

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

Effective April 24th, 2020

NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority in this phase is to expand access to care via telehealth technologies and conduct well visits with patients to ensure the provision of comprehensive and preventive health care services for children under age 21. Please refer to <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicare> for details and up-to-date information on COVID-19.

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.

| Category | Medicaid Billing Codes | | Modifiers NC Medicaid | Modifiers NC Health Choice |
|---|------------------------|--------|-----------------------|--|
| Preventive Medicine Services: <i>Under 24 Months</i> | 99381 | 99391 | EP-GT-CR | TJ-GT-CR |
| | 99382 | 99392 | | |
| Preventive Medicine Services: <i>24 Months and Older</i> | 99382 | 99392 | EP-GT-CR | TJ-GT-CR |
| | 99383 | 99393 | | |
| | 99384 | 99394 | | |
| | 99385* | 99395* | | |
| Evaluation and Management Codes to be Used for Follow-Up In-Person Visits <i>Any member who receives a preventive medicine visit via telemedicine should have an in-person well child visit as soon as possible, when the provider and family mutually agree it is safe.</i> | 99211 | | CR | CR |
| | 99212 | | | |
| | 99213 | | | |
| | 99214 | | | |
| | 99215 | | | |
| Developmental Screening | 96110 | | EP-GT-CR | TJ-GT-CR |
| Emotional/Behavioral Screening | 96127 | | EP-GT-CR | TJ-GT-CR |
| Patient-Focused Health Risk Assessment | 96160 | | EP-GT-CR | TJ-GT-CR |
| Caregiver-Focused Health Risk Assessment (including Maternal Depression Screening) <i>Maternal depression screens may be billed to the child's Medicaid as CPT 96161. NC Medicaid will reimburse providers for up to 4 maternal depression risk screens administered to mothers during the infant's first year postpartum.</i> | 96161 | | EP-GT-CR | <u>Under 24 months:</u> Not applicable <u>24 months and older:</u> TJ-GT-CR |
| Immunization Administration <i>Providers should code when the vaccine is administered. Vaccine counseling may occur via telemedicine at any time prior to the administration of the vaccine. If vaccine counseling is provided in-person, the 90460 code should be billed as usual. If vaccine counseling as described by this code is not provided, use the appropriate vaccine administration code(s).</i> | 90460 | | EP-CR | TJ-CR |

* 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).