

Apple Health (Medicaid) home health services billing and policy during COVID-19 pandemic (FAQ)

In this time of the COVID-19 pandemic, the Health Care Authority 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 the agency'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

Telemedicine and telehealth policies and how to bill

Q: What is considered telemedicine and what is considered telehealth?

For Apple Health, **telemedicine** is defined as services that are:

- 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.
- See the Home Health Service billing guide for instructions on how to bill home health services via telemedicine.

Due to the COVID-19 pandemic Apple Health is aware that face-to-face or telemedicine is not always an option and providers need to use other methods to provide care.¹ Apple Health is **temporarily** allowing other modalities to be used.

These other modalities/technologies are considered telehealth, and for Apple Health, **telehealth** is defined as services that are:

- An on-line digital exchange through a patient portal Telephone calls, FaceTime, Skype, other audio-visual modalities.

The service rendered must be equivalent to the procedure code used to bill for the service.

The managed care organizations (MCOs) are adopting these policies as well.*

Please see [HCA's brief on telemedicine services](#) for more information about using communication and electronic technologies to provide care and how to bill.

HCA and the MCOs are temporarily covering other procedure codes to support the delivery of care that may be helpful in billing for therapy services. These are described below.

(Revised 10/1/2020)

Q: What Home Health telemedicine services are covered?

All Apple Health programs (fee-for-service and managed care) cover skilled nursing service or rehabilitative therapy provided telemedicine or telehealth when they meet the definition for telemedicine. Telemedicine and telehealth services are paid at the same rate as an in person visit.

*Please confer with the client’s MCO regarding billing requirements.

Q: How do I bill Home Health services if I am using telehealth modalities to provide services?

Report the service code (Revenue, CPT or HCPC code) as you would if the encounter was in person and add CR modifier. Always document the modality used for delivery in the health care record.

For nursing services provided via telehealth.

| Revenue Code | Procedure Code | Short Description | Modifier |
|--------------|----------------|------------------------|-------------|
| 0551 | T1030 | RN home care per diem | CR modifier |
| 0551 | T1031 | LPN home care per diem | CR modifier |
| 0580 | T1030 | RN home care per diem | CR modifier |
| 0580 | T1031 | LPN home care per diem | CR modifier |

For Rehabilitative Therapies provided under a Home Health plan of care via telemedicine or telehealth

| Specialty | Home Health Revenue Codes | Home Health Procedure Codes | Short Description | Modifiers needed | Additional Modifiers needed when provided via telemedicine or telehealth |
|-----------|---------------------------|-----------------------------|--|------------------|--|
| PT | 0421 | G0151 | Services performed by a qualified physical therapist in the home health or hospice setting each 15 minutes | GP | CR |
| OT | 0431 | G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting each 15 minutes | GO | CR |
| ST | 0441 | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder individual | GN | CR |

Q: Do I need to take any measures to inform the client about these 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: The information about this approach not being HIPPA compliant being provided and the verbal consent **must** be documented and dated in the record. 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: What other codes could be used if the other options above are not applicable to the care provided?

If you are a licensed provider who can bill for skilled nursing service or rehabilitative therapy and using the usual procedure code with one of the options above isn't applicable, below is a matrix of codes that also available. Bill with the appropriate revenue code. The MCOs are adopting these policies as well.*

The following codes are available. You must bill with the appropriate revenue code for your specialty and add the CR modifier. Please see the [COVID-19 fee schedule](#) for rates.

| Choose appropriate Home Health Revenue Code | Procedure Code | Description | Modifier |
|--|----------------|--|----------|
| RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441 | 98966 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion | CR |
| RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441 | 98967 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes | CR |
| RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441 | 98968 | Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21 or more minutes | CR |

Q: What if I am serving a new client, the codes listed above are for established patients?

Apple Health is allowing use of codes 98966-98968 for new or established patients during this crisis. The MCOs will follow this policy as well.*

Q: If the home health aide contacts the patient to gather information regarding the need to further assessments by a nurse, how can I bill for that service?

Apple Health will reimburse for phone calls made by home health aides to clients to help keep clients out of the emergency room and engaged with their home health agency when they have less in-person contacts.

The phone call is in lieu of a home health aide visit for that day and can only be billed one time per day. Please see the [COVID-19 fee schedule](#) for rates. The MCOs are adopting these policies as well.*

| Home Health Revenue Code | Procedure Code | Description | Apple Health definition for COVID-19 | Modifier |
|--------------------------|----------------|---|---|-------------|
| 0571 | 99600 | Current definition: unlisted home health service or procedure | Home Health Aide phone call to client that is used to gather information regarding clients status and home health needs which will be used to inform plan of care | Modifier CR |