



COVID-19 Billing Quick Guide 04/24/2020

Background

NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority is to maintain access to care for all beneficiaries while prioritizing safety for providers and patients by reducing unnecessary exposure through social distancing efforts. Please refer to <https://medicaid.ncdhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid> for details and up-to-date information on COVID-19.

Please remember that all guidance related to COVID-19 is temporary and will be discontinued whenever the COVID-19 Pandemic is determined to be over.

Monthly PMPM payments doubled:

Good news for primary care practices! You will receive **double the current per member per month fee for serving as the medical home** for Medicaid recipients during the remainder of the COVID-19 pandemic.

Medicaid Chief Medical Officer Dr. Shannon Dowler announced the change during a webinar Thursday evening. Most practices now receive \$2.50 PMPM for non-aged, blind, and disabled (ABD) members and \$5.00 PMPM for ABD members. The rate will double during this crisis as an acknowledgement of the financial pressures primary care practices are facing due to reduced patient visits. The increase in the PMPM will show up on your Medicaid Remittance Advice if your LHD is a Carolina Access provider

Thanks to NC Academy of Family Physicians and the NC Pediatric Society for advocating for practices and to Dr. Dowler and DHHS for recognizing the value of primary care.

Medicaid will also **increase payment for telephonic (audio only) visits (99441, 99442, 99443) during the COVID-19 pandemic to 80 percent of the normal E&M rate for a face-to-face visit**. This significant increase will be retroactive to March 10, but practices may need to resubmit claims for audio-only visits previously filed. True telehealth visits (audio and video) had already been increased to parity with face-to-face visits.

Stimulus Payments (CARES Act Provider Relief Fund)

Please see the below link for details regarding these particular payments. Please note, although your county may receive these funds, they may only be based on what your EMS has billed to Medicare. If your health department also bills Medicare, then contact your county finance office to determine how much of this is allocated to the health department.

<https://www.hhs.gov/provider-relief/index.html>

Professional Webinar Series sponsored by CCNC/DHHS/AHEC,

These webinars are very information and we encourage at least a few people from each agency participate. The webinars are held each Thursday from 5:30-6:30 PM. To register please click on the link below and scroll down the page to the "Webinars for Providers" tab. You can view prior webinars, review the slide decks or listen to the transcript.

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Visit Guidance

[SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes](#)

SPECIAL BULLETIN COVID-19 #34 replaces the following Medicaid Bulletins in their entirety:

- SPECIAL BULLETIN COVID-19 #9: Telehealth Provisions – Clinical Policy Modification
- SPECIAL BULLETIN COVID-19 #19: Telehealth Provisions – Clinical Policy Modification
- SPECIAL BULLETIN COVID-19 #28: [ADDENDUM to Bulletin #9 Effective March 20, 2020] : Telehealth Provisions – Clinical Policy Modification

Specific changes/additions include:

Please note the change to F. Place of Service: Telemedicine and telepsychiatry claims should be filed with the provider's usual place of service code per the appropriate clinical coverage policy and **not Place of Service (POS) 02 (telehealth)**.

Please note the clarification that licensed psychologists and licensed psychological associates are permitted bill using codes for psychiatric diagnostic evaluation and psychotherapy. This was originally listed as "psychologists."

New telehealth codes and guidance in Bulletin #34:

- Services delivered through local education agencies (LEAs)
- Services delivered through children's developmental service agencies (CDSAs)
- Diabetes self-management education
- Dietary evaluation and counseling
- Medical lactation
- Research-based behavioral health treatment for autism spectrum disorder

In Clinic Patient visit:

For a sick visit you can bill:

- **Visit** - CPT codes 99201 -99205 or 99212 – 99215 for the visit with a provider (MD or Advanced-Practice Provider)

Swab/sample - bill for the handling fee 99000 (Currently no billing for the COVID-19 test)

ICD-10 Diagnosis Codes & CPT Codes

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS) and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

[SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications- Definitions, Eligible Providers, Services and Codes, April 7, 2020](#)

- **Additionally, use of modifier **CR** for the Telehealth/Virtual Patient Communication CPT or HCPCS codes will bypass time limitations (7 day and 24 hour) and editing on these codes related to COVID-19.**

Program assignment

Assign to the program that is providing the care.

