

Publish Date	Topic	Question	Answer
3/27/2020	Telehealth/Telephonic/Virtual	Can you please explain the difference between telehealth and virtual visits?	<p>Telehealth is the broad term used to describe the provision of health information services, health care education, and health care services such as remote monitoring or remote doctor-patient consultations</p> <p>Telemedicine refers to the provision of healthcare services and education using approved telecommunication technology. North Carolina requires both an audio and a visual component for telemedicine and telepsychiatry.</p> <p>Telephonic refers to medical consultation between a patient and a provider, or between two providers, to discuss medical issues and develop a treatment plan over the telephone. There is no visual component of this service.</p> <p>Virtual visits are consultations with a provider over the telephone, a secure patient portal or via approved audio-visual equipment.</p>
3/27/2020	Billing/Coding/Claims	When should place of service 02 be used?	<p>Place of service 02 should only be appended to claims related to telehealth utilizing audio AND visual equipment (“telehealth”).</p> <p>Virtual communications (telephonic and MD to MD consult and portal communication) would have a home or office place of service. We recommend using the office place of service if a provider is working remotely on behalf of the clinic.</p> <p>FQHCs and RHCs should use T1015 to get paid your FQHC rate from Medicaid for telehealth services only. G0071, telephonic counseling* and portal communication codes would be billed without T1015. *To be added 3/30/20</p>
3/27/2020	Billing/Coding/Claims	Is there a COVID-19 telehealth fee schedule available?	The fee schedule can be found at the following link:

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			https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicare/covid-19-telehealth
3/27/2020	Billing/Coding/Claims	Are the MCOs ready for these codes to be billed and pay the claims?	The MCOs are aware of these codes and are adding them to their systems.
3/27/2020	Beneficiary Enrollment	Can a spouse/guardian/authorized person have a beneficiary removed from a nursing home and keep Medicaid?	<p>Please refer to the following policies:</p> <p>Clinical Policy A Medicaid recipient is allowed up to 60 Days of therapeutic leave per calendar year. If greater than 15 consecutive days is requested, the nursing facility must submit a Prior Approval Request for Therapeutic Leave. Therapeutic leave must be ordered by the recipient's attending physician. Therapeutic leave cannot be utilized for the purpose of receiving inpatient or nursing services elsewhere when such services are paid for by NC Medicaid.</p> <p>Medicaid Policy The individual can be absent from the nursing facility for up to 30 days without interrupting the continuous period of institutionalization, but any longer and they would not be considered LTC. If out of the facility any longer, the individual would be evaluated for Private Living Medicaid program.</p>
3/27/2020	CAP/C	Can an employee work overtime whether they work for a direct service provider (DSP) agency or under Consumer Direction? I have two families that are down to one employee and those employees are willing to work more than 40 hours so the parents can go to work.	Individuals employed under the CAP waiver program of consumer direction are eligible to receive overtime when specific Department of Labor Laws are met. The assigned case manager and the Financial Management Entity may be able to assist in identifying a service plan to meet the family's needs. Contact the assigned case manager and request assistance with a revision to the plan of care.
3/27/2020	CAP/DA	It is my understanding that no employee of record (EoR) can provide any direct care services, even through an agency, to the persons for whom they self-direct. Is this the case under the Emergency	The appendix K is written to allow for additional services to be provided by relatives whether those relatives are guardians or Employers of Record.

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		plan also, since it has not been addressed?	
3/27/2020	DME	Is there any chance that blood pressure cuffs will come off the DME list temporarily so that patients are able pick up in any pharmacy to take blood pressures at home rather than going into the doctor's office?	Unfortunately, we are unable to provide blood pressure cuffs directly through pharmacies.
3/27/2020	DME	If pregnant women with preeclampsia do not have access to the clinic services needed due to closures, can pregnancy Medicaid or regular Medicaid cover the cost of a blood pressure cuffs for these moms?	As of 3/30/20 blood pressure cuffs will be available through DME suppliers for pregnant women.
3/27/2020	Long-Term Services and Support (LTSS)	Our Home Care Agency (providing in-home aide services for PCS, CAP/DA, & PACE programs) has questions pertaining to policy & licensure during this time of precautionary guidelines/social distancing. Our clients have been saying they do not want anyone in their homes other than the aides they know and trust, so some have concern about other visitors (whether our RN's or even IAE assessors). Our RN's are still required to perform their routine supervisory visits. Do you think there are any guidelines in place or different options during this time, that would allow nurses to make over the phone "visits" with clients in order to limit any potential exposure for the next 2-4 weeks, then following up with an in-home visit once the executive order are lifted?	Across the board we are working to cancel all face-to-face assessments and are putting processes in place to ensure beneficiaries can still receive prior authorization for services. For PCS, current beneficiaries will receive an extension on their service so that an annual assessment is not scheduled. New requests and change of status request will be managed by a telephonic assessment. We are currently working with our vendors to implement this process and hope to operationalize it the week of March 30. We will also be issuing a Medicaid bulletin in the coming days.
3/27/2020	Long-Term Services and Support (LTSS)	Will NC Medicaid be providing regulatory flexibility during the COVID-19 challenge? One regulation has become a significant barrier as we look to reduce participant exposure in our day center by keeping them home. We are learning that	NC Medicaid is in discussion with the Division of Health Service Regulation regarding in-home services and any potential flexibilities pertaining to the delivery of the service.

