SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes

Tuesday, April 7, 2020

Background and General Guidance

NC Medicaid, in partnership with the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), has temporarily modified its Telemedicine and Telepsychiatry Clinical Coverage Policy to better enable the delivery of remote care to Medicaid and State-funded beneficiaries. These temporary changes are retroactive to March 10, 2020, and will end the earlier of the cancellation of the North Carolina state of emergency declaration or when the policy modification is rescinded, unless noted otherwise below. When the temporary modifications end, all face-to-face service requirements will resume.

Providers must ensure that Medicaid services outlined in this and other telehealth COVID-19 clinical policy bulletins can be safely and effectively delivered using telehealth in alignment with relevant NC Medicaid clinical coverage policies. Providers must consider a client's behavioral, physical and cognitive abilities to participate in services provided using telehealth. The beneficiary's safety must be carefully considered for the complexity of the services provided.

In addition, in situations where a caregivers or facilitators are necessary to assist with the delivery of telehealth services, their ability to assist and their safety should also be considered. Delivery of services using telehealth must conform to professional standards including but not limited to ethical practice, scope of practice, and other relevant federal, state and institutional policies and requirements including Practice Act and Licensing Board rules.

NC Medicaid has considered the recommendations of related licensing boards and associations and conducted a close evaluation of in-person service codes to develop the policy modifications outlined in this bulletin.

NC Medicaid and DMHDDSAS continue to evaluate telehealth policies and will release temporary flexibilities and guidance as needed throughout the state of emergency. Specific guidance related to billing and coding is detailed in the section "Temporary Modifications to Attachment A."

Definitions

- **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. There are three types of telehealth:

    - **Telemedicine** is the use of two-way real-time, interactive **audio and video** to provide and support **health care** when participants are in different physical locations.
    - **Telepsychiatry** is the use of two-way real-time, interactive **audio and video** to provide and support **psychiatric/behavioral health care** when participants are in different physical locations.
    - **Teletherapy** is the use of two-way real-time, interactive audio and video to provide and support **specialized outpatient therapy care** when participants are in different locations.
- **Virtual Patient Communication** is the use of **technologies other than video** to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).

Telehealth Services

Consistent with its existing policy, telehealth services (telemedicine, telepsychiatry and teletherapy) 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.

General Policy Modifications

The following are policy modifications related to telehealth:

- Eligible Technologies
    - NC Medicaid has eliminated the restriction that telehealth services cannot be conducted via “video cell phone interactions.” 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.
    - 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 without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.”
- Service Sites

    - **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.
    - **Distant Site**: There are no restrictions on distant sites (formerly known as hub 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 and should follow the coding and billing guidelines in "Temporary Modifications to Attachment A" below.
- Providers
    - **Referring Provider**s: There are no longer any requirements related to referring providers.
    - **Eligible Provider**s: 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).
- Authorization, Referrals and In-Person Examinations
    - 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.

Local Education Agencies (LEAs)

The following are policy modifications related to services delivered by LEAs to Medicaid beneficiaries in alignment with outpatient specialized therapies policy 10C, Local Education Agencies:

- Eligible Services
    - NC Medicaid requirements and standards for services delivered by LEAs are not modified when Medicaid-covered services are delivered via telehealth during the state of emergency.
    - A select set of skilled interventions provided by LEAs may be delivered to Medicaid beneficiaries via telemedicine/telepsychiatry/teletherapy as a result of this clinical policy modification, including physical therapy, speech and language therapy, occupational therapy, audiology, psychological and counseling services.
    - All psychological testing components and other therapeutic, psychological and counseling services may not be appropriate for telehealth delivery in all situations or for all student beneficiaries. Each student and situation

must be assessed individually by the practitioner to determine if telehealth is appropriate and how to safely implement within regulation, scope of practice and policy.

See “Temporary Modifications to Attachment A” for a list of LEA service codes that can be billed as telehealth services, and additional coding and billing guidance.

C.2. Local Education Agencies

C.2.a. The following new and established patient codes, when provided via telehealth (real-time audio/video), may be billed by physical therapists in LEAs.

Codes	
97161	Physical therapy evaluation: low complexity, typically, 20 minutes are spent face-to-face with the patient and/or family.
97162	Physical therapy evaluation: moderate complexity; typically, 30 minutes are spent face-to-face with the patient and/or family.
97163	Physical therapy evaluation; high complexity; typically, 45 minutes are spent face-to-face with the patient and/or family.
97164	Re-evaluation of physical therapy established plan of care; typically, 20 minutes are spent face-to-face with the patient and/or family.
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use

Codes	
	of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies) and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
95992	Canalith repositioning procedure(s) (e.g., Epley maneuver, Semont maneuver), per day

C.2.b. The following new and established patient codes, when provided via telehealth, may be billed by occupational therapists in LEAs.

92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92526 (feeding only)	Treatment of swallowing dysfunction and/or oral function for feeding (approved for oral function and feeding only)
97165	Occupational therapy evaluation, low complexity; typically, 30 minutes are spent face-to-face with patient and/or family.
97166	Occupational therapy evaluation, moderate complexity, requiring these components; typically, 45 minutes are spent face-to-face with patient and/or family.
97167	Occupational therapy evaluation, high complexity, requiring these components; typically, 60 minutes are spent face-to-face with patient and/or family.
97168	Re-evaluation of occupational therapy established plan of care; typically, 30 minutes are spent face-to-face with the patient and/or family.
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes.
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies) and/or trunk, subsequent orthotic(s)/prosthetics(s) encounter, each 15 minutes

C.2.c. The following new and established patient codes, when provided via telehealth, may be billed by speech language therapists in LEAs.

92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92526 (feeding only)	Treatment of swallowing dysfunction and/or oral function for feeding (approved for oral function and feeding only)
92609	Therapeutic services for the use of speech-generating device, including programming and modification
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

C.2.d. The following established patient codes, when provided via telehealth, may be billed by audiologists in LEAs.

Codes	**Description (See 2020 CPT Code Book for Complete Details)**
92630	Auditory rehabilitation; prelingual hearing loss
92633	Auditory rehabilitation; postlingual hearing loss

C.2.e. The following new and established patient codes, when provided via telehealth, may be billed by the appropriate psychology and/or counseling professional in LEAs per clinical coverage policy 10C.

90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

96112	Developmental test administration (including assessment and fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments with performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	Developmental test administration (including assessment and fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments with performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

- 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.