

## North Carolina

**Medicaid Program:** North Carolina Medicaid

**Medicaid Program Administrator:** Dept. of Health and Human Services, Division of Medical Assistance

**Regional Telehealth Resource Center:**

Mid-Atlantic Telehealth Resource Center

PO Box 800711

Charlottesville, VA 22908-0711

(434) 906-4960 / (855) MATRC4U

[www.matrc.org](http://www.matrc.org)

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<b>Definition of telemedicine/telehealth</b>	
<p>“Telemedicine is the use of two-way real-time interactive audio and video between places of lesser and greater medical capability or expertise to provide and support health care, when distance separates participants who are in different geographical locations.”</p> <p><i>Source: NC General Statute 130A-125</i></p>	<p>“Telemedicine is the use of two-way real-time interactive audio and video between places of lesser and greater medical capability or expertise to provide and support health care, when distance separates participants who are in different geographical locations.”</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Oct. 1, 2015.</i></p>
<b>Live Video Reimbursement</b>	
<p>The Commission is required to address follow up protocols to ensure early treatment for newborn infants diagnosed with congenital heart defects, to include telemedicine (live video).</p> <p><i>Source: NC General Statute 130A-125</i></p>	<p>North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and telepsychiatry services. All of the following conditions must be met:</p> <ul style="list-style-type: none"> <li>• The beneficiary must be present at the time of consultation;</li> <li>• The medical examination must be under the control of the consulting provider;</li> <li>• The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services; and</li> <li>• The consultation must take place by two-way real-time interactive audio and video telecommunications system.</li> </ul> <p>Criteria for eligible beneficiaries:</p> <ul style="list-style-type: none"> <li>• Must be enrolled in the NC Medicaid program or NC Health Choice</li> <li>• Providers must verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered</li> <li>• The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible</li> <li>• For the NCHC Program, Children must be between the ages of 6-18 (one of many</li> </ul>

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	<p>restrictions in program)</p> <p>Other Limitations:</p> <ul style="list-style-type: none"> <li>• Up to three different consulting providers may be reimbursed for a separately identifiable telemedicine or telepsychiatry service per date of service</li> <li>• Only one facility fee is allowed per date of service per beneficiary</li> <li>• There is no reimbursement to the referring provider at the originating site on the same date of service unless the referring provider is billing for a separately identifiable billable service. Health records must document that all the components of the service being billed were provided</li> <li>• These services are subject to the same restrictions as face-to-face contacts.</li> </ul> <p>Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.</p> <p>Eligible medical providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Physician's assistants.</li> </ul> <p>Eligible tele-psychiatry providers:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Advanced practice psychiatric nurse practitioners;</li> <li>• Advanced practice psychiatric clinical nurse specialists;</li> <li>• Licensed psychologists Ph.D. level;</li> <li>• Licensed clinical social workers (LCSW);</li> <li>• Community diagnostic assessment agencies.</li> </ul> <p>All services must be:</p> <ul style="list-style-type: none"> <li>• Medically necessary;</li> <li>• The procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;</li> <li>• The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;</li> <li>• The procedure, product, or service is furnished in a manner not primarily intended for the</li> </ul>

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	<p>convenience of the recipient, the recipient's caretaker, or the provider.</p> <p>Providers must obtain prior approval from NC Medicaid for all services delivered via telemedicine and telepsychiatry. Providers must submit:</p> <ul style="list-style-type: none"> <li>• Prior approval request;</li> <li>• All health records and any other records to document that the patient has met the specific criteria for telemedicine services;</li> </ul> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Oct. 1, 2015.</i></p>
<b>Store and Forward Reimbursement</b>	
No reference found.	<p>North Carolina Medicaid will not reimburse for Store and Forward.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 5, Oct. 1, 2015.</i></p>
<b>Remote Patient Monitoring Reimbursement</b>	
No reference found.	No reference found.
<b>Email/Phone/FAX Restrictions</b>	
No reference found.	<p>No reimbursement for email.  No reimbursement for telephone.  No reimbursement FAX.  No reimbursement for video cell phone interaction.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Oct. 1, 2015.</i></p>
<b>Online Prescribing</b>	
No reference found.	No reference found.
<b>Consent</b>	
No reference found.	No reference found.
<b>Location</b>	
No reference found.	<p>"The distant site of the service must be of a sufficient distance from the originating site to provide services to a beneficiary who does not have readily available access to such specialty services."</p> <p>No reimbursement if:</p> <ul style="list-style-type: none"> <li>• The recipient is located in a jail, detention center, or prison; <ul style="list-style-type: none"> <li>• The consulting provider is not a Medicaid-enrolled provider; the consulting provider does</li> </ul> </li> </ul>

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	<p>not follow established criteria for the service provided.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Oct. 1, 2015.</i></p>
<b>Cross-State Licensing</b>	
No reference found.	No reference found.
<b>Private Payers</b>	
No reference found.	No reference found.
<b>Site/Transmission Fee</b>	
No reference found.	<p>Originating-site provider facility fees paid to:</p> <ul style="list-style-type: none"> <li>• Physicians;</li> <li>• Nurse practitioners;</li> <li>• Nurse midwives;</li> <li>• Advanced practice psychiatric nurse practitioners;</li> <li>• Advanced practice psychiatric clinical nurse specialists;</li> <li>• Licensed psychologists (Ph.D. level);</li> <li>• Licensed clinical social workers (LCSW);</li> <li>• Physician's assistants;</li> <li>• Hospitals (inpatient or outpatient)</li> <li>• Federally Qualified Health Centers;</li> <li>• Rural Health Clinics;</li> <li>• Local health departments;</li> <li>• Local Management Entities.</li> </ul> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Oct. 1, 2015.</i></p> <p>No facility fees for distant-site providers.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, Oct. 1, 2015.</i></p>
<b>Miscellaneous</b>	
	<p>The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program.</p> <p><i>Source: NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B.(b)</i></p> <p>Providers must comply with the following in effect at the time the service was rendered:</p> <ul style="list-style-type: none"> <li>• All applicable agreements, federal, state and local laws and regulations including HIPAA and medical retention requirements.</li> <li>• All Medicaid's clinical coverage policies,</li> </ul>

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	<p>guidelines, policies, provider manuals, implementation updates and bulletins published by CMS, DHHS, its divisions or its fiscal agent.</p> <p><i>Source: NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Oct. 1, 2015.</i></p>