Summary of NC Medicaid Telehealth Codes for Well Child Visits in Response to COVID-19

Effective April 24th, 2020


Dates of Service: Providers may bill for allowed telehealth services delivered on or after March 10, 2020.

Children Under 24 Months of Age

- NC Medicaid recommends in-person visits for the vast majority of Well Child services to children under 24 months of age.
- A limited set of services may be delivered via telemedicine to children under 24 months of age if circumstances prevent a provider from delivering the Well Child service in-person. See table below for list of services.
- If a telemedicine visit is provided to a child under 24 months of age, he/she should have an in-person visit as soon as possible to complete in-person components of the Well Child exam when the provider and family mutually agree it is safe.

Children 24 Months of Age or Over

- For children 24 months and older, NC Medicaid recommends that providers consider telemedicine to deliver a broad range of Well Child services, as is clinically appropriate.
- Providers should use their clinical judgement to determine what components of well child services are appropriate to be performed during the telemedicine visit.
- If a telemedicine visit is provided to a child 24 months of age or over, he/she should have an in-person visit as soon as possible to complete in-person components of the Well Child exam when the provider and family mutually agree it is safe.

Immunizations

- Providers are encouraged to provide immunizations to their patients during the COVID-19 pandemic. The provider may deliver vaccine counseling by telemedicine and then administer the vaccine at a later date (e.g., via curb-side vaccine services). The immunization administration code would be billed at the time of vaccine administration by the provider.

General Guidance on Telehealth

- Telemedicine services may be provided to both new and established patients.
- Coverage and payment parity with in-person care for visits with video component.
- Well child care is not covered via virtual patient communications (e.g., telephone calls).
- No prior authorization or in-person examination is required for new patients to receive telemedicine or telepsychiatry services.
- Eligible providers may temporarily use video applications such as FaceTime, Facebook Messenger, Google Hangouts, Skype, etc. for telehealth without risk of penalty for noncompliance with HIPAA Rules.
- There are no longer any requirements related to referring providers.

FQHC, FQHC Look-Alikes and RHCs

- FQHCs, FQHC Look-Alikes and RHCs are now considered eligible distant sites.
- Well Child services may be delivered by FQHCs, FQHC Look-Alikes and RHCs via telemedicine and will be reimbursed on a fee-for-service basis, as they would if performed in-person. Claims should be submitted in the same manner as pre-COVID except adding GT modifier to indicate delivery via telemedicine and CR modifier to distinguish that the service was delivered during the COVID-19 pandemic.
# Temporary Modifications to Clinical Policy No: 1H Attachment A: Claims-Related Information

*The following codes may be billed by physicians, physician assistants and nurse practitioners.*

<table>
<thead>
<tr>
<th>Category</th>
<th>Medicaid Billing Codes</th>
<th>Modifiers NC Medicaid</th>
<th>Modifiers NC Health Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Medicine Services: <em>24 Months and Older</em></td>
<td>99382 99392 99383 99393 99384 99394</td>
<td>EP-GT-CR TJ-GT-CR</td>
<td></td>
</tr>
<tr>
<td>Evaluation and Management Codes to be Used for Follow-Up In-Person Visits</td>
<td>99211 99212 99213 99214 99215</td>
<td></td>
<td>CR CR</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>96110 EP-GT-CR TJ-GT-CR</td>
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<tr>
<td>Emotional/Behavioral Screening</td>
<td>96127 EP-GT-CR TJ-GT-CR</td>
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<tr>
<td>Caregiver-Focused Health Risk Assessment (including Maternal Depression Screening)</td>
<td>96161 EP-GT-CR</td>
<td>Under 24 months: Not applicable 24 months and older: TJ-GT-CR</td>
<td></td>
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<tr>
<td>Immunization Administration</td>
<td>90460 EP-CR TJ-CR</td>
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</tr>
</tbody>
</table>

* Use Modifiers for Medicaid through age 21 and Health Choice through age 18

**Claim Type**
- Professional (CMS-1500/837P transaction)
- Institutional (UB-04/8371 transaction)

**Modifiers and Place of Service**
- Modifier EP (Health Check) or TJ (Health Choice) must be appended to each CPT or HCPCS code for all visits, except follow-up in-person visits in which E/M codes should be billed only with the CR modifier.
- Modifier GT must be used for services provided via interactive audio-visual communication. Not for virtual patient communications (e.g. telephone calls).
- Modifier CR (catastrophe/disaster related) must be used to bypass time limitations related to telehealth codes.
- 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).