

Apple Health (Medicaid) FAQ for behavioral health providers billing for services provided via telemedicine

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Table of Contents

Frequently Asked Questions	2
Place of Service and Audio Only Guidance	6
PART I: For a BH provider who is reporting a “higher acuity” encounter using the <i>Service Encounter Reporting Instructions (SERI) Guide</i>	6
Place of Service	6
Audio-Only.....	6
PART II: For a BH provider who is providing and billing for BH services under the fee-for-service program as described in Part II of HCA’s <i>Mental Health Services Billing Guide</i>	7
Place of Service	7
Audio-Only.....	7
PART III: For a BH provider who is providing and billing for “lower-acuity” BH services under Part I of HCA’s <i>Mental Health Services Billing Guide</i>	8
Place of Service	8
Audio Only	8
Documentation Requirements.....	9
Billing for encounter-based services provided via telemedicine.....	10

Frequently Asked Questions

Q: What Health Care Authority (HCA) Washington Administrative Code (WAC) can we refer to for telemedicine?

A: Unless otherwise specified, the program(s) and services in this FAQ are governed by the rules found in WAC [182-501-0300](#).

Q: Where can I find definitions related to telemedicine?

A: See HCA's *Telemedicine Policy and Billing Guide* on HCA's [Billing Guides and Fee Schedules webpage](#), under *Telehealth*.

Q: What are the requirements for providing services via telemedicine to a Washington State Apple Health (Medicaid) client in Washington State?

A: In order to bill an encounter for services provider via telemedicine or telehealth, you must be licensed as a provider in Washington State, or a part of an interstate compact that Washington participates in such as RCW 18.225.090. Service(s) must be rendered consistent with the scope of professional licensure or certification. This answer does not pertain to providers in a Direct IHS Clinic, Tribal Clinic, or Tribal FQHC as those providers may be licensed in any state per federal law.

Q: Can I bill and/or submit encounters for behavioral health services via telemedicine or telehealth for a Washington State Apple Health (Medicaid) client who may be temporarily located out of Washington State?

A: If you are a participating interstate compact provider, the same expectations apply for billing and encountering as outlined in the answer above, meaning if the client is temporarily in a state that is not a participating compact provider, then it would not be billable or encounterable to provide services to the WA Medicaid client. Note: If the Washington (WA) Apple Health (Medicaid) client is receiving services outside of Washington State by a Washington State provider, the provider must follow the applicable laws of the state in which the client is located.

Q: What modes of technology can I use to provide outpatient behavioral health (BH) services to my clients?

A: Medicaid covers a variety of technology modalities in lieu of in-person visits to support evaluation, assessment, and treatment of clients. These modalities include the following:

- Telemedicine for HIPAA compliant, interactive, real-time audio and video telecommunications
- Audio-only Telemedicine

Q: Where can I find information related to billing and/or encountering for outpatient BH services if I am using telemedicine to conduct the visit?

A: See the appropriate billing or instruction guidance documents to report the service modality/procedure code (CPT® or HCPC code) consistent with the instructions on the telemedicine page in the [Service Encounter Reporting Instructions \(SERI\)](#), Part I and Part II of HCA’s [Mental Health Services Billing Guide and the Substance Use Disorder Billing Guide found here:](#)

[Provider billing guides and fee schedules | Washington State Health Care Authority](#)

Q: Can we still use the CR modifier?

A: NO. Currently Apple Health (Medicaid) does not allow the use of the CR modifier as it was meant to be used to denote services provided during a “catastrophe/disaster.” As of July 2021, the CR modifier was only to be used to indicate that a service was provided via telephone (audio-only), and not other telemedicine, during the remainder of the COVID-19 PHE.

Q: How do I bill an encounter for audio-only services?

A: As of April 4, 2022, Apple Health (Medicaid) policies require usage of the appropriate audio-only modifiers (93 or FQ). Information related to specific service areas and billing guidelines includes the following:

- For SERI, Part II of HCA’s *Mental Health Services Billing Guide*, and HCA’s *Substance Use Disorder (SUD) Billing Guide*, providers must use modifier **FQ**.
- For Part I of HCA’s *Mental Health Services Billing Guide*, providers must use modifier **93**.

