

Washington Apple Health (Medicaid)

Telemedicine Policy and Billing

November 2, 2022

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 **November 2, 2022**, and supersedes earlier versions.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

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 telemedicine 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](#).

Copyright disclosure

Current Procedural Terminology (CPT) copyright 2021 American Medical Association (AMA). All rights reserved. CPT® is a registered trademark of the AMA.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Further billing guidance

The 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](#)

Confidentiality toolkit for providers

The [Washington State Confidentiality Toolkit for Providers](#) is a resource for providers required to comply with health care privacy laws. To learn more about the toolkit, visit the [HCA website](#).

What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Confidentiality toolkit for providers	Added new resource for health care providers required to comply with health care privacy laws	New resource
Definitions	Added definitions for "facility" and "nonfacility."	To provide clarity on the difference between a facility and a nonfacility

Subject	Change	Reason for Change
Telemedicine—Best practices	Added a statement that providers should explain to clients that personal health information may be disclosed.	HCA is providing further education to providers regarding the potential privacy and security risks associated with telehealth technology, as suggested for the Medicare program in GAO-22-104454 (September 2022).
Originating and Distant Sites—Documentation requirements	<p>Added the following documentation requirements:</p> <ul style="list-style-type: none"> • New bullet. The location of the provider (such as billing office, home, etc.). Include city/state. • Revised bullet. The start and end times of the health care service provided by telemedicine <u>or the duration of service when billing is based on time</u> 	To provide further clarification on distant site documentation requirements
Distant site—Billing	Clarified that when billing with POS 02 or 10, nonfacility providers must add modifier 95 to the claim <u>to distinguish them from facility providers and ensure that they receive the nonfacility rate.</u>	To provide billing clarity on the difference between facilities and nonfacilities
Store and forward—Requirements	Removed the first bullet regarding an associated office visit being a requirement	This is no longer a required condition for payment.

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

Table of Contents

Definitions	6
Telemedicine	7
Introduction to telemedicine	7
Best Practices	7
Resources	8
Originating and Distant Sites.....	9
Introduction	9
Documentation requirements.....	9
Originating site	10
Payment.....	10
Billing.....	11
Distant Site	11
Payment.....	11
Billing.....	12
Audio-only telemedicine.....	13
Documentation requirements.....	13
Procedure codes.....	13
Billing	13
Store and Forward	15
Requirements	15
Teledermatology.....	16
Payment.....	16
Coverage.....	16
Billing.....	16

Definitions

This section defines terms used in this document.

Audio-only telemedicine – The delivery of health care services using audio-only technology, permitting real-time communication between the client at the originating site and the provider, for the purposes of diagnosis, consultation, or treatment.

Distant site – The site at which a physician or other licensed provider, delivering a professional service, is physically located at the time the service is provided through telemedicine.

Face-to-face – The client could be receiving the care in person or via audio-visual technology.

Facility – See the *Site-of-Service Payment Differential* section in HCA's Physician-related services/Health care professional services billing guide.

Hospital – A facility licensed under chapter 70.41, 71.12, or 72.23 RCW.

In person – The client and the provider are in the same location.

Medicaid agency or agency – The Washington State Health Care Authority.

Medically necessary – See [WAC 182-500-0070](#).

Nonfacility – See the *Site-of-Service Payment Differential* section in HCA's Physician-related services/Health care professional services billing guide.

Originating site – The physical location of a client receiving health care services through telemedicine.

Store and forward technology – Use of an asynchronous transmission of a covered person's medical or behavioral health information from an originating site to the health care provider at a distant site which results in medical or behavioral health diagnosis and management of the covered person and does not include the use of audio-only telephone, facsimile, or email.

Telemedicine – The delivery of health care services using interactive audio and video technology, permitting real-time communication between the client at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. Telemedicine includes audio-only telemedicine, but does not include any of the following services:

- Email and facsimile transmissions
- Installation or maintenance of any telecommunication devices or systems
- Purchase, rental, or repair of telemedicine equipment
- Incidental services or communications that are not billed separately, such as communicating laboratory results

Telemedicine

Introduction to telemedicine

Before 2020, the Health Care Authority (HCA) had been encouraging and allowing healthcare providers to provide telemedicine options for HCA clients for several years. In response to the COVID-19 pandemic, HCA, working with Apple Health (Medicaid) managed care organizations, expanded the use of a variety of telemedicine technologies to meet the health care needs of clients, families, and providers. 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. See [Definitions](#).

Best Practices

When conducting telemedicine services, it is important to ensure that the standard of care for telemedicine is the same as that for an in-person visit, providing the same health care service. Refer to the [Department of Health](#) for requirements from various commissions (e.g., Medical Commission, Nursing Commission, etc.).

