

# Apple Health (Medicaid) Applied Behavior Analysis (ABA) policy and billing during the COVID-19 pandemic

**\*\*Effective date 07/22/2022—See changes in red font\*\***

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. We will update this FAQ as necessary to respond to new information as it develops.

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.

All providers are required to act within their scope of practice.

## Frequently Asked Questions

### Table of Contents

Apple Health (Medicaid) Applied Behavior Analysis (ABA) policy and billing during the COVID-19 pandemic.....	1
Frequently Asked Questions .....	1
<b>PART I: Questions about policy and billing for ABA.</b> .....	1
<b>PART 2: Authorization requirements</b> .....	4
<b>PART 3: MCO Specific Information</b> .....	5
<b>PART 4: More information</b> .....	5

### **PART I: Questions about policy and billing for ABA.**

**Q: What types of technology can I use to provide applied behavior analysis (ABA) to enrolled children and their families who already have ABA orders from a Center of Excellence (COE)?**

**A:** For the duration of this public health emergency, Washington Apple Health will allow remote services utilizing telemedicine (HIPAA compliant interactive, audio and video telecommunications) and audio-only phone communication, for services that can be delivered with functional equivalency to the face-to-face service. Providers must keep complete and accurate documentation according to existing benefit policy requirements. Providers are expected to exercise professional judgment and use these technologies only for services that can be delivered appropriately and effectively via remote communication. Under the circumstances, Apple Health is covering these modalities in lieu of in person visits to support evaluation, assessment and treatment of clients..

**Q: How do I bill for ABA services if I am using telemedicine (HIPAA compliant) to conduct the visit?**

- Report the procedure code (CPT) from the [ABA billing guide](#) as you would if the encounter was in person.
- Always document the modality used for delivery in the health care record.
- Bill the code you would usually use that denotes the service rendered (including E/M codes)
- Use the [appropriate place of service \(POS\)](#). If you use POS 02 and you should receive the nonfacility rate, add modifier 95.

See [Physician-Related Services/Health Care Professional Services Billing Guide](#) for more instructions on how to bill for telemedicine for more information.

The Apple Health MCOs are also following this policy.\*

**Q. Which place of service (POS) should I use when billing HIPAA compliant telemedicine (audio-visual) or telehealth (audio-only)?**

**Effective October 1, 2021 to April 3, 2022:**

Apple Health is allowing audio-only/telephone to be used when current practice for providing services is not an option (face-to-face, telemedicine). Report the service modality code (CPT or HCPCS code) as you would if the encounter was in person. In these cases, Apple Health is temporarily allowing services using a telephone, as described above, to conduct an office visit. Report the code (CPT or HCPC) as you would if the encounter was in person. Always document the modality used for delivery in the health care record. Remember to use the POS indicator that best describes where the client is (e.g., 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.

\*HCA-contracted MCOs are also adopting these policies.

**Effective for dates of service on and after April 4, 2022:**

***(Providers whose systems are ready to bill using the new POS 10 prior to April 4, 2022, may begin to do so effective for claims with dates of service on and after January 1, 2022.)***

- Use the new POS 10 and the new definition of POS 02.
- Choose [the appropriate POS](#) when services were provided via telemedicine (audio-visual) or telehealth (audio-only).
- When billing for POS 02:
  - 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.
- **Effective for dates of service on and after July 22, 2022, when billing for 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	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	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.

**Q. Which modifier should we use to denote that the services were provided via telehealth (audio-only)?**

**A:** The American Medical Association (AMA) released a new audio-only modifier on 12/30/21 with an effective date of 1/1/22. HCA is implementing the use of the modifier effective 2/1/22. Modifier FQ is allowed for DOS 1/1/22- 1/31/22. Please note that Behavioral Health and Mental Health Services have different allowances for the FQ modifier. See [Apple Health \(Medicaid\) behavioral health policy and billing during the COVID-19 pandemic \(FAQ\)](#).

Modifier	Modifier Descriptor
93	Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System: Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

**Q: How do I bill if I am using another audio-only/telephone to conduct the ABA service?**

**A:** 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.<sup>1</sup> Report the procedure code from the [ABA billing guide](#) as you would if the encounter was in person. During this crisis, you can provide any procedure listed in the ABA billing guide using telehealth, except as described below. Always document the modality used for delivery in the health care record.

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<sup>1</sup> 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 behavior health services.

For services provided via telehealth (audio-only)

- Bill the code you would usually use that denotes the service rendered (including E/M codes)
- Use modifier 93 to denote that the service was provided via telehealth (audio-only)
- Use [the appropriate place of service \(POS\)](#). If you use POS 02 and you should receive the nonfacility rate, add modifier 95.

See [Physician-Related Services/Health Care Professional Services Billing Guide](#) for more instructions on how to bill for telemedicine. The HCA-contracted MCOs are also following this policy.\*

**Q: Are there any ABA services that can't or shouldn't be delivered using one of these technologies?**

**A:** Yes, some ABA procedures are not appropriate for using telehealth technologies. They include:

- Therapeutic behavior services per diem (H2020),
- Functional analysis for severe maladaptive behavior in a specific setting (0362T),
- Adaptive behavior treatment with protocol modification LBAAT and 2 or more techs (0373T).

The delivery of these services as described in the ABA billing guide do not lend themselves to a telemedicine/telehealth delivery model. Another method will be needed to meet the family's needs. Document in the health care record how services are rendered.

**Q: Do I need to take any measures to inform the client about these technologies that may not be HIPAA compliant?**

**A:** Yes, clients must be informed when using a non-HIPAA compliant technology. Their consent to participate using these technologies can be verbal, but the information provided and the verbal consent must be documented and dated. Once in-person visits are resumed, the client must sign a consent form that is communicating in writing that the client provided consent to use a platform that could not protect their personal health information. HCA is accessing training for providers on a date to be announced to support providers with this activity.

**Q: If I am making the call from my house to the client that is at home, what POS do I use?**

**A:** Use [the appropriate place of service \(POS\)](#)

**PART 2: Authorization requirements**

**Q: I currently have authorization for H2020. Do I need to submit a new authorization request for these services?**

**A: For fee-for-service clients ONLY**

- If current authorization is for H2020, your agency is temporarily suspending Intensive Day Treatment and you will provide parent training or other ABA service that doesn't require prior authorization
  - Do nothing with the authorization.
- If you are planning to treat with a different ABA service that requires authorization, please submit a request for the new code via barcode attachment to the current authorization for H2020 with a start date.
- These may be done retroactively to March 1, 2020.

For information is on how to submit additional documentation, see the [prior authorization webpage](#).

**PART 3: MCO Specific Information**

**Community Health Plan of Washington (CHPW) only:** Check [provider bulletins](#) daily on our website.

ABA providers authorized for ABA Day Treatment (HCPCS code H2020) are already authorized by CHPW for in-home ABA, including CPT® codes 97151-97157, and do not need to request prior authorization. They can provide any face-to-face services via telehealth and be paid. Standard practice is to document each telehealth visit as such. The need for initial face-to-face assessment for behavioral health (BH) treatment is waived by the Department of Health (DOH) during the pandemic.

**PART 4: More information**

Please email your questions and comments to [aba@hca.wa.gov](mailto:aba@hca.wa.gov).