

# North Carolina

**Medicaid Program:** North Carolina Medicaid

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

**Regional Telehealth Resource Center:** Mid-Atlantic Telehealth Resource Center [www.matrc.org](http://www.matrc.org)

## North Carolina At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSING COMPACT	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	PTC, NLC	✗

## North Carolina Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>NC Medicaid reimburses live video telemedicine for medical and tele-psychiatry services as long as certain conditions are met. They do not provide reimbursement for store-and-forward, and make no reference to remote patient monitoring.</p>
	Definitions	<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. A beneficiary is referred by one provider to receive the services of another provider via telemedicine.”</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Dec. 31, 2019. (Accessed Mar. 2020).</p>
	Live Video	<p style="background-color: #ccc; padding: 5px;"><b>Policy</b></p> <p>The beneficiary must be enrolled in either the NC Medicaid program or the NC Health Choice Program. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service. For example, to participate in the NC Health Choice Program, a beneficiary must be between 6 and 18 years old, although there is an exception if the child falls under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirement for Medicaid beneficiaries under 21 years of age. See manual for details.</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1, Dec. 31, 2019. (Accessed Mar. 2020).</p> <p>North Carolina Medicaid and NC Health Choice will reimburse for live video medical services and tele-psychiatry 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><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, Dec. 31, 2019 (Accessed Mar. 2020).</p>



Medicaid or NCHC shall cover procedures, products, and services related to this policy when they are medically necessary, and:

- 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 beneficiary's needs;
- The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

#### Services NOT Covered

- The beneficiary does not meet the eligibility requirements;
- The beneficiary does not meet the criteria listed above;
- The procedure, product, or service duplicates another provider's procedure, product, or service; or
- The procedure, product, or service is experimental, investigational, or part of a clinical trial.

#### Additional Criteria not covered under NC Health Choice

Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:

- No services for long-term care.
- No nonemergency medical transportation.
- No EPSDT.
- Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.

Distant site providers must obtain prior approval from NC Medicaid for services delivered via telemedicine and tele-psychiatry when those services require prior approval based on service type or diagnosis. Providers must submit to the Department of Health and Human Services Utilization Review Contractor the following:

- Prior approval request;
- All health records and any other records to document that the beneficiary has met the specific criteria for telemedicine services;

Special provisions apply for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. See manual.

The beneficiary cannot be confined to a jail, detention center or prison.

**Source:** NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 1-7, Dec. 31, 2019 (Accessed Mar. 2020).

See Attachment A of manual for billable codes.

When the GT modifier is appended to a code billed for professional services, the service is paid at 100% of the allowed amount of the fee schedule.

- For hospitals, this is a covered service for both inpatient and outpatient and is part of the normal hospital reimbursement methodology.
- Reimbursement for these services is subject to the same restrictions as face-to-face contacts (such as; place of service, allowable providers, multiple service limitations, prior authorization).

**Source:** NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 14, Dec. 31, 2019 (Accessed Mar. 2020).

#### Teledentistry

Synchronous real-time dentistry is covered through D9995.

**Source:** NC Div. of Medical Assistance. Medicaid Bulletin. p. 22, Jan. 2018. (Accessed Mar. 2020)



Eligible Providers

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- Meet Medicaid or NCHC qualifications for participation;
- Be currently Medicaid or NCHC enrolled; and
- Bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

Eligible medical providers:

- Physicians;
- Nurse practitioners;
- Nurse midwives;
- Physician’s assistants.

Eligible tele-psychiatry providers:

- Physicians;
- Nurse Practitioners;
- Physicians Assistants;
- Advanced practice psychiatric nurse practitioners;
- Advanced practice psychiatric clinical nurse specialists;
- Licensed psychologists Ph.D. level;
- Licensed clinical social workers (LCSW);
- Community diagnostic assessment agencies.

The licensed provider using Telemedicine or Telepsychiatry Services shall ensure the availability for appropriate follow-up care and maintain a complete health record that is available to the beneficiary and other treating providers.

