

Summary of NC Medicaid Telehealth Provisions in Response to COVID-19

Effective March 23, 2020

NC Medicaid (DHHS) is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority in Phase 2 is to expand access to care via telehealth technologies for all beneficiaries in an effort to prioritize safety for providers and patients by reducing unnecessary exposure through social distancing efforts. Please refer to <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid> for details and up-to-date information on COVID-19.

Dates of service: Providers may bill for allowed telehealth services delivered on or after **March 10, 2020**.

Telemedicine and Telepsychiatry

- Coverage and payment parity with in-person care.
- Services may now be delivered via any HIPAA-compliant, secure technology with audio and video capabilities, including but not limited to smart phones, tablets and computers.
- Office of Civil Rights (OCR) recently stated that covered providers may use video applications such as FaceTime, Facebook Messenger, Google Hangouts, Skype, etc. for telehealth without risk of penalty for noncompliance with HIPAA Rules.
- There are no restrictions on originating or distant sites. Originating sites include wherever the patient may be. Distant sites include wherever the provider may be.

FQHC, FQHC Look-Alikes and RHCs

- FQHCs, FQHC Look-Alikes and RHCs are now considered eligible distant sites.
- There are no longer any requirements related to referring providers.
- Eligible distant site telemedicine and telepsychiatry providers has expanded to include clinical pharmacists, licensed clinical social workers (LCSWs), licensed clinical mental health counselors (LCMHCs), licensed marriage and family therapists (LMFTs), licensed clinical addiction specialists (LCASs) and licensed psychological associates (LPAs).
- No prior authorization or in-person examination is required for new patients to receive telemedicine or telepsychiatry services.

Online Digital E/M Codes (established patients only)

Medicaid Billing Code	Criteria for Use	Who Can Bill?
99421	5-10 minutes of online digital E/M service	Physicians, physician assistants, nurse practitioners, advance practice midwives, FQHCs, FQHC Look-Alikes and RHCs.
99422	11-20 minutes of online digital E/M service	
99423	21+ minutes of online digital E/M service	

Interprofessional Consultation (QHP to MD)

Interprofessional telephone/internet/EHR assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional.

Medicaid Billing Code	Criteria for Use	Who Can Bill?
99446	5-10 minutes of medical consultative discussion and review	Physicians only. Not for use in FQHCs or RHCs.
99447	11-20 minutes of medical consultative discussion and review	
99448	21-30 minutes of medical consultative discussion and review	
99449	31+ minutes of medical consultative discussion and review	

Temporary Modifications to Clinical Policy No: 1H Attachment A: Claims-Related Information

The following CPT and HCPCS codes may now be billed for services provided via audio/visual telemedicine or telepsychiatry. Services billable by FQHC/RHCs are identified with a plus sign (+).

Category	Medicaid Billing Codes				Who Can Bill?
Office or other outpatient service and office or inpatient consultation codes for new and established patients	99201	99211	99241	99251	Physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners.
	99202	99212	99242	99252	
	99203	99213	99243	99253	
	99204	99214	99244	99254	
	99205	99215	99245	99255	
	T1015+				

Category	Medicaid Billing Codes		Who Can Bill?
Telephonic E/M and virtual patient communication codes	99441	G2012	Physicians, physician assistants, nurse practitioners, advance practice midwives.
	99442	G0071+	
	99443		

Category	Medicaid Billing Codes		Who Can Bill?
Psychiatric diagnostic evaluation and psychotherapy codes	90791	90836	Licensed clinical addiction specialists, licensed clinical mental health and professional counselors, psychologists, licensed clinical social workers, licensed marriage and family therapists, physicians and psychiatric nurse practitioners.
	90792	90837	
	90832	90838	
	90833	T1015-HI +	
	90834		

Category	Medicaid Billing Codes		Who Can Bill?
Telephonic assessment and management codes	98966		Licensed non-physician behavioral health professionals (LCSW, LCSW-A, LPC, LPC-A, LMFT, LMFT-A, LCAS, LCAS-A, LPA, Ph.D.). Not for use in FQHCs or RHCs.
	98967		
	98968		

Claim Type

- Professional (CMS-1500/837P transaction)
- Institutional (UB-04/8371 transaction)

HCPCS and Revenue Codes

- Q3014** can be billed for the telehealth originating site facility fee by the originating site (where patient is located). When the originating site is a hospital, the originating site facility fee must be billed with RC780 and Q3014.
- T1023** can be billed only by diagnostic assessment agencies for screening/evaluation to determine the appropriateness of an individual for participation in a specified program, project or treatment protocol, per encounter.

Modifiers

- Modifier GT** must be used for services provided via interactive audio-visual communication. Not for telephonic services.
- Modifier CR** (catastrophe/disaster related) must be used to bypass time limitations related to telehealth codes.

Place of Service

- Telehealth and telepsychiatry claims should be filed with **place of service 02** (telehealth).