

Family Planning Only (FPO) Program Billing Guide for telemedicine/telehealth services offered during the COVID-19 outbreak

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 *temporarily* 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?

Please refer to Part II of [Apple Health \(Medicaid\) clinical policy and billing for COVID-19 FAQs](#). 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?

Please refer to Part II of [Apple Health \(Medicaid\) clinical policy and billing for COVID-19 FAQs](#). 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: 99201, 99202, 99203, 99204, 99211, 99212, 99213, 99214.

Comprehensive prevention family planning visits are also covered via telemedicine/telehealth, billed with an FP modifier: 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 the CR (catastrophe/disaster) modifier 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. Please see the [COVID-19 fee schedule](#) for rates.

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

Code	Description
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

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

For questions related to FPO telemedicine billing and claims, please email HCAFamilyPlanning@hca.wa.gov.