Q: Is there a different payment rate for a service provided using telemedicine?

A: HCA policy is to pay parity for these services equivalent to the payment for the CPT® or HCPC code billed if the service was conducted in-person.

Q. What if I start an appointment with a client via telemedicine (audio-visual, HIPAA-compliant modality) and there is a technical issue that is not able to be resolved, and I complete the appointment via audio-only/telephone?

A: 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.

Q: Are there any outpatient BH services in the SERI guide and Part I of HCA’s *Mental Health Services Billing Guide* that can’t or shouldn’t be reported using-telemedicine?

A: Yes, some current outpatient modalities in Part II of HCA's [Mental Health Services Billing Guide](#) and the [Service Encounter Reporting Instructions \(SERI\)](#) Guide may not be appropriate for using telemedicine (e.g., day support services). The delivery of these services as described doesn't lend itself to a telemedicine delivery model. The milieu in which these services are rendered is essential to the modality. In these situations, provide care, but provide the service using a different modality, such as group therapy or individual treatment therapy, to meet the client's needs. Report the appropriate code under one of these modalities and follow the previously listed instructions that are applicable to the technology used. Document in the health care record how services are rendered. Remember if you are using Part II of HCA's *Mental Health Services Billing Guide*, follow any specific billing instructions, including billing with the TG modifier first, as directed.

Q: What about reporting residential BH services delivered using-telemedicine?

A: NO. Residential services may not be reported as a service delivered through telemedicine. However, the professional services rendered may be provided to the admitted person using telemedicine. In this case, report the encounter as described in the [Service Encounter Reporting Instructions \(SERI\)](#) guide or Part II of HCA's [Mental Health Services Billing Guide](#), as the professional services are included in the per diem code and not reported separately. Document how the services are rendered in the health care record. Remember if you are using Part II of HCA's *Mental Health Services Billing Guide*, follow any specific billing instructions, including billing with the TG modifier first, as directed.

Q: How do I provide SUD services using telemedicine and be compliant with 42 CFR part 2?

A: Please refer to guidance from [SAMHSA - Substance Abuse and Mental Health Services Administration](#)

Q. During the PHE, Apple Health (Medicaid) considered texting and email a virtual check-in and allowed this to be billed and encountered for Behavioral Health Services using HCPC code G2012. **Now that the PHE has ended, are virtual check-ins, to include email and texting, still being covered by Apple Health (Medicaid) for behavioral health services? Is HCPC code G2012 still allowed?**

A: On April 7, 2023, the Department of Health and Human Services' Office for Civil Rights (OCR) announced that the Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency (PHE) would end on May 11, 2023. This document allowed OCR to exercise discretion when determining whether to impose penalties for Health Insurance Portability and Accountability Act (HIPAA) violations. Due to the end of this allowance, HCA no longer covers emailing or texting as an option for providing services via telemedicine.

Regarding HCPCS code G2012, for behavioral health service providers, effective for dates of service on and after May 11, 2023, virtual check-ins, to include emailing and texting *and HCPCS code G2012*, are no longer allowable for behavioral health services. Note: As of January 1, 2025, G2012 has been

replaced with CPT® code 98016.

Q: Where can I find additional information from HCA on telemedicine?

A: See HCA's [Physician-Related Services/Healthcare Professional Services Billing Guide](#) for additional information on how to bill for telemedicine services or appropriate MCO billing instructions.

Place of Service and Audio Only Guidance

PART I: For a BH provider who is reporting a “higher acuity” encounter using the *Service Encounter Reporting Instructions (SERI) Guide*

Place of Service

- Use the new POS 10 and the revised definition of POS 02 (see table below).
- Choose the appropriate POS when services were provided via telemedicine (audio-visual) or telemedicine (audio-only).

The following are updates to POS from CMS, to be implemented no later than 4/4/2022:

Place of service (POS)	Description
02	Revised definition: 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	New: The location where health services and health related services are provided or received through telecommunication technology. Patient is located 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.

