Washington State Health Care Authority

Apple Health (Medicaid) clinical policy and billing for COVID-19

Frequently asked questions

How does a lab bill for COVID-19 testing?

CMS has developed new HCPC codes to bill for testing for COVID-19 virus.

The Apple Health (Medicaid) fee-for-service (FFS) program (see COVID-19 fee schedule) and the Managed Care Organizations (MCOs) have adopted these codes.

What telemedicine services are covered?

All Apple Health programs (FFS and MCOs) cover telemedicine when:

- Delivered via HIPAA-compliant, interactive, real-time 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.

FFS AND MCOs will reimburse telemedicine for professional services in the following settings:

- Inpatient hospital, including ICU and CCU
- Outpatient Hospital, including ER, hospital- based clinics
- Free standing clinic and office services

Please see HCA's brief on telehealth services for instructions on how to bill for telemedicine. The Medicaid MCOs also reimburse for telemedicine.*

What if I am using telemedicine to provide services within the same facility?

During this time, Governor Jay Inslee has declared state of emergency. HCA wants Apple Health providers to be able to use telemedicine services to provide patient care even if it is within the same facility. When providing telemedicine services within the facility, do not submit a claim for the originating site. The MCOs will follow this same policy.*

What other modalities can I use besides traditional telemedicine to provide services for my patients during the COVID-19 pandemic?

HCA is aware that there are instances when telemedicine is not an option and providers need to use other methods to provide care. Apple Health is temporarily allowing the following codes to be used when current practice for providing services is not an option (face to face, telemedicine) and there are extraordinary circumstances involved.[1]

[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 provider must use technology or telephonic care to provide medical services. To bill for professional services being provided via online services such as a portal, you must bill the appropriate CPT code with modifier CR.

The MCOs are adopting these policies as well.*

The following codes are available. Please see the COVID-19 fee schedule for rates.

Code	Description
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

How do I bill these modalities?

Bill the CPT code provided using the CR (catastrophe/disaster) modifier at the line level. The MCOs are adopting these policies as well.*

What will I be paid for providing services using these modalities?

If billing for an FFS covered client, bill with the CR modifier. You will be paid the corresponding E&M encounter rate.

See COVID-19 Fee schedule

Depending on your contract with the MCOs their reimbursement may be different - for example if you are reimbursed at a capitated rate, or another non fee for service methodology.*

Medicare has given guidance to use G2012, is Apple Health covering that code?

Yes. This code is covered and must be billed with modifier CR. The MCOs will follow this policy as well.*

What if I need to consult with another provider regarding treatment of my patient?

99446 is already a covered code. See Physician-related/professional services fee schedule. MCOs will follow this policy as well.*

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

What medical services described above are encounter eligible for federally qualified health centers (FQHCs), rural health clinics (RHCs), and Tribal Facilities (Direct IHS Clinics, Tribal Clinics and Tribal FQHCs)

CPT Codes: 99441-43, 99421-23, G2012; billed with modifier CR.

Fee For Service (FFS) Claims:

As with all FFS encounter eligible claims, the above listed CPT codes should be billed directly to ProviderOne with a T1015.

Managed Care Claims:

Encounter billers (FQHCs, RHCs, and Tribes should bill MCOs with these codes for managed care clients. For all FQHCs and those RHCs who reconcile directly with HCA, these claims will be included in the annual reconciliation.

For those RHCs who receive the full encounter rate, MCOs will ensure these clinics receive their full encounter rate for the above listed services. As with all encounter eligible services, RHCs are required to bill a T1015 in addition the above listed CPT codes in order to get the full encounter rate through MCOs.

For Tribal Facilities (Direct IHS Clinics, Tribal Clinics, and Tribal FQHCs) – the MCO payment of the encounter rate is scheduled to begin on 04/01/2020 (AI/AN clients) and 07/01/2020 (nonAI/AN clients). Until MCO payment of the encounter rate begins – the balance of the encounter rate may be billed to P1 for Medical services

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MCOs will follow this policy as well.*

What if we set up a drive up/ drive through COVID-19 testing site, how can we bill for those services?

When collecting specimens to test for COVID-19 that is not associated with an E/M visit HCA is allowing CPT code 99001 to be billed. You must bill with the POS 15 and the CR modifier. Please see the COVID-19 fee schedule. The MCOs will follow this policy as well.*

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

What if I need to test a client for COVID-19, will I get paid for collecting the specimen?

If you are a provider that can bill for an E/M service, the testing is part of the E/M service. If the client comes in to the provider's office just for the specimen collection, then you can bill 99211 for the service. The MCOs will follow this policy as well.*

What if I consult provider to provider over the telephone?

99446 is a covered code. If billing for a fee for service clients, bill with the CR modifier. The MCOs will follow this policy as well.*

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