

*A message from Tammy Wood.*

**NC Medicaid Telehealth Billing Code Summary**

## NC Medicaid Telehealth Billing Code Summary

### UPDATE (June 25, 2020)

- Updated Telehealth Guidance: Codes that require 2 modifiers (i.e., GT and CR) must be billed with both modifiers or the claim detail will deny.
  - Updated Table 2. Telepsychiatry and Telebehavioral Health Services
  - Updated Table 13. Perinatal Care
- Updated Table 21. Skilled Nursing Facilities includes new evaluation and management codes

See the [Appendix](#) for a complete list of updates.

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NC Medicaid is temporarily modifying its [Telemedicine and Telepsychiatry Clinical Coverage Policy](#) to better enable the delivery of remote care to Medicaid and NC Health Choice members. These temporary changes are effective 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will end the earlier of the cancellation of the North Carolina state of emergency declaration or when this policy is rescinded. The tables below outline revised billing guidance for telehealth codes. Providers should reference the [Medicaid Special COVID-19 Bulletins](#) more specific coding and billing guidance.

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**TABLE 1. PRESCRIBERS (MEDICAL AND BEHAVIORAL HEALTH)**

Service	Applicable Providers	RATE CODE OR PROCEDURE	Modifiers & POS	Source Bulletin
<b>TELEMEDICINE</b>				
<b>Office or Other Outpatient Service and Office and Inpatient Consultation</b>	<ul style="list-style-type: none"> <li>Advanced practice midwives</li> <li>Clinical pharmacist practitioners</li> <li>FQHCs, FQHC Look-Alikes &amp; RHCs*</li> <li>Nurse practitioners</li> <li>Physicians</li> <li>Physician assistants</li> <li>Psychiatric nurse practitioners</li> </ul>	99201, 99202, 99203, 99204, 99205, 99211, 99212 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> <li>For additional information about providing and billing these services: NC Medicaid clinical coverage policy 1H, telemedicine/telepsychiatry</li> </ul>	<a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>
		*FQHCs, FQHC Look-Alikes and RHCs only: T1015	<ul style="list-style-type: none"> <li>POS 50 (FQHC) or 72 (RHC)</li> <li>Modifiers GT &amp; CR</li> </ul>	
<b>VIRTUAL PATIENT COMMUNICATIONS</b>				
<b>Telephone Evaluation and Management</b>	<ul style="list-style-type: none"> <li>Advance practice midwives</li> <li>FQHCs, FQHC Look-Alikes &amp; RHCs*</li> <li>Nurse practitioners</li> <li>Physicians</li> <li>Physician assistants</li> </ul>	99441, 99442, 99443, G2012	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>
		*FQHCs, FQHC Look-Alikes and RHCs only: G0071	<ul style="list-style-type: none"> <li>POS 50 (FQHC), 72 (RHC)</li> <li>Modifier CR</li> </ul>	
<b>Online digital Evaluation and Management</b>	<ul style="list-style-type: none"> <li>Advance practice midwives</li> <li>FQHCs, FQHC Look-Alikes &amp; RHCs</li> <li>Nurse practitioners</li> <li>Physicians</li> <li>Physician assistants</li> </ul>	99421, 99422, 99423	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	
<b>Interprofessional Assessment and Management</b>	Consulting physicians bill for services requested by a physician, physician assistant, nurse practitioner or certified nurse midwife	99446, 99447, 99448, 99449	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	

**TABLE 2. TELEPSYCHIATRY AND TELEBEHAVIORAL HEALTH SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>TELEPSYCHIATRY</b>				
<b>Psychiatric Diagnostic Evaluation and Psychotherapy (see to Clinical Coverage Policy 8C. For FQHCs, FQHC Look-Alikes and RHCs, see Clinical Coverage Policy 1D-4)</b>	<ul style="list-style-type: none"> <li>FQHCs, FQHC Look-Alikes and RHCs*</li> <li>Licensed clinical addiction specialists</li> <li>Licensed clinical addiction specialist associates</li> <li>Licensed marriage and family therapists</li> <li>Licensed marriage and family therapist associates</li> <li>Licensed clinical mental health counselors (formerly licensed professional counselors)</li> <li>Licensed clinical mental health counselor associates</li> <li>Licensed psychologists</li> <li>Licensed psychological associates</li> <li>Licensed clinical social workers</li> <li>Licensed clinical social worker associate</li> <li>Physicians</li> <li>Physicians assistants</li> <li>Psychiatric nurse practitioners (as allowed by Clinical Coverage Policy 8C, Section 6.1.m.)</li> </ul>	<p>90785<sup>a</sup>, 90791<sup>p</sup>, 90792<sup>±</sup>, 90832<sup>p</sup>, 90833<sup>±p</sup>, 90834<sup>p</sup>, 90836<sup>±p</sup>, 90837<sup>p</sup>, 90838<sup>±p</sup>, 90839<sup>p</sup>, 90840<sup>p</sup>, 90846<sup>p</sup>, 90847<sup>p</sup>, 90849<sup>p</sup>, 90853<sup>p</sup></p> <p>±Only billable by licensed psychiatric prescribing providers</p> <p><sup>a</sup> May be provided telephonically when being used for interpreter services.</p> <p><sup>p</sup> If two-way audio-visual options are not accessible to the beneficiary, services may be offered via telephonic modality.</p> <p>*FQHCs, FQHC Look-Alikes and RHCs only: T1015-HI</p>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Services that are not COVID-19 related should continue to be billed in accordance with NC Medicaid clinical coverage policy 1H, telemedicine/telepsychiatry</li> <li>When delivered via telemedicine (real time, two-way audio/visual): Modifiers GT &amp; CR</li> <li>When delivered telephonically: CR only</li> </ul>	<p><a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a></p> <p><a href="#">Special Bulletin COVID-19 #59: Telehealth Clinical Policy Modifications - Outpatient Behavioral Health Services</a></p>
<b>Screening and Testing Codes (see to Clinical Coverage Policy 8C)</b>	<ul style="list-style-type: none"> <li>Psychiatrists/Physicians</li> <li>Licensed psychologists</li> <li>Licensed psychological Associates</li> <li>Psychiatric nurse practitioners<sup>a</sup></li> <li>Physician Assistants<sup>a</sup></li> </ul>	<p>96110<sup>a</sup>, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146</p> <p><sup>a</sup>Psychiatric Nurse Practitioners and Physician Assistants can only bill 96110</p>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
<b>Inpatient Codes</b>	<ul style="list-style-type: none"> <li>Certified psychiatric-mental health nurse practitioners</li> <li>Psychiatrists</li> </ul>	<p>99231, 99232, 99233, 99238, 99239</p>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 2. TELEPSYCHIATRY AND TELEBEHAVIORAL HEALTH SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Enhanced and Other Behavioral Health Services</b>	<ul style="list-style-type: none"> <li>• Assertive Community Treatment (ACT) providers</li> <li>• Community Support Team (CST) providers</li> <li>• Intensive in-home Services providers</li> <li>• Mobile crisis management providers</li> <li>• Multisystemic therapy providers</li> <li>• Peer Supports Services (PSS) providers</li> </ul>	H2022, H2033, H2011, H0040, H2015HT, H0038	<ul style="list-style-type: none"> <li>• Reported with usual place of service (POS)</li> <li>• Modifiers GT &amp; CR</li> </ul>	8A, 8A-1, 8A-6, and 8G  <a