Audio-Only

Effective for dates of service on and after August 1, 2022, HCA has allowed for audio-only services for specific billing codes when provided and billed as directed in HCA’s provider billing guides. Approved behavioral health service procedure codes are accompanied with the FQ audio-only modifier, within section I of the *Service Encounter Reporting Instructions (SERI) Guide*, Part II of HCA’s *Mental Health Services Billing Guide*, and section II of HCA’s *Substance Use Disorder (SUD) Billing Guide*. Refer to HCA’s [Provider billing guides and fee schedules webpage](#), under *Telehealth* and *Audio-only telemedicine* for the procedure code list.

PART II: For a BH provider who is providing and billing for BH services under the fee-for-service program as described in Part II of HCA’s *Mental Health Services Billing Guide*

Place of Service

- Use the new POS 10 and the revised definition of POS 02 (see table below).
- Choose the appropriate POS when services were provided via telemedicine (audio-visual) or telemedicine (audio-only).

The following are updates to POS from CMS, to be implemented no later than 4/4/2022:

Place of service (POS)	Description
02	Revised definition: 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	New: The location where health services and health related services are provided or received through telecommunication technology. Patient is located 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.

Audio-Only

- Use TG modifier first, then use new telemedicine audio-only modifier FQ.
- **Effective for dates of service on and after August 1, 2022**, HCA has allowed for audio-only services for specific billing codes when provided and billed as directed in HCA’s provider billing guides. Approved behavioral health service procedure codes are accompanied with the FQ audio-only modifier, within section I of the *Service Encounter Reporting Instructions (SERI) Guide*, Part II of HCA’s *Mental Health Services Billing Guide*, and section II of HCA’s *Substance Use Disorder (SUD) Billing Guide*. Refer to HCA’s [Provider billing guides and fee schedules webpage](#), under *Telehealth and Audio-only telemedicine* for the procedure code list.

PART III: For a BH provider who is providing and billing for “lower-acuity” BH services under Part I of HCA’s *Mental Health Services Billing Guide*

Place of Service

- Use the new POS 10 and the revised definition of POS 02 (see table below).
- Choose the appropriate POS when services were provided via telemedicine(audio-visual) or telemedicine (audio-only).
- When billing POS 02 or POS 10:
 - Add modifier 95 if the distant site is designated as a nonfacility.
 - Nonfacility providers must add modifier 95 to the claim to receive the nonfacility payment.

Place of service (POS)	Description
02	Revised definition: 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	New: The location where health services and health related services are provided or received through telecommunication technology. Patient is located 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.

Audio Only

Use Modifier 93

Documentation Requirements

HCA published a revised [Telemedicine Policy Billing Guide](#), effective February 26, 2023. Revisions to this billing guide were made to clarify distant site documentation requirements due to comments received during the public hearing for [WSR 22-22-068](#), held on 12/06/2022. The following table summarizes the changes made and the reason for them:

Change	Reason for Change
<ul style="list-style-type: none"> • For the location of provider, HCA removed “(such as billing office, home, etc.). Include city/state.” and replaced it with instructions to include the following: <ul style="list-style-type: none"> ○ The state in which the service was provided for users of Part 2 (specialized) of HCA’s <i>Mental Health Services Billing Guide</i>, HCA’s <i>Substance Use Disorder (SUD) Billing Guide</i>, and HCA’s <i>Service Encounter Reporting Instructions (SERI) Guide</i>, found on HCA’s Provider billing guides and fee schedules webpage. ○ For all others, the state in which the provider was located at the time services were provided and for specific service locations (e.g., facility-based), whether the provider was in a facility at the time services were provided. • For the client’s consent to receive services, HCA now only requires this for services provided via audio-only telemedicine. 	<ul style="list-style-type: none"> • HCA has clarified this requirement due to comments received during the public hearing for WSR 22-22-068, held on 12/06/2022. • To reflect new policy in WAC 182-501-0300 filed under WSR 23-04-048

Billing for encounter-based services provided via telemedicine

Information specific to billing for telemedicine services in federally qualified health centers (FQHCs), rural health clinics (RHCs), and tribal facilities (direct IHS clinics, tribal clinics and tribal FQHCs) can be found in the corresponding billing guide for each provider type. Refer to [HCA's Provider billing guides and fee schedules webpage](#).