Best practices may include, but are not limited to, the following:

- Consider the client's resources when deciding the best platform to provide telemedicine 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 credential is and what specialty you practice. Show a badge when applicable.
- Ask the client their name and verify their identity. Consider requesting a photo ID when applicable/available.
- Inform clients of your location and obtain the location of clients. Include this information in documentation.
- Inform the client of how the client can see a clinician in-person in the event of an emergency or as otherwise needed.
- Inform clients they may want to be in a room or space where privacy can be preserved during the conversation. Explain that personal health information may be disclosed.

Resources

There are many resources available for providers to get started with telemedicine. The following are examples of resources:

- [Telehealth Collaborative provider training \(required\)](#)
- [Telemental Health Toolkit from NRTRC](#)
- [Washington State Dental Association](#)
- [University of Washington Behavioral Health Institute](#)
- [Washington state Department of Health](#)

Additionally, many professional societies have telemedicine guidelines that may provide valuable care-specific information for health care professionals.

Note: Inclusion in the above list does not reflect an endorsement or verification of complete accuracy by HCA.

Originating and Distant Sites

Introduction

Telemedicine is an interaction between a healthcare provider who is physically located at the **distant site** and a client who is physically located at the **originating site**. This section provides more information on documentation, payment, and billing requirements attributed to each type of site.

Documentation requirements

Billing site	Documentation requirement
Distant site	<ul style="list-style-type: none"> • Specification of the telehealth modality that was used (e.g., visit was conducted via HIPAA-compliant real-time audio/visual) • Verification that telemedicine was clinically appropriate for this service • Whether any assistive technologies (e.g., electronic stethoscopes, mobile automatic blood pressure device, etc.) were used • The location of the client • The location of the provider (such as billing office, home, etc.). Include city/state. • The names and credentials (e.g., MD, ARNP, PA, etc.) of all provider personnel involved in the telemedicine visit • The people who attended the appointment with the client (family, friend, caregiver) • The start and end times of the health care service provided by telemedicine or the duration of service when billing is based on time • The consent for care via the modality that was used
Originating site	<ul style="list-style-type: none"> • Specification of the telehealth modality that was used (e.g., visit was conducted via HIPAA-compliant real-time audio/visual) • If there are staff involved in providing the service list the names and credentials (e.g., MD, ARNP, PA, etc.) of all provider personnel involved in the telemedicine visit • Any medical service provided (e.g., vital signs, weight, etc.) • The start and end times of the health care service provided by telemedicine

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

Originating site

Payment

Originating sites that are enrolled with HCA to provide services to HCA clients and bill HCA may be paid a facility fee for infrastructure and client preparation.

Note:

- An originating site must be located within the continental United States, Hawaii, District of Columbia, or any United States territory (e.g., Puerto Rico).

- HCA does not pay an originating site facility fee to the client in any setting.

Additionally, HCA does not pay an originating site facility fee in the following situations:

- Audio-only telemedicine
- Store and forward
- If the originating site is:
 - The client's home
 - A hospital (inpatient services)
 - A skilled nursing facility
 - Any location receiving payment for the client's room and board
 - The same entity as the distant site or if the provider is employed by the same entity as the distant site

Billing

To bill for an originating site facility fee for an eligible service, please use the appropriate billing codes as listed below:

Originating site	Billing
Critical access hospital	Use revenue code 0780 on the same line as HCPCS code Q3014
FQHC or RHC	Use HCPCS code Q3014
Home, or location determined appropriate by the individual receiving service	Not eligible for an originating site reimbursement
Hospital inpatient	Not eligible for an originating site reimbursement
Hospital outpatient	Use revenue code 0780 on the same line as HCPCS code Q3014
Other setting	Use HCPCS code Q3014
Physician or other healthcare professional office	Use HCPCS code Q3014
Skilled nursing facility	Not eligible for an originating site reimbursement

Distant Site

Payment

HCA reimburses medically necessary covered services through telemedicine when the service is provided by a Washington Apple Health provider and is within their scope of practice.

For kidney centers or ambulatory surgery centers to bill, either the client or the provider must be physically present at the facility at the time the service was rendered. See [42 CFR 440.90](#) for rules related to clinic services.

Note: A distant site must be located within the continental United States, Hawaii, District of Columbia, or any United States territory (e.g., Puerto Rico).

Billing

The payment amount for the professional service provided through telemedicine by the provider at the distant site is equal to the current fee schedule amount for the service provided. Submit claims for telemedicine services using the appropriate CPT® or HCPCS code for the professional service.