- If patient is seen in a “stand up” LHD clinic specific for COVID-19 symptoms or rule/out, then code as Other Services (OS).
- Otherwise, if a patient is seen for COVID-19 symptoms or rule/out, code according to the clinic where patient first presented [examples: Adult Health (AH), Child Health (CH), Primary Care (PC)].
- Disease investigation/surveillance is documented in NCEDSS (and is not considered care).

Telehealth Services

Effective Friday, March 13, 2020, NC Medicaid is offering reimbursement for virtual patient communication and telephonic evaluation. Specific established beneficiaries, rendering providers and CPT codes with details are listed in this bulletin.

For complete guidance for Telehealth Visit Codes, Laboratory Testing codes, Pharmacy codes, and Durable Medical Equipment, please see the **NC Medicaid Billing Changes in Response to COVID-19** Summary Coding Sheet published by Community Care of NC, NC DHHS, and NC AHEC here:

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Telemedicine & Telepsychiatry

“Medicaid made changes to policies to encourage telemedicine effective Monday, March 23, 2020 with temporary modifications to its Telemedicine and Telepsychiatry Clinical Coverage Policies to better enable the delivery of remote care to Medicaid beneficiaries. These temporary changes will be retroactive to March 10, 2020 and will end the earlier of the cancellation of the North Carolina state of emergency declaration or when this policy is rescinded. In particular, this Medicaid Bulletin reinforces notable changes including payment parity for telehealth, expanding eligible telehealth technologies, expanding eligible provider types, expanding the list of eligible originating and distant sites, and eliminating the need for prior authorization and referrals (other than what is necessary to meet the standard of care as detailed below” [SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes](#)

New Definitions for Telehealth Terminology

- **Telehealth** is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. There are three types of telehealth:
 - **Telemedicine** is the use of two-way real-time, interactive **audio and video** to provide and support **health care** when participants are in different physical locations.
 - **Telepsychiatry** is the use of two-way real-time, interactive **audio and video** to provide and support **psychiatric/behavioral health care** when participants are in different physical locations.
 - **Teletherapy** is the use of two-way real-time, interactive audio and video to provide and support **specialized outpatient therapy care** when participants are in different locations.
- **Virtual Patient Communication** is the use of **technologies other than video** to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).

These new and established patient office or other outpatient service and office and inpatient consultation codes, when provided via telemedicine (two-way real-time interactive audio and video to provide and support health when care participants are in different physical locations) or telepsychiatry, may be billed by physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners.

Codes		
99201	99213	99245
99202	99214	99251
99203	99215	99252
99204	99241	99253
99205	99242	99254
99211	99243	99255
99212	99244	

Virtual Care: New Reimbursable Telephonic Codes:

99441, 99442, 99443 -Non-RHCs/FQHCs; MD/FNP/PA/CNM

•Telephonic (audio only) evaluation and management service **(between provider & patient)**

•Established patients -routine follow-up

99446, 99447, 99448, 99449

interprofessional assessment and management codes may be billed by physicians only **(between provider & provider – no patient involved)**

98966, 98967, 98968 –Licensed Non-Physician Behavioral Health Providers

•Telephonic assessment and management service

•Established patients –routine follow-up

G2012-Non-RHCs/FQHCs; MD/FNP/PA/CNMB **Billable to Medicare but NOT billable to Medicaid by LHD's.**

•Brief communication technology-based

•Established patients, COVID symptoms

Modifiers

Provider(s) shall follow applicable modifier guidelines:

Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. **This modifier is not appropriate for services performed telephonically or through email or patient portal.** CR (catastrophe/disaster related) must be appended to all claims for CPT and HCPCS codes listed in this policy to relax frequency limitations defined in code definitions.

There are times when you would need to use both the GT and the CR modifiers. If you provide a telemedicine service using interactive audio-visual communication, then you would need both the GT and the CR.

