COVID-19 Quick guide to Medical Telehealth: 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.

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.
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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.

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

Risk Management for Telehealth Services
LHDs should contact their malpractice insurance carrier to assure coverage requirements.