Use place of service (POS) 02 or 10 to indicate that a billed service was furnished as a telemedicine service from a distant site.

Place of service	Description
02	The location where health services and health related services are provided or received through telecommunication technology. Patient is not located in their home when receiving health services or health-related services through telecommunication technology
10	The location where health services and health-related services are provided or received through telecommunication technology. Patient is in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.

When billing with POS 02 or 10:

- Add modifier 95 if the distant site is designated as a nonfacility.
- Nonfacility providers must add modifier 95 to the claim to distinguish them from facility providers and ensure that they receive the nonfacility rate.

HCA discontinued the use of modifier GT for claims submitted for professional services (services billed on a CMS-1500 claim form, when submitting paper claims). Distant site practitioners billing for telemedicine services under the Critical Access Hospital (CAH) optional payment method must use modifier GT. See HCA's [ProviderOne Billing and Resource Guide](#) for more information on submitting claims to HCA. See HCA's [Inpatient Hospital Services Billing Guide](#) for more information on billing for services under the CAH optional payment method.

Follow CMS guidance for modifiers if Medicare is the primary insurance.

Audio-only telemedicine

Documentation requirements

In addition to the [telemedicine requirements](#) previously noted, providers must obtain consent before rendering the service per RCWs [74.09.325](#) and [71.24.335](#). Consent must be documented in the client record.

Procedure codes

Refer to HCA's [Provider billing guides and fee schedules](#) webpage, under *Telehealth*, for a complete list of audio-only telemedicine procedure codes, under *Audio-only telemedicine*.

Billing

HCA requires providers to bill audio-only services with the appropriate audio-only modifiers (93 or FQ). For services that are partially audio/visual and partially audio-only, a service is considered audio-only if 50% or more of the service was provided via audio-only telemedicine.

Modifier	Description
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-time Interactive Audio-Only Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.
FQ	For counseling and therapy provided using audio-only telecommunications

Information related to specific service areas and billing guidelines includes the following:

Billing guide/Resource	Modifier
Service Encounter Reporting Instructions (SERI), Substance Use Disorder (SUD) Billing Guide , and Part II of HCA's Mental Health Services Billing Guide	FQ
Part I of HCA's Mental Health Services Billing Guide	93
All other physical health programs	93

Note: For more information, see the Apple Health (Medicaid) behavioral health policy and billing during the COVID-19 pandemic (FAQ) under *Telehealth* on HCA's [Provider billing guides and fee schedules webpage](#).

Store and Forward

Store and Forward is the transmission of medical information to be reviewed later by a physician or practitioner at a distant site. A client's medical information may include, but is not limited to, video clips, still images, x-rays, laboratory results, audio clips, and text. The physician or practitioner at the distant site reviews the case without the client present.

Requirements

HCA pays for Store and Forward when all the following conditions are met:

- The visit results in a documented care plan that is communicated back to the referring provider.
- The transmission of protected health information is HIPAA-compliant.
- Written informed consent is obtained from the client that Store and Forward technology will be used and who the consulting provider is.

If the consultation results in a face-to-face visit in person or via telemedicine with the specialist within 60 days of the Store and Forward consult, HCA does not pay for the Store and Forward consultation.

Note: The originating site for Store and Forward is not eligible to receive an originating site fee.

Teledermatology

Payment

HCA pays for Store and Forward for teledermatology. Teledermatology does not include single-mode consultations by telephone calls, images transmitted via facsimile machines, or electronic mail.

Coverage

HCA covers the following procedure codes for teledermatology:

E/M service CPT® code	Short description
99241-99243	Office consultation, new or established patient
99251-99253	Initial inpatient consultation
99211-99214	Office or other outpatient visit
99231-99233	Subsequent hospital care

Note:

- For information related to the public health emergency and e-consults, see HCA's *Telehealth clinical policy and billing* on HCA's [Provider Billing Guides and Fee Schedules webpage](#), under *Telehealth*.
- Teledermatology requires expedited prior authorization (EPA) # 870001419.

Billing

Teledermatology services provided via Store and Forward telecommunications system must be billed with **modifier GQ**. Bill only the portion(s) rendered from the distant site with modifier GQ. The sending provider bills as usual with the E/M and no modifier. The use of modifier GQ does not alter reimbursement for the CPT® or HCPCS code billed.

You must use POS 02 to indicate the location where health services are provided through Store and Forward technology. POS 02 code does not apply to the originating site.

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

Note: HCA denies claims submitted for Store and Forward services with POS code 02 if modifier GQ is not included.

HCA may perform a post-pay review on any claim to ensure the above conditions were met.