PLEASE NOTE: when using these modifiers, they must be in the order of CR/GT first, then the programmatic modifier (i.e. FP, CH, MH)

Medicaid Reimbursement

An updated Medicaid Reimbursement schedule for Local Health Departments was sent out on Monday, April 20th to all LHD Contacts. Please make sure you are using the correct schedule which is titled “**LHD Fee Schedule eff 3-10-2020.COVID19.3-202Updated.xls**”

Denials and claims assistance

NC Medicaid continues to work on fixing system issues that are driving denials. The Department will communicate via a bulletin once these issues are resolved.

The Department will continue to evaluate and rectify billing issues associated with Telehealth COVID-19 response. For questions and issues around billing and coding, contact Medicaid.Covid19@dhhs.nc.gov

Billing/Reporting for data collection (LHD-HSA):

Please remember that during this time, you are still to continue reporting ALL services so that the HSA system can collect the required data. Use the CR (and GT if appropriate) on all Telehealth services whether billing or reporting. This will be the primary data point that will be used to collect the information needed to identify COVID-19 related services. Thanks for your assistance in this matter.

Medicaid Special Bulletins Published:

- [SPECIAL BULLETIN COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and *Dental Services*](#)
- [SPECIAL BULLETIN COVID-19 #22: *CAP/C and CAP/DA Home and Community-Based Services \(HCBS\) Flexibilities for Waiver Beneficiaries Enrolled in 1915\(c\) and HCBS Waivers*](#)
- [SPECIAL BULLETIN COVID-19 #42: Telehealth Clinical Policy Modifications – *Postpartum Care*](#)
- [SPECIAL BULLETIN COVID-19 #43: Telehealth Clinical Policy Modifications – *Self-Measured Blood Pressure Monitoring*](#)
- [SPECIAL BULLETIN COVID-19 #46: *Behavioral Health Service Flexibilities*](#)
- [SPECIAL BULLETIN COVID-19 #48: Telehealth Clinical Policy Modifications - *Remote Physiologic Monitoring Services*](#)
- [SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - *Interim Perinatal Care Guidance*](#)
- [SPECIAL BULLETIN-19 #52: *Coverage for Weight Scales and Portable Pulse Oximeters - Temporary Flexibilities*](#)
- [SPECIAL BULLETIN COVID-19 #53: *Coronavirus Code Added as Billable Diagnosis and Annual Office Visit Limit Exemption*](#)
- [SPECIAL BULLETIN COVID-19 #54: Clinical Policy Modifications - *Family Planning Services Annual Exam Requirement Waived*](#)
- [SPECIAL BULLETIN COVID-19 #55: NC Medicaid Receives Approval for Expanded Flexibilities for *Home and Community-Based Services*](#)
- [SPECIAL BULLETIN COVID-19 #62: Clinical Policy Modifications - *Suspending Copays on COVID-19-related Services*](#)

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

Establishing fees, billing and coding for Local Health Departments - All payor sources:

NC Department of Health and Human Services (DHHS) seeks to provide the best and most accessible care to all North Carolinians, regardless of insurance coverage or ability to pay. This is particularly critical in the response to COVID-19.

Governor Cooper's Executive Order NO. 116 includes *"WHEREAS, health insurance companies have begun to waive the costs for COVID-19 testing and are encouraged to continue to ensure ease of access to health care for diagnostics and treatment without regard to the issue of cost or a patient's ability to pay;"* [Recently-passed legislation](#) also eliminates Medicare beneficiary cost sharing for COVID-19 testing-related services, including the associated physician visit or other outpatient visit... or E-visit."

Third party payers, including NC Medicaid, are working closely with DHHS for telehealth payment strategies to minimize the spread of COVID-19 by limiting in-person visits whenever possible and to allow providers to bill for telehealth services. DPH considers telehealth a useful tool to assist your team in COVID-19 response activities and/or to move important non-COVID-19 services to telehealth as quickly as possible.

