

Telehealth Resources for Pregnancy Medical Home Providers

Summary of NC Medicaid Telehealth Provisions in Response to COVID-19

- [Summary of NC Medicaid Telehealth Provisions in Response to COVID-19](#)
- Coverage and payment parity with in-person care.
- Use any HIPAA-compliant, secure technology with audio and video capabilities, including but not limited to smart phones, tablets, and computers.
- No restrictions on originating or distant sites. Originating sites include wherever the patient may be. Distant sites include wherever the provider may be.
- No frequency or time limitations
- Coding guidance
- Retroactive to March 10, 2020

PMH Pregnancy Risk Screening and Care Management

- PMH providers may now conduct pregnancy risk screenings via telehealth (phone call, video visit, or online portal) and bill code **S0280**
- Care managers will continue to engage patients prioritized by risk. Local provisions should be made to communicate with care managers as most will not be in the office.

Home Blood Pressure Monitoring

- Medicaid will cover cost of BP monitor ordered from DME distributor
- Guidance on how to order: [In home BP monitoring guidance](#)
- Patient education materials: <https://ccnc.care/homebp4patients>
- Medicaid added coverage for providers to help patients engage in self-monitoring of BP: [Self-Measured BP Monitoring Bulletin](#)
 - **99473**: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.
 - **99474**: Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
 - **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

Telehealth for Prenatal and Postpartum Care

- [Telehealth Clinical Policy - Interim Perinatal Care Guidance](#)

- To reduce exposure and help deliver non-urgent care to beneficiaries in their homes, antepartum and postpartum care can be provided via telemedicine (audio-visual communication). Audio-visual services can be billed as part of OB package codes. Visits conducted via telephone conversations must be billed “fee for service” outside of the OB package codes.
- Providers are responsible for determining when it is clinically appropriate to conduct these visits via telemedicine.
- Pregnancy care can be billed as part of a pregnancy package code or as separate E/M visits. Either way, they must be appended with GT and CR modifiers to identify that one or more antepartum and/or postpartum visits were conducted via telemedicine.
- Providers are not required to bill antepartum or postpartum care visits separate from a delivery when such a visit is conducted via telemedicine if that visit would have been covered in-person as part of a pregnancy package code.
- The postpartum incentive code, S0281 should be billed when a postpartum visit is completed in person or via telemedicine. GT and CR modifiers are not required.
- Professional services rendered via video visit (with GT modifier) are paid at 100% of the allowed fee schedule.
- Telemedicine 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)

Additional Telehealth Covered Services

- [Telehealth Billing Code Summaries](#)
 - Behavioral health
 - Medical lactation
 - Dietary evaluation and counseling
 - Diabetes self-management education
 - Physical therapy

FOR THE MOST CURRENT INFORMATION, EVERYTHING IN ONE PLACE

- CCNC/DHHS/AHEC COVID-19 page: <http://ccnc.care/covid19>
 - Recorded webinars for providers
- [Telehealth Billing Code Summaries](#)
- [Medicaid COVID-19 Bulletins](#)

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