

Telehealth FAQs for Clinicians & Practices

Definitions

What is telehealth?

Telehealth is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. For NC Medicaid, there are three types of telehealth: **telemedicine**, **telepsychiatry**, and **teletherapy**.

- [Special Bulletin COVID-19 #34](#)

What expansions in telehealth have occurred for NC Medicaid?

Changes include payment parity for telehealth, expanding eligible telehealth technologies, expanding eligible provider types, expanding the list of eligible originating and distant sites, and eliminating the need for prior authorization and referrals (other than what is necessary to meet the standard of care as detailed below). Additionally, this policy modification allows Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to serve as distant sites.

- [Special Bulletin COVID-19 #34](#)

Billing

When can providers bill Medicaid for allowed services under Clinical Policy Modifications for telehealth?

Temporary changes will be retroactive to March 10, 2020 and will end the earlier of the cancellation of the North Carolina state of emergency declaration or when this policy is rescinded.

- [Medicaid Policy and Coding Requirement Changes](#)

Is payment for telehealth by NC Medicaid the same as in-person care?

Telemedicine and telepsychiatry have coverage and payment parity with in-person care. Medicaid and NC Health Choice will continue to cover and reimburse all telemedicine interactions at a rate that is equal to in-person care as long as they meet the standard of care and are conducted over a secure HIPAA-compliant technology with live audio and video capabilities.

- [Guidance on Telehealth Guidance and Resources](#)

What providers are eligible to bill Medicaid for telehealth visits?

NC Medicaid has expanded the list of eligible distant site telemedicine and telepsychiatry providers to include clinical pharmacists, licensed clinical social workers (LCSW), licensed clinical mental health counselors (LCMHCs), licensed marriage and family therapists (LMFTs), licensed clinical addiction specialists (LCASs) and licensed psychological associates (LPAs).

- [Medicaid Telehealth Billing Code Summary](#)

What prior authorization is needed for a telehealth visit?

Patients are not required to obtain prior authorization or have an initial in-person examination prior to receiving telemedicine or telepsychiatry services; however, when establishing a new relationship with a patient via either telemedicine or telepsychiatry, the provider must meet the prevailing standard of care and complete all appropriate exam requirements and documentation dictated by E/M coding guidelines.

- [Guidance on Telehealth Guidance and Resources](#)

What modifiers are used for telehealth billing?

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.

- [Summary of Medicaid Telehealth Provisions](#)

What modifiers are used for telehealth billing?

Place of Service: Telemedicine and telepsychiatry claims should be filed with the **provider's usual place of service code** per the appropriate clinical coverage policy. *Do not use Place of Service (POS) 02 (telehealth).*

- [Special Bulletin COVID-19 #34](#)

Where can I access additional coding information for telehealth?

Additional coding assistance and more telehealth resources can be found in the NC Medicaid Telehealth Billing Code Summary found at CCNC's COVID-19 webpage: <http://ccnc.care/covid19>.

I practice in a rural area and have many patients with no access to internet or a device such as a computer or smartphone. Will Medicaid and Medicare pay for parity for a telephone visit instead of a visit with A/V for these situations?

Effective 3/30/2020, Medicare is now paying E/M codes for a telephone call without audio and visual. Medicaid announced in the 4/2/20 webinar that they will soon be paying telephonic visits at a higher rate than the current rate, but lower than a true telehealth (audio/visual) visit.

- [Guidance on Telehealth Guidance and Resources](#)

Privacy

I heard HIPAA, as related to telehealth, has made provisions during the crisis. Is that true?

HHS Office for Civil Rights (OCR) will waive potential HIPAA penalties for good faith use of telehealth during the emergency.

- [Guidance on Telehealth Guidance and Resources](#)

Technology

Can a patient use a smartphone for a telehealth visit?

These services can now be delivered via any HIPAA-compliant, secure technology with audio and video capabilities, including (but not limited to) smart phones, tablets, and computers.

- [Guidance on Telehealth Guidance and Resources](#)

Can a telephone conversation be billed as telehealth?

No. Interactions that do not constitute covered telehealth are: Telephone conversations; Video cell phone interactions; Email messages; Facsimile; "Store and forwards"; when the beneficiary is confined to a jail, detention center, or prison; the consulting provider is not a Medicaid or NCHC enrolled provider.

- [Special Bulletin COVID-19 #34](#)

Sites

What is a service site?

The originating site is the facility in which the beneficiary is located. The distant site is the facility from which the provider furnishes the telemedicine or telepsychiatry service.

- [Guidance on Telehealth Guidance and Resources](#)

What are restrictions for an 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.

- [Guidance on Telehealth Guidance and Resources](#)

What are restrictions for a distant site?

There are no restrictions on distant 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). Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes and Rural Health Centers (RHCs) are considered eligible distant sites.

- [Guidance on Telehealth Guidance and Resources](#)

DocsInk

I heard CCNC is offering telehealth through DocsInk at no cost until July 31, 2020 to any prescribing clinician actively participating in Medicaid's Carolina Access Program, Community Care Physician Network, or the Pregnancy Medical Home program. How do I sign up??

Interested providers should go to <https://connect.docsink.com/registration/ccnc> and input **NCDEAL** in 'Your Referral Code' field at the bottom of the page. After your account has been created, set up instructions will be sent to your email.

- [CCNC DocsInk one pager](#)

If my practice is already using DocsInk prior to this, how can I start getting it for free through CCNC?

You will need to contact DocsInk and they will have the NCDEAL code registered.

- [For additional support use live chat](#) or call DocsInk by phone at 888-577-7409

How do practices complete a BAA and a SaaS agreement with DocsInk?

The **SaaS agreement** is embedded in the application as a "click through" that each user acknowledges when they are creating the account or logging in the first time. The full document is in the app as well as on DocsInk website. Beginning April 13, the BAA will be automated and sent via the system from DocuSign.

- [DocsInk website](#)

Can each provider within a practice have access to DocsInk?

Yes, if they are a prescribing provider.

- [CCNC DocsInk one pager](#)

Does DocsInk have technical support?

Yes. DocsInk has live chat with NC-based technical support on their website, help from within the application, as well as a contact form.

- [DocsInk website](#) and [contact form](#)