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		some our contracted home care agencies may not be able to support our participants needs. Some have indicated that if a participant is identified as a PUI or is + COVID-19 they will no longer go into the home. Our current regulations restrict our ability to send PACE staff into the home to provide care. We will of course attempt to staff the case with another provider but based on normal operations this will be very difficult with a long lead time. I would like the flexibility during this emergency to address the participants' needs by sending PACE staff to provide care in the home.	
3/27/2020	Long-Term Services and Support (LTSS)	Given that to prevent the spread of COVID-19, NCDHHS recommends that all facilities that serve residential establishments for high risk persons restrict visitors and implement social distancing measures, will NCDHHS defer PCS assessments to reduce the chance spreading COVID-19 facility-to-facility and home-to-home?	In response to the COVID-19 pandemic, NCDHHS is taking necessary precautions to protect the public. As a result, NC Medicaid is modifying the clinical coverage policy 3L to allow current beneficiaries to have extended prior approval past their annual due date and to allow beneficiaries requesting initial services or change of status requests to be assessed telephonically. Medicaid is working diligently with our contracted vendors, Liberty Healthcare and VieBridge, Inc., to make telephonic assessments available in the next few days. Medicaid is preparing a Bulletin article that will be issued once we operationalize all processes related to COVID-19. Liberty Healthcare has been directed to cancel all face-to-face assessments and reschedule for a later date.
3/27/2020	PACE	What would Shelter in Place Order mean for PACE Programs?	The PACE organization should follow the guidance of State and local officials in the event a shelter in place order is issued. PACE organizations are responsible for providing all required Medicare and Medicaid covered services and are expected to follow its emergency preparedness plan accordingly.

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3/27/2020	Pharmacy	Can beneficiaries obtain prescriptions early?	Yes, early refills have been allowed in addition to 90-day supplies, excluding controlled substances.
3/27/2020	Telehealth/Telephonic/Virtual	How often per week can this code be used (98966, 98967, and 98968)?	There is nothing in our policy regarding a weekly limit but the CR modifier can be utilized to bypass any limits placed by CMS specifically for Medicaid patients
3/27/2020	Telehealth/Telephonic/Virtual	The codes listed above say it is “telephone” contact. Is that what it has to be? Could it be a HIPAA-compliant video service?	98966, 98967, and 98968 are to be reported for telephone only. If using audio/visual contacts, you would report with the telemedicine/telepsychiatry codes.
3/27/2020	Telehealth/Telephonic/Virtual	Could we use the CPT code 90837-GT modifier or do we only use 98966, 98967, and 98968?	90837-GT is provided via interactive audio-visual communication. 98966, 98967, and 98968 are telephonic. 90837-GT and the other behavioral health outpatient codes (90832, 90834, 90846, 90847) cannot be used because the audio/video has to be facility-to-facility per clinical coverage policy 8C. Not facility (therapist)-to-home (client at home).
3/27/2020	Telehealth/Telephonic/Virtual	In academic settings, with regard to telephonic visits, will it be possible for residents (who lack unrestricted licenses) to conduct a visit and bill under the name of their supervising attending physician? Is Medicaid allowing residents to provide Telehealth Visits, virtual check-in HCPCS codes, G2012, G2010 and E-visit CPT codes, 99421-99423, if the supervising physician is immediately available?	During the COVID-19 Emergency, the services of residents who lack an unrestricted NC license can conduct the telephonic visit but cannot bill Medicaid. The supervising, attending physician can bill Medicaid. The supervising, attending physician shall be available immediately and reviews and cosigns the visit in the same manner as a face- to-face visit. Residents and supervising physicians follow their collaborative agreement in regard to supervision of services rendered.
3/27/2020	Telehealth/Telephonic/Virtual	When will assertive community treatment team services be telehealth-approved for F2F service?	The department is actively working on identifying services that are appropriate for telemedicine coverage. Additional information will be posted in the coming week as these services are added.

