

Washington

Medicaid Program: Washington Apple Health

Program Administrator: Washington State Health Care Authority

Regional Telehealth Resource Center: Northwest Regional Telehealth Resource Center

Covers the States of: Alaska, Idaho, Montana, Oregon, Utah, Washington, and Wyoming

<https://www.nrtrc.org>

Washington Medicaid (Apple Health) reimburses for live video, store-and-forward, and remote patient monitoring under some circumstances.

Client must be present and participating in telemedicine visit. Clients under the Family Planning, TAKE CHARGE, First Steps, and School Based Health Care Service program are also eligible for telemedicine through fee-for-service.

For patients with managed care plan coverage, telehealth services will not be reimbursed separately. All services must be arranged and provided by primary care providers. It is not mandatory that the plan pay for telehealth services.

Source: WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 87 (Aug. 25, 2018); *School Based Health Care Services*, p. 28 (Jan, 1, 2018) (Accessed Sep. 2018).

Telemedicine is covered by the Department.

Source: WA Admin. Code Sec. 182-531-0100.

“Telemedicine is when a health care practitioner uses HIPAA-compliant interactive real-time audio and video telecommunications (including web-based applications) or store-and-forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.”

Source: WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 87 (Aug. 25, 2018); *School Based Health Care Services*, p. 28 (Jan, 1, 2018) (Accessed Sep. 2018).

Home Health Services

“Telemedicine means the use of tele-monitoring to enhance the delivery of certain home health skilled nursing services through:

- The collection of clinical data and the transmission of such data between a patient at a distant location and the home health provider through electronic processing technologies. Objective clinical data that may be transmitted includes, but is not limited to, weight, blood pressure, pulse, respirations, blood glucose, and pulse oximetry;
- The provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit.”

Source: WA Admin. Code Sec. 182-551-2010.

Policy

Live video is covered for patients with fee-for-service coverage when it is medically necessary. The referring provider is responsible for determining and documenting medical necessity.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 & 88 (Aug. 25, 2018). (Accessed Sep. 2018).

Eligible Services / Specialties

Applied Behavior Analysis (ABA) for Clients Age 20 and Younger

Eligible telemedicine services:

- Program supervision when the child is present
- Family training, which does not require the child's presence

See ABA fee schedule for telemedicine billing instructions.

Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 35 (Jul. 3, 2018) & WAC 182-531A-1200. (Accessed Sep. 2018).

Behavioral Health

Behavioral health organizations who have a contract with the department shall reimburse a provider for behavioral health services provided to a covered person who is under 18 years old through telemedicine or store and forward.

- The organization provides coverage for behavioral health services when provided in-person; and
- The service is medically necessary

Source: Revised Code of WA Sec. 71.24.335.

Teledentistry

Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary. A dentist or authorized dental provider may delegate allowable tasks to dental hygienists

be under general supervision. and Expanded Function Dental Assistants through teledentistry. Delegation of tasks must

See manual for acceptable CPT codes.

Source: WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 84. Jul. 2018. (Accessed Sept. 2018).

Eligible Providers

Rural Health Clinics (RHCs)

RHCs are not authorized to serve as a distant site for telemedicine consultations.

Source: WA State Health Care Authority, Medicaid Provider Guide, p. 42, Jul. 2018. (Accessed Sept. 2018).

Eligible Sites

Eligible Originating Sites

- Clinics;
- Dental offices;
- Home or any location determined appropriate by the individual receiving the service;
- Hospitals—inpatient or outpatient;
- Neurodevelopmental centers;
- Schools;
- Rural health clinic;
- Federally qualified health center;
- Physician’s or other health care provider’s office;
- Community mental health center/chemical dependency settings;
- Skilled nursing facility; or
- Renal dialysis center (included in statute, and administrative code, but not in provider manual)

Source: RCW 41.05700 & WAC 182-531-1730 & WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 87 (Aug. 25, 2018). (Accessed Sep. 2018).

Originating site providers are responsible for determining and documenting that telemedicine is medically necessary.

When the originating site is a school, the school district must submit a claim on behalf of both the originating and distant site.

Source: WA State Health Care Authority, *Medicaid Provider Guide, School Based Health Care Services*, p. 27 (Jan. 1, 2018) (Accessed Sep. 2018).

Geographic Limits

Originating sites may not distinguish between rural and urban originating sites.