NC DHHS Division of Public Health (DPH) recommends the following general billing/coding guidance for public health programs that include state and federal regulations

For purposes of this document, COVID-19 related telehealth services include:

1. Medical evaluation and contact with a patient for testing and treatment of COVID-19.
2. Medical, individual patient telehealth services that are necessary due to the Governor's and CDC recommendations of social distancing and staying home to avoid the spread of COVID-19 (ex. provision of Child Health services for a problem visit via telehealth so that there would be no need to travel to the health department).

Establishing a local fee for new telehealth codes, if needed

LHDs should follow their local fee policy and process, including any flexibility within your policy, emergency response plans, and local governance structure, and add telehealth fees to your local fee schedule. Consider any flexibility you may have locally for retroactive governing board approval.

Self-pay patients

DPH recommends LHDs waive all telehealth charges/co-pays for uninsured, self-pay patients. This would avoid any barrier to care and the need to obtain financial information or apply sliding-fee scale (SFS) to charges for **COVID-19 related services** (see definition above). ***"The federal Title X program is NOT waiving the requirement to complete eligibility on Title X Family Planning clients. However, for the duration of the State of Emergency, agencies may choose to waive fees for self-pay clients. If the agency opts to forego eligibility determination and to waive fees for telehealth services provided to Family Planning self-pay clients, this must be documented in the financial portion of patient's record."***

LHDs should establish a consistent, local process for this waiver, which may include applying the telehealth fee, and then sliding the charge to \$0.00 for uninsured patients. This may be handled electronically if your system can accommodate it or may need to be done manually. Decisions on this strategy will be based on your electronic medical record billing system.

Fees/charges for billing COVID-19 related telehealth services

- LHDs should bill third party insurance plans with the client's permission.
- DPH recommends waiver of any copayments and remaining balances after insurance billing is completed, but local agencies should review specific health plan guidance.
- LHDs should bill Medicaid*
- Medicaid Telehealth guidance waives patient copayments and remaining balances for telehealth services beginning March 10, 2020 until such time as the pandemic is declared over and all related billing is complete.

Additional recommendations for Fee Setting Telehealth Services

If you are currently providing Telehealth/Virtual Patient Communication services, then you should have fees that have been set and approved by your governing board.

If you are not currently providing Telehealth/Virtual Communication services and are currently in the process of setting fees for approval by your governing board then we recommend the following:

- Your E/M codes currently used for in clinic visits do not necessarily need to be revised, unless they are lower than the temporary Medicaid rates which provide at 5% increase in reimbursement from the previous schedule. If they are lower, then you need to set a fee to at least the “new/temporary” rate.
- **If you have purchased equipment to facilitate the telehealth process, then you may want to review your “cost to provide the service” and increase your rate accordingly.**
- **In any case you would set a fee that can be billed to all payors (your usual & customary) including Medicaid, Medicare, third party & self-pay.**
- Medicaid is modifying their reimbursement rates for telephonic services which will be set at 80% of the current Medicaid reimbursement rate of E/M services. Stay tuned for additional guidance.

Clinic Process/Workflow for telehealth services

LHDs should develop standard operating procedures (SOPs) for managing and documenting telehealth services, if SOPs are not already established. Consider mapping administrative and clinical workflows to seamlessly integrate telehealth into day-to-day organizational processes. This includes assessing your hardware needs, phone system, the electronic health record, and any applications that may be used for telehealth encounters. Consider the LHD local technology security requirements.

Risk Management for Telehealth Services

LHDs should contact their malpractice insurance carrier to assure coverage requirements.

Additional telehealth details and guidance will be available online at www.medicaid.ncdhhs.gov/coronavirus.

Please check with your EHR vendor about adding COVID-19 codes and how to manage Telehealth services within your EHR.

NC Medicaid will continue to release telehealth policy provisions and will continue to evaluate this policy throughout the state of emergency period

References

NC Medicaid/DHB:

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

NC Medicaid Telehealth Billing Code Summary

<https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf>

NC Medicaid and Health Choice Telemedicine and Telepsychiatry Clinical Coverage Policy:

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinical-coveragepolicies>

NC Medicaid Billing Changes CCNC/NCDHHS/AHEC Webpage:

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