Up to three different consulting providers may be reimbursed for a separately identifiable telemedicine or telepsychiatry service provided to a beneficiary per date of service.

**Source:** NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4 & 6, Dec. 31, 2019 (Accessed Mar. 2020).

Eligible Sites

No reference found.

Geographic Limits

“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.”

**Source:** NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, Dec. 31, 2019 (Accessed Mar. 2020).



# Medicaid Telehealth Reimbursement

Live Video	Facility/Transmission Fee	<p>Only one facility fee is allowed per date of service “per beneficiary.”</p> <p>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 to the beneficiary.</p> <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>No facility fees for distant-site providers.</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4, 6-7, Dec. 31, 2019 (Accessed Mar. 2020). .</p>
	Policy	<p>North Carolina Medicaid will not reimburse for Store-and-forward.</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Dec. 31, 2019 (Accessed Mar. 2020).</p>
Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.



# Medicaid Telehealth Reimbursement

Store-and-Forward	Transmission Fee	No reference found.
Remote Patient Monitoring		Policy
		Conditions
		Provider Limitations
		Other Restrictions
Email / Phone / Fax	<p>No reimbursement for email.          No reimbursement for telephone.          No reimbursement FAX.          No reimbursement for video cell phone interaction.</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 4-5, Dec. 31, 2019 (Accessed Mar. 2020).</p> <p>Telephonic E/M services for influenza is covered for Feb. 1, 2020 to April 20, 2020.</p> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Bulletin, Telephonic Evaluation and Management for Influenza, Jan. 28, 2020, (Accessed Mar. 2020).</p>	



	Consent	No reference found.	
	Out of State Providers	No reference found.	
	Miscellaneous	<p>The Office of Rural Health and Community Care shall oversee and monitor the establishment of a statewide telepsychiatry program. Must be enrolled in the NC Medicaid program or NC Health Choice.</p> <p><b>Source:</b> NC General Statutes Article 3, Ch. 143B, Sect. 12A.2B. (b). (Accessed Mar. 2020).</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 (medical) coverage policies, guidelines, policies, provider manuals, implementation updates and bulletins published by CMS, DHHS, its divisions or its fiscal contractor(s).</li> </ul> <p><b>Source:</b> NC Div. of Medical Assistance, Medicaid and Health Choice Manual, Clinical Coverage Policy No: 1H, Telemedicine and Telepsychiatry, p. 7, Dec. 31, 2019 (Accessed Mar. 2020).</p>	
	Definitions	No reference found.	
Private Payer Laws	Requirements	No reference found.	
	Parity	Service Parity	None.
		Payment Parity	None.



Definitions	<p><b>Maternal and Child Health and Women’s Health</b>          Telemedicine is the use of 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><b>Source:</b> <i>NC General Statute 130A-125(b2)(1). (Accessed Mar. 2020).</i></p>
Consent	<p>No reference found.</p>
Online Prescribing	<p>No reference found.</p>
Cross-State Licensing	<p>Member of the Physical Therapy Compact.</p> <p><b>Source:</b> <i>PT Compact. Compact Map. HB 57 (2017). (Accessed Mar. 2020).</i></p> <p>Member of the Nurses Licensure Compact.</p> <p><b>Source:</b> <i>Current NLC States &amp; Status. Nurse Licensure Compact. (Accessed Mar. 2020).</i></p>
Miscellaneous	<p>Telemedicine may be utilized for neonatal or infant echocardiograms.</p> <p><b>Source:</b> <i>10A N.C.A.C. 43K.0102(c)(3). (Accessed Mar. 2020).</i></p> <p>Telemedicine may be used to perform the initial examination required when an individual comes into custody of law enforcement.</p> <p><b>Source:</b> <i>N.C. Gen. Stat. § 122C-263(c). (Accessed Mar. 2020).</i></p> <p>The Commission is required to address follow-up protocols to ensure early treatment for newborn infants diagnosed with congenital heart defects, including by means of telemedicine (live video).</p> <p><b>Source:</b> <i>NC General Statute 130A-125(b2)(1). (Accessed Mar. 2020).</i></p>