Source: Revised Code of WA Sec. 41.05700 & Admin Code 182-531-1730.

Facility/Transmission Fee

Facility fees for originating sites, except inpatient hospitals.

Source: WA State Health Care Authority, *Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs.*, p. 89 (Aug. 25, 2018). (Accessed Sep. 2018).

Washington Medicaid reimburses for some store-and-forward services.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91 (Mar. 1, 2018). & WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83. Jul. 2018. (Accessed Sep. 2018).

WA Medicaid pays for store-and-forward when all of the following conditions are met:

- There is an associated office visit that can be done either in-person or via asynchronous telemedicine.
- The transmission of information is HIPAA compliant.
- Written informed consent is obtained.

If the consultation results in a face-to-face visit in-person or via telemedicine with the specialist within 60 days of the store-and-forward consult, the agency does not pay for the consult.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91-92 (Apr. 25, 2018). (Accessed Sep. 2018).

WA Apple Health pays for store-and-forward for teledermatology. Teledermatology services via store-and-forward must be billed with GQ modifier and 02 POS Code from the distant site. The sending provider bills as usual with the E&M code and no modifier.

See manual for acceptable CPT/HCPCS codes.

Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91-92 (Apr. 25, 2018). (Accessed Sep. 2018).

Teledentistry

Teledentistry can be delivered through a synchronous or asynchronous method. The agency covers teledentistry as a substitute for an in-person, face-to-face, hands-on encounter when medically necessary.

See manual for acceptable CPT codes.

Source: WA State Health Care Authority, Medicaid Provider. Dental-Related Services, p. 83. Jul. 2018. (Accessed Sep. 2018).

Behavioral Health Organizations

Store-and-forward reimbursable only for covered services specified in the negotiated agreement between the behavioral health organization and health care provider.

Source: RCW 71.24.335.

No reference found.

Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Store-and-Forward	Transmission Fee	No reference found.
		Policy	<p>The Medicaid agency covers the delivery of home health services and prescription drug monitoring through telemedicine.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). & WA State Health Care Authority, Medicaid Provider Guide, Mental Health Services Billing Guide, p. 45 (Jul. 1, 2018) (Accessed Sep. 2018).</p>
		Conditions	<p>Services are provided for clients who have been diagnosed with an unstable condition, and who may be at risk for hospitalization or a more costly level of care.</p> <p>Coverage is limited to one telemedicine interaction, per patient, per day, based on the ordering licensed practitioner's care plan.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).</p>
		Provider Limitations	<p>Must be provided by a Registered Nurse or Licensed Practical Nurse.</p> <p>The Medicaid agency does not require prior authorization for the delivery of home health services through telemedicine.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).</p>
	Other Restrictions	<p>Eligible Services:</p> <ul style="list-style-type: none"> Assessment and monitoring of clinical data including, but not limited to, vital signs, pain levels and other biometric measures specified in the plan of care; Assessment of response to previous changes in the plan of care; Detection of condition changes based on the telemedicine encounter that may indicate the need for a change in the plan of care; Implementation of a management plan. <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Home Health Svcs. (Acute Care Svcs.), p. 26-28 (Jan. 1, 2018). (Accessed Sep. 2018).</p> <p>Home health monitoring not covered in Applied Behavior Analysis Program for clients Age 20 or younger.</p> <p>Source: WA State Health Care Authority, Medicaid Provider Guide, Applied Behavior Analysis for Clients 20 and Younger, p. 36 (Jul. 3, 2018). (Accessed Sep. 2018).</p>	

Medicaid Telehealth Reimbursement

Email / Phone / Fax	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p>Source: <i>Source: WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 87 (Aug. 25, 2018). (Accessed Sep. 2018).</i></p>
Consent	<p>Written consent must be obtained for store-and-forward.</p> <p>Source: <i>WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 91 (Aug. 25, 2018). (Accessed Sep. 2018).</i></p>
Out of State Providers	<p>No reference found.</p>
Miscellaneous	<p>Requires the use of modifier 95 or GT. The GT modifier may be discontinued at a later date.</p> <p>A new point of service code 02 has been created.</p> <p>Source: <i>WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Aug. 25, 2018). (Accessed Sep. 2018).</i></p> <p>Additional Documentation Requirements for Telemedicine:</p> <ul style="list-style-type: none"> • Verification that the service was provided via telemedicine • The location of the client and a note of any medical personnel with the client • The location of the provider • The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telemedicine visit, and their role in the encounter at both the originating and distant sites <p>Source: <i>WA State Health Care Authority, Medicaid Provider Guide, Physician-Related Svcs./Health Care Professional Svcs., p. 90 (Aug. 25, 2018). (Accessed Sep. 2018).</i></p>

“Telemedicine” means the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, “telemedicine” does not include the use of audio-only telephone, facsimile, or email.

