



COVID-19 Billing Quick Guide 04/07/2020

Background

NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority in Phase 1 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.

Visit Guidance

SPECIAL BULLETIN COVID-19 #28 (Addendum to Bulletin #9): General Guidance and Policy Modifications (Home Visits, Copays, Virtual Patient communications, Federally Qualified Health Centers and Rural Health Centers, ICD-10 Diagnosis Codes, Pharmacy, Durable Medical Equipment)

<https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification>

<https://medicaid.ncdhhs.gov/blog/2020/03/30/special-bulletin-covid-19-28-addendum-bulletin-9-effective-march-30-2020-telehealth>

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

ICD-10 diagnosis codes to be reported for Coronavirus Virtual Patient Communication and Telephonic Evaluation and Management (E/M) codes include:

- If the visit is for COVID-19 symptoms, contact with and (suspected) exposure to other viral communicable disease: U07.1
- If also assessing/treating for manifestations of COVID-19, code separately
- **Additionally, use of modifier CR for the Telehealth 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](https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification) 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). Specific guidance related to billing and coding is detailed in “Temporary Modifications to Attachment A,” found here <https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification>

<https://medicaid.ncdhhs.gov/blog/2020/03/30/special-bulletin-covid-19-28-addendum-bulletin-9-effective-march-30-2020-telehealth>

There are three telehealth modalities referenced within the policy bulletin, defined as:

Telemedicine: 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: Telepsychiatry is the use of two-way real-time interactive audio and video to provide and support psychiatric care when participants are in different physical locations.

Virtual Patient Communication: 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 telephonic); 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).

Virtual Care: New Reimbursable Telephonic Codes:

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

- Telephonic (audio only) evaluation and management service
- Established patients -routine follow-up

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 **MEDICARE ONLY**

- Brief communication technology-based
- Established patients, COVID symptoms

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.

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

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.**

Modifier 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 telehealth service using telemedicine/ interactive audio-visual communication, then you would need both the GT and the CR.

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 Women's Health Branch has requested clarification from Title X regarding waiver of fees for self-pay clients. Please do not adopt this practice for Family Planning clients until the Branch can clarify that this will meet Title X Program Requirements.***

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.

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.

The following sites provide information about policy modifications related to telemedicine and telepsychiatry:

- [Press Release \[ncdhhs.gov\]](#)
- [SPECIAL BULLETIN COVID-19 #9: Telehealth Provisions - Clinical Policy Modification \[medicaid.ncdhhs.gov\] 3/20/2020](#)
- <https://medicaid.ncdhhs.gov/blog/2020/03/30/special-bulletin-covid-19-28-addendum-bulletin-9-effective-march-30-2020-telehealth>

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

Please check with your EHR vendor about adding COVID-19 codes.

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

NC Medicaid/DHB:

<https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicicaid>

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

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

NC Medicaid Billing Changes CCNC/NCDHHS/AHEC Webpage:

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

SPECIAL BULLETIN COVID-19 #9: Telehealth Provisions - Clinical Policy Modification

<https://medicaid.ncdhhs.gov/blog/2020/03/20/special-bulletin-covid-19-9-telehealth-provisions-clinical-policy-modification>

SPECIAL BULLETIN COVID-19 9, #28 [Addendum to Bulletin #9 effective 3/30/2020]

<https://medicaid.ncdhhs.gov/blog/2020/03/30/special-bulletin-covid-19-28-addendum-bulletin-9-effective-march-30-2020-telehealth>