

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.

* HCA-contracted managed care organizations (MCOs) are adopting these policies as well.

¹ The provider is quarantined at home, the clinic is closed, the client lives remotely and doesn't have access to the internet or the internet does not support HIPAA compliance, or the circumstances require the provider to utilize a different technology modality to provide healthcare services.

(Revised 11/20/2020)

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.

Q: What telemedicine services are covered?

All Apple Health programs (fee-for-service and managed care) cover telemedicine for skilled nursing services or rehabilitative therapy 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 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 include modifier CR modifier. Always document the modality used for delivery in the client's health care record.

For nursing services provided via telehealth.

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

For rehabilitative therapies provided under a home health plan of care via telemedicine or telehealth

Specialty	Home Health Revenue Codes	Home Health HCPCS Codes and CPT® Code	Short Description	Modifier	Additional modifier required 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	SPEECH/HEARING THERAPY	GN	CR

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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 HIPAA 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. *HCA-contracted MCOs are also adopting these policies.

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

Choose appropriate Home Health Revenue Code	CPT® Procedure Code	Short Description	Modifier
RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441	98966	HC PRO PHONE CALL 5-10 MIN	CR
RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441	98967	HC PRO PHONE CALL 11-20 MIN	CR
RN- 0551 LPN-0580 PT-0421 OT- 0431 ST-0441	98968	HC PRO PHONE CALL 21-30 MIN	CR

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

Apple Health is allowing use of CPT® codes 98966-98968 for new or established patients during this crisis. *HCA-contracted MCOs will also follow this policy.

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

Apple Health will pay for phone calls made by home health aides to clients to help keep clients out of the emergency department 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 be billed only one time per day. Please see the [COVID-19 fee schedule](#) for rates. *HCA-contracted MCOs are also adopting these policies.

Home Health Revenue Code	CPT® Procedure Code	Current CPT® Description	Apple Health description for COVID-19	Modifier
0571	99600	Home visit nos	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	CR

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