

North Carolina Medicaid Telehealth Services Billing & Coding Cheat Sheet

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.

- *Originating Site:* There are no restrictions on originating sites (formerly known as spoke sites). Originating sites may include health care facilities, school-based health centers, community sites, **the home or wherever the patient may be located.**
- *Distant Site:* There are no restrictions on distant sites (formerly known as hub sites). Distant sites may be wherever the provider may be located. Providers must ensure that patient privacy is protected (e.g., taking calls from private, secure spaces; using headsets).

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).

Place of Service: Telehealth and telepsychiatry claims should be filed with **place of service 02** (telehealth).

Virtual Patient Communication Services

CPT Code	Description	Information
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Modifier CR should be used with the CPT or HCPCS codes listed in this bulletin. The use of modifier CR will bypass time limitations (7 day and 24 hour) and editing on these codes related to COVID-19.
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Modifier CR should be used with the CPT or HCPCS codes listed in this bulletin. The use of modifier CR will bypass time limitations (7 day and 24 hour) and editing on these codes related to COVID-19.
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Modifier CR should be used with the CPT or HCPCS codes listed in this bulletin. The use of modifier CR will bypass time limitations (7 day and 24 hour) and editing on these codes related to COVID-19.

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Telephonic Visit Codes (non-FQHC/RHCs)

Routine, uncomplicated follow-up visits with established patients for chronic disease management (no COVID-19 symptoms): Medicaid Billing Code Criteria for Use Who Can Bill? Not for use in FQHCs or RHCs.

99441	5-10 minutes of telephonic medical discussion Physician or Advanced Care Provider who can report E/M services.
99442	11-20 minutes of telephonic medical discussion
99443	21-30 minutes of telephonic medical discussion
Patient actively experiencing COVID19 symptoms.	
G2012	5-10 minutes of telephonic medical discussion Physician or Advanced Care Provider who can report E/M services.

Use the CR modifier to bypass the frequency requirements.

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.

Diagnosis If the visit is for COVID-19 symptoms, contact with and (suspected) exposure to other viral communicable disease: **Z20.828**

Visit does not have to be related to COVID-19: Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity.

Fee Schedule: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicare/covid-19-telehealth>

Codes

The following new and established patient office or other outpatient service and office and inpatient consultation codes, when provided via telemedicine or telepsychiatry, may be billed by **physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners.**

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Codes		
99201	99213	99245
99202	99214	99251
99203	99215	99252
99204	99241	99253
99205	99242	99254
99211	99243	99255
99212	99244	T1015(+)

FQHCs and RHCs are identified with a plus sign (+)

Do NOT use codes above for Virtual Patient Communication Services.

The following **interprofessional assessment and management** codes may be billed by physicians only.
Interprofessional: From consultative provider to treating/requesting physician or other qualified health care professional only.

- **99446** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.
- **99447** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review.
- **99448** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review.
- **99449** - Interprofessional telephone/internet/electronic health records assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

Links used to provide the information for this cheat sheet can be found below.

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More Specific Guidance: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid/covid-19-special-medicaid-bulletins>

<https://medicaid.ncdhhs.gov/blog/2020/03/13/special-bulletin-covid-19-2-general-guidance-and-policy-modifications>

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

North Carolina Webinars and slides with specific documentation requirements for most seen scenarios:

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

https://www.communitycarenc.org/sites/default/files/2020-3-19%20CCNC-AHEC-Webinar_031920%20final-pm.pdf

HIPAA waivers during epidemic: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

FAQ link to the federal guideline: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>