

Apple Health (Medicaid) telehealth requirements for physical, occupational and speech therapy during COVID-19 pandemic

In this time of the COVID-19 pandemic, Apple Health (Medicaid) 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, Apple Health 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.

Apple Health is aware that there are instances when telemedicine is not an option and providers need to use other methods to provide care.¹ Therefore, Apple Health is **temporarily** allowing other modalities to be used when current practice for providing services is not an option (face to face, telemedicine).

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, Face-Time, Skype, other audio-visual modalities, or email.

The service rendered must be equivalent to the procedure code used to bill for the service.

The 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.

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 (FFS and MCOs) cover telemedicine for OT/PT/ST 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 confer with the client’s MCO regarding billing requirements.

How do I bill if I am using telehealth modalities to provide services?

Report the service modality code (CPT or HCPC code) as you would if the encounter was in person. Always document the modality used for delivery in the health care record.

- 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 provider’s 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 were 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 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 the therapy code and using the usual procedure code with one of the options above isn’t applicable, below is a matrix of codes that are also available. Each of the following codes will be considered to be one unit of therapy. The MCOs are adopting these policies as well.*

The following codes are available. Please see the [COVID-19 fee schedule](#) for rates.

Code	Description	Billing info
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Modifier CR
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes	Modifier CR
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management	Modifier CR

	service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21 or more minutes	
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Q: What if I am trying to serve a new client, the codes listed above are for established patients?

Apple Health is allowing use of codes 98966-98968 for new or established patients during this crisis. The MCOs will follow this policy as well.*

Q: What if none of the codes listed above describe the services I was able to provide via technology or telephone?

During COVID-19, Apple Health is allowing the following code to be used when it is applicable to the situation.

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