Washington State Health Care Authority

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

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

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, occupational, physical and speech therapists are able to bill the following telehealth service:

- audio-only/telephone calls.

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

[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 HIPPA compliance, or the circumstances require the provider to utilize a different technology modality to provide healthcare services.

(Revised 4/29/2021)

HCA-contracted MCOs are also adopting these policies.

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 contracted MCOs are temporarily covering other procedures 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 occupational therapy (OT), physical therapy (PT), and speech therapy (ST) when they meet the definition for telemedicine. Telemedicine services are paid at the same rate as if the services was 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 audio-only/telephone calls 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 modifier CR
- Use the place of service (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 also adopting these policies.

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.

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 bills using therapy codes, but using the usual procedure code with one of the options above isn't applicable, the matrix of codes in the following table are also available. Each of the following CPT codes is considered one unit of therapy. *HCA-contracted MCOs are also adopting these policies.
The following codes are available. Please see the COVID-19 fee schedule for rates.

CPT® Code	Short Description	Modifier
98966	HC PRO PHONE CALL 5-10 MIN	CR
98967	HC PRO PHONE CALL 11-20 MIN	CR
98968	HC PRO PHONE CALL 21-30 MIN	CR

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 CPT® codes 98966-98968 for new or established patients during this crisis. *HCA-contracted MCOs will also follow this policy.

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

During COVID-19, Apple Health is allowing the following HCPCS code to be used when it is applicable to the situation. This code must be billed with the modifier CR. HCA-contracted MCOs will also follow this policy.

HCPCS 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