COVID-19 Medicaid Billing Quick Guide 03/31/2020

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)

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: Z20.828
- Additionally, use of modifier CR for the CPT or HCPCS codes listed in this bulletin 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).

Telephonic/Virtual Patient Communications
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 Telephonic 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). 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


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); 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).

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 interactive audio-visual communication, then you would need both the GT and the CR.

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

- Press Release [ncdhhs.gov]

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.

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 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:

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

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