telehealth?

Refer to Part II of [Clinical policy and billing for COVID-19 FAQ](#). Part II outlines how to bill for telemedicine/telehealth services.

The following codes are covered for Family Planning Only clients receiving services via telemedicine/telehealth: CPT® 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214.

Comprehensive prevention family planning visits are also covered via telemedicine/telehealth, billed with an FP modifier: CPT® 99384, 99385, 99386, 99394, 99395, 99396, 99401. Comprehensive prevention family planning visits will continue to be limited to once every 365 days.

Bill any of above codes, as appropriate, using modifier CR (catastrophe/disaster) at the line level.

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

All services provided to Family Planning Only clients require a primary focus AND diagnosis of family planning.

What other codes could be used if the options described above are not applicable to the care provided?

If you are a licensed provider who can bill an E&M code and using the usual procedure code with one of the options above is not applicable, below is a matrix of codes that are also available for telephone and digital evaluation visits. See the [COVID-19 fee schedule](#) for rates.

Bill these codes using modifier CR (catastrophe/disaster) at the line level.

CPT® Code	Short Description
99441	PHONE E/M PHYS/QHP 5-10 MIN
99442	PHONE E/M PHYS/QHP 11-20 MIN
99443	PHONE E/M PHYS/QHP 21-30 MIN
99421	OL DIG E/M SVC 5-10 MIN
99422	OL DIG E/M SVC 11-20 MIN
99423	OL DIG E/M SVC 21+ MIN

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

CPT® codes and descriptions only are copyright 2021 American Medical Association.

Note that the revised date on this document only pertains to updated hyperlinks. There have been no policy changes. For questions related to FPO telemedicine billing and claims, please email HCAFamilyPlanning@hca.wa.gov.