Source: *WA Rev. Code Sec. 48.43.735.*

Insurers (including employee health plans and Medicaid Managed Care) must reimburse a provider for services delivered through telemedicine or store-and-forward if:

- The plan provides coverage when provided in-person;
- The health care service is medically necessary;
- The health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act (ACA);
- The health care service is determined to be safely and effectively provided through telemedicine or store-and-forward technology according to generally accepted health care practices and standards, and the technology used to provide the health care service meets the standards required by state and federal laws governing the privacy and security of protected health information.

Source: *RCW 48.43.735.*

Eligible Originating Sites

- Hospital
- Rural health clinic
- Federally qualified health center
- Physician’s or other health care provider’s office
- Community mental health center
- Skilled nursing facility
- Renal dialysis center, except an independent renal dialysis center
- Home or any location determined appropriate by the individual receiving the service
- Originating sites may not distinguish between rural and urban originating sites

Source: *RCW 48.43.735.*

An originating site (other than a home) can charge a facility fee, but it is subject to a negotiated agreement between the originating site and the health plan.

Source: *RCW 48.43.735.*

If the services are provided via store-and-forward, there must be an associated office visit between the patient and referring health care provider.

Source: *RCW 48.43.735.*

Private Payer Laws	Parity	Service Parity	<p>Services must be considered an essential health benefit under the ACA and be determined to be safely and effectively provided through telemedicine or store-and-forward.</p> <p>Source: RCW 48.43.735.</p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>“Telemedicine means the delivery of health care (or behavioral health) services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, ‘telemedicine’ does not include the use of audio-only telephone, facsimile, or email.”</p> <p>Source: RCW 70.41.020 & WAC 246-335-610.</p> <p>Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located. Using telemedicine enables the health care practitioner and the client to interact in real-time communication as if they were having a face-to-face session. Telemedicine allows clients, particularly those in medically underserved areas of the state, improved access to essential health care services that may not otherwise be available without traveling long distances.</p> <p>Source: WAC 182-531-1730.</p> <p>Hospice “Telehealth” means a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technology. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services.</p> <p>Source: WAC 246-335-610.</p> <p>Physical and Occupational Therapy “Telehealth means providing physical therapy [or occupational therapy] via electronic communication where the physical [occupational] therapist or physical [or occupational] therapist assistant and the patient are not at the same physical location.”</p> <p>Source: WAC 246-915-187 & 246-847-176.</p>	

Consent

No reference found.

Online Prescribing

The WA Medical Quality Assurance Commission has issued guidelines on the use of the Internet in medical practices. A guideline does not have the force of law, but can be considered by the Commission to be the standard of practice in the state.

A documented patient evaluation, including history and physical evaluation adequate to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided, must be obtained prior to providing treatment, including issuing prescriptions, electronically or otherwise.

Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in in-person settings.

Treatment, including issuing a prescription, based solely on an online questionnaire or consultation does not constitute an acceptable standard of care.

Source: Washington Medical Quality Assurance Commission, *Guidelines for Appropriate Use of the Internet in Medical Practice*.

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: RCW 18.71B.

Member of Physical Therapy Compact.

Source: HB 1278 (2017).

Miscellaneous

WA State requires a provider directory to be updated monthly. For each health plan, the associated provider directory must include information about available telemedicine services and specifically described for each provider.

Source: WAC 284-43-204.

Professional Board Telehealth-Specific Regulations

- Physical Therapy Practice Board (**Source:** WAC 246-915-187)
- Occupational Therapy Practice Board (**Source:** WAC 246-847-176)

Collaborative for the advancement of telemedicine was created to develop recommendations on improving reimbursement and access to care, and review the concept of telemedicine payment parity.

Source: SB 6163 -2018.

Source (parity): SB 6399 – 2018.