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3/27/2020	Telehealth/Telephonic/ Virtual	Are the Primary care providers seeing routine visits?	Primary care and specialty providers may see patients via telehealth or virtual visits.
3/27/2020	Telehealth/Telephonic/ Virtual	Will Medicaid pay for nurse telephonic visits?	At this time, telephonic visits are only covered when performed by MDs, nurse practitioners, physician assistants, certified nurse midwives, and select behavioral health professionals. Clinical Pharmacists can bill for telehealth not telephonic services.
3/27/2020	Telehealth/Telephonic/ Virtual	Will Telehealth be approved for occupational outpatient clinic therapy?	The department is actively working on identifying services that are appropriate for telemedicine coverage. Additional information will be posted by March 27, 2020, outlining Specialized Therapy coverage.
3/27/2020	Telehealth/Telephonic/ Virtual	I know that NC State Board of Optometry has discussed with DHHS the need for Optometrists to be able to provide telehealth and other non-face to face services. Has a decision been made to allow Optometry to provide these services as we do under Medicare? But Optometry MUST be able to provide telehealth as well. Will there be a phase 3 for Optometry providers? Think about eye infections and other acute symptoms.	The department is actively working on identifying services that are appropriate for telemedicine coverage. Optometry services will be reviewed with guidance issued by April 4, 2020.
3/27/2020	Telehealth/Telephonic/ Virtual	Are there any restrictions on the audio/visual tools we can use? Can we use Facetime, Skype, etc.?	NC Medicaid has eliminated the restriction on telemedicine and telepsychiatry being conducted via video/cell phone interaction. These services can now be delivered via any HIPAA-compliant secure technology with audio/video capabilities including smart phones, tablets and computers. In addition, the office of Civil Rights (OCR) at Health and Human Services (HHS) recently issued guidance noting that covered health care providers may use popular applications that allow for video chats, including Apple Facetime, Facebook messenger video chat, Google Hangouts Video or Skype to provide telehealth <u>without risk</u> that

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			OCR might seek to impose a penalty for non-compliance with the HIPAA related to the good faith provision in telehealth during the COVID-19 nationwide public health emergency.
3/27/2020	Telehealth/Telephonic/Virtual	How do we handle vitals for telephone visits?	<p>Non-face-to-face visits present a unique set of challenges. The provider may ask for basic vital signs such as temperature, height, weight. If the beneficiary has access to a blood pressure cuff, that information or most recent readings can be relayed to the provider. Vitals are not needed for telephonic visits but ideal for telehealth visits.</p> <p>Medicaid will be approving blood pressure devices for individuals filled through a DME provider as of 3/30/2020.</p>
3/27/2020	Telehealth/Telephonic/Virtual	If a doctor is not quarantined and they are in the office, patient cannot come in or does not want to, can the patient be seen telehealth and normal billing occur?	NC Medicaid encourages providers to use telemedicine or virtual office visits whenever possible.
3/27/2020	Telehealth/Telephonic/Virtual	With no prior authorization required, will patients be able to use telehealth from home to a provider that is not their PCP?	Yes
3/27/2020	Telehealth/Telephonic/Virtual	Is Ob considered primary care for purpose of immediate use of telehealth?	Both primary care and specialists may use telehealth services immediately
3/27/2020	Telehealth/Telephonic/Virtual	Telephonic is restricted to established patients. how about new Ob visits? Much of this could be done telephonically. Can this be waived?	Providers may use new or established patient E/M codes for telemedicine visits, following the components of the E/M code. Virtual communications (telephonics) require the patient be established by definition.
3/27/2020	Telehealth/Telephonic/Virtual	Does the coverage for telehealth apply to patients that have HealthChoice?	Yes
3/27/2020	Telehealth/Telephonic/Virtual	We continue to receive changing information about risks associated with travel. For those who have traveled domestically (though notably likely on commuter planes with international travelers), how	<p>Please refer to the NC DHHS link: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-travel</p>

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		long do they need to be post-trip before we see them in office?	
3/27/2020	Telehealth/Telephonic/Virtual	Could you talk about why there is a delay to have Specialized Therapies start teletherapy. I know the SLP's are ready to do parent coaching since that is what Early Intervention has been doing and we are ready to go. Two weeks without therapy is a VERY Long time for our young children.	NC Medicaid is aware and is working diligently to formulate workable solutions for almost all provider types. As an agency, it has been necessary to triage the solutions and therefore Specialized Therapies will have guidance out by 3/27/20.
3/27/2020	Telehealth/Telephonic/Virtual	Does all this apply only to primary care or also surgeons (virtual visit)?	Both primary care and specialists may use virtual and telehealth services. Decision for surgery should remain face-to-face.
3/27/2020	Telehealth/Telephonic/Virtual	If a provider provides telehealth svc from home, do we use clinic address on claim?	Yes.
3/27/2020	Telehealth/Telephonic/Virtual	Will Medicaid pay for Community Paramedic home visits?	Not at this time. We are actively pursuing a State Plan Amendment to allow a provision for Treat and No Transport.
3/27/2020	Telehealth/Telephonic/Virtual	Are virtual visits for PT/ST/OT-allowed? How should they be billed? Same limits (if applicable) apply?	Additional information regarding telehealth services for specialized therapies will be published by 3/27/20

Important links:

[Medicaid Special Bulletins](#)

[Telephonic Code Rates](#)

[Provider Webinar 03.19.20](#)

[Medicaid Special Bulletin- 1135 Waiver Provisions](#)