

# Apple Health (Medicaid) frequently asked questions (FAQ) for diabetes education providers in the COVID-19 pandemic

\*\*\*Effective 7/1/2021\*\*\*

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 – including diabetes education providers

#### 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.

There are instances when telemedicine is not an option and providers need to use another method to provide care. Therefore, Apple Health is **temporarily** allowing audio-only/telephone calls to be used when current practice for providing services is not an option (face to face, telemedicine).

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.

**Q: What telemedicine services are covered?**

All Apple Health programs (fee-for-service and managed care) cover telemedicine diabetes education when they meet the definition for telemedicine. Telemedicine services are paid at the same rate as if the services were provided as an in-person visit.

Please see HCA's [brief on telemedicine services](#) for instructions on how to bill for telemedicine.

\*Please consult with the client's MCO regarding billing requirements.

**Q: How do I bill for diabetes education if I am using audio-only/telephone calls to provide services?**

Report the appropriate HCPCS or Rev code as you would if the encounter was in person. Always document the modality used for delivery in the health care record.

- For professional (non-hospital) Choose appropriate procedure codes G0108 and G0109
- For outpatient hospital billing use revenue code 0942
- Use the CR modifier
- Use the POS indicator that best describes where the client is, for example "12" is home; "31" is skilled nursing facility, "13" is assisted living facility, etc. Do not bill with the providers location as the place of service.

The MCOs are adopting these policies as well.\*

Telehealth services are paid at the same rate as if the services was provided as an in-person visit.

**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.