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COVID-19 Billing Quick Guide 05/11/2020

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.ncdhhs.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.

[SPECIAL BULLETIN COVID-19 #84: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Maternal Support Services Provided by Local Health Departments](#)

Great News!!! This bulletin allows for the provision of Postpartum and Newborn home visits and Childbirth Education Classes via audio/visual technology, retro-active to March 10, 2020. Please read the entire bulletin for details. Be very aware of what Place of Service (POS) you need to use as it may not be what we have used in the past of what you may think you should use.

HRSA COVID-19 Uninsured Program Portal

How It Works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals on or after February 4, 2020, can electronically request claims reimbursement through the program and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims electronically, and receiving payment via direct deposit

Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including:

- o Specimen collection, diagnostic and antibody testing.
- o Testing-related visits, including in the following settings: office, urgent care or emergency room, or via telehealth.
- o Treatment: office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- o When an FDA-approved vaccine becomes available, it will also be covered

<https://coviduninsuredclaim.linkhealth.com/>

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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 informative, 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. **Please Note: This webinar series will be taking a break for a few weeks and return on May 28th.**

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

April 30, 2020 webinar included new information regarding Hybrid Home/Telehealth Visits

All New: Hybrid Home - Telehealth Visit ▪ Allows a Telehealth visit to be paired with a Home visit by an appropriately trained delegated staff person ▪ Use Cases ▪ High Risk Pregnancy ▪ Uncontrolled chronic illness requiring closer follow up ▪ Well Child for infant or Complex child ▪ Provision of vaccines, draw labs, monitor vitals in select patients ▪ Billing Methodology: ▪ Well Child, Routine E&M, Antepartum Individual Visits ▪ Pregnancy in Pregnancy Global Package

See the slide deck at https://www.communitycarenc.org/sites/default/files/2020-4-30%20DHHS%20CCNC%20AHEC%20webinar_043020%20final.pdf for additional information.

[SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit](#)

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Visit Guidance

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/VPC Services

Effective Friday, March 10, 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/VPC 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

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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).

Nurses providing assessment visits, either within the clinic setting or in a “parking lot/tent, etc” may bill a 99211 with the CR modifier as long as they meet the criteria for a 99211 as stated by CPT. Nurses continue to be ineligible to bill for any telemedicine/VPC services at this time.

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: We received some different guidance from Medicaid regarding modifier placement:

From: Medicaid.COVID19 <Medicaid.COVID19@dhhs.nc.gov>

Sent: Wednesday, April 29, 2020 9:28 AM

Subject: RE: Use of subprogram codes with GT & CR_Record503_

Thank you for your email. It is recommended that when billing you should put the FP modifier first then CR or GT. *(if using both we have found that placing the GT first (if used) then CR is the way to get your claim paid-LTATB)*

Thank you,
NC Medicaid

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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/VPC 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/VPC 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 COVID-19 Related Special Bulletins Published:

- [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 #34: Telehealth Clinical Policy Modifications – *Definitions, Eligible Providers, Services and Codes*](#)
- [SPECIAL BULLETIN COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and *Dental Services*](#)
- [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*](#)

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- [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*](#)
- [SPECIAL BULLETIN COVID-19 #64: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Health and Behavior Intervention Visits Provided by Local Health Departments*](#)
- [SPECIAL BULLETIN COVID-19 #65: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Postpartum Depression Screening*](#)
- [SPECIAL BULLETIN COVID-19 #66: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Well Child Visits*](#)
- [SPECIAL BULLETIN COVID-19 #69: *Clarification to Bulletin #15 Medicaid and NC Health Choice Temporary Flexibilities - 1135 Waiver Provisions and Replace Effective Dates Stated in Bulletins #2, #10 & #11*](#)
- [SPECIAL BULLETIN COVID-19 #70: *Addition of Mailing and Delivery Fees to Retail Pharmacy Claims*](#)
- [SPECIAL BULLETIN COVID-19 #78: *Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit*](#)
- [SPECIAL BULLETIN COVID-19 #80: *NC Medicaid Temporarily Increasing Flexibility and Reimbursement Rates for Primary and Specialty Care Providers*](#)
- [SPECIAL BULLETIN COVID-19 #84: Telehealth and Virtual Patient Communications Clinical Policy Modifications – *Maternal Support Services Provided by Local Health Departments*](#)

<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/VPC payment strategies to minimize the spread of COVID-19 by limiting in-person visits whenever possible and to allow providers to bill for telehealth/VPC services. DPH considers telehealth/VPC a useful tool to assist your team in COVID-19 response activities and/or to move important non-COVID-19 services to telehealth/VPC 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

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

1. Medical evaluation and contact with a patient for testing and treatment of COVID-19.
2. Medical, individual patient telehealth/VPC 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/VPC 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/VPC 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/VPC 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/VPC 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/VPC 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/VPC 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/VPC process, then you may want to review your “cost to provide the service” and increase your rate accordingly.**

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- **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 /VPC

LHDs should develop standard operating procedures (SOPs) for managing and documenting telehealth/VPC services, if SOPs are not already established. Consider mapping administrative and clinical workflows to seamlessly integrate telehealth/VPC 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/VPC encounters. Consider the LHD local technology security requirements.

Risk Management for Telehealth/VPC Services

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

Additional telehealth/VPC details and guidance is available online at www.medicaid.ncdhhs.gov/coronavirus.

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

NC Medicaid will continue to release telehealth/VPC 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> (UPDATED 4/28/2020)

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>

NC DPH Women's Health Branch:

[Family Planning and Maternal Health COVID19 FAQs_042820.pdf](#)