

Washington Apple Health (Medicaid)

Clinical Policy for COVID-19 Billing Guide

Including telemedicine and telehealth

May 12, 2023

Disclaimer

Every effort has been made to ensure this document's accuracy. If an actual or apparent conflict between this document and a Health Care Authority (HCA) rule arises, the rule applies.

HCA will update this document on an as-needed basis. Due to the nature of content change on the internet, we do not fix broken links in past versions of our documents. If you find a broken link, please check the most recent version of the document. If this is the most recent version, please notify us at askmedicaid@hca.wa.gov.

About this document

This publication takes effect **May 12, 2023**, and supersedes earlier versions. HCA updates this document as necessary to respond to new information as it develops.

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Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

Note: Refer to Apple Health (Medicaid) program guides on HCA's [website](#) for program-specific telehealth, telemedicine, and COVID-19 policy and information.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

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Further billing guidance

The HCA-contracted 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](#)

What has changed?

Subject	Change	Reason for Change
Entire guide	<ul style="list-style-type: none"> • Grammar/punctuation changes • Changed name of guide to "Clinical policy for COVID-19 billing guide" 	<ul style="list-style-type: none"> • To improve usability and clarity • To remove redundancy in the name

[An overview of HCA's telehealth policy](#)

Removed mention of emailing and texting

Effective for dates of service on and after May 12, 2023, HCA will no longer cover email or text messaging as an option for providing services via telemedicine.

Subject	Change	Reason for Change
<p>What modes of technology can I use to provide services to my patients?</p>	<p>Removed second bullet regarding the use of emailing and texting. Reformatted paragraph</p>	<p>Effective for dates of service on and after May 12, 2023, HCA will no longer cover email or text messaging as an option for providing services via telemedicine.</p>
<p>Medicare has given guidance to use HCPCS code G2012. Is Apple Health covering that code?</p>	<p>Removed reference to the use of this procedure code for emailing and texting</p>	<p>Effective for dates of service on and after May 12, 2023, HCA will no longer cover email or text messaging as an option for providing services via telemedicine.</p>

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Clinical Policy for COVID-19

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 and 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

For HCA's telemedicine policy, see [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

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 HCA-contracted managed care organization (MCOs) and the Behavioral Health-Administrative Service Organizations (BH-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 services.

See [Privacy](#) for applicable policies and tips.

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 credentials are 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:

- The 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
- 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.

HCA is transitioning 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 can 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](#)

General information

This section 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

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.

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 the time associated with the E/M on the day of the encounter?

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

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

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.

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, 8:00 AM – 5:00 PM:

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

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

Is there any more information regarding telemedicine and telehealth that I can review?

You will find more information in the Apple Health (Medicaid) telehealth policy recorded webinar on HCA's [COVID-19 webpage](#).

Are the managed care organizations contracted with Apple Health (Medicaid) following these policies?

HCA-contracted MCOs follow these policies.

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

For HCA's telemedicine policy, see [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

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

The facility may bill for the originating site fee when the client is at home 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](#) for more information.

What about e-consults?

During this crisis Apple Health is temporarily allowing the following code to be utilized when consultation between other specialties occurs.

CPT® code	Short description
99451	NTRPROF PH1/NTRNET/HER 5/>

You must bill using modifier CR. See [COVID-19 fee schedule](#) for rates.

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

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.

Telehealth

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

Apple Health covers online digital exchanges through a patient portal (see section on CPT® code 99421-43) in lieu of in person visits to support evaluation, assessment, and treatment of clients.

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

For HCA's telemedicine policy, see [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

Other telehealth codes and policies

Are the telephone codes a covered service?

HCA covers the following:

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

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

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.

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, refer to HCA's telemedicine policy. See [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

*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.

Can services be provided via a patient portal?

HCA covers the following:

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

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

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

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

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

HCA covers this code, and you must bill it with modifier CR.

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

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

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.

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

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

Telemedicine and Telehealth in the FQHC/RHC setting

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 procedure codes are encounter eligible when billed with modifier CR:

- CPT® codes 99441, 99442, 99443, 99421, 99422, 99423, 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.

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

EPSDT

What about EPSDT visits that were provided via telemedicine?

Apple Health is aware that there are components of an EPSDT visit that cannot be completed via telemedicine. 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 approves the following plan to address this concern.

For an EPSDT appointment via telemedicine, choose the appropriate EPSDT visit code and the appropriate POS (02 or 10). Refer to HCA's telemedicine policy for instructions related to POS 02 and 10. See [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

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

CPT® code	Short description	Modifier
99429	Unlisted preventive medicine service	CR ¹

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

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](#).)

¹ Check with the MCO about their requirements for a modifier code.

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Office Based Opioid Treatment

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 93.
- Use appropriate POS (02, 10). Refer to HCA's telemedicine policy for instructions related to POS 02 and 10. See [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

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

May dietitians bill for medical nutrition therapy provided via telemedicine?

Dietitians may bill for medical nutrition therapy services that are provided via telemedicine. Please follow guidance for those policies.

Residents

May residents provide care allowed under the primary care exception (PCE) via telemedicine?

Residents may provide care under PCE via telemedicine if 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 99441, 99442, 99443, 99421, 99422, and 99423
- HCPCS code G2012

Maternity

Refer to HCA's telemedicine policy for instructions related to POS 02 and 10. See [HCA's Provider billing guides and fee schedules](#), under *Telehealth*.

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.

Billing for LAB, Specimen collection and facility fees

What are your policies for COVID-19 testing?

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

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 into the provider's office just for the specimen collection, then you can bill using CPT® 99211 for the service. For more information, see the [COVID-19 Testing Clinical Policy](#).

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

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.

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

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

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

If services are provided in a tent located near 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.

Prevention and Treatment of COVID-10

What is the COVID-19 testing policy?

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

What Is the policy regarding vaccine administration?

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

What is the policy for monoclonal antibody infusion?

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

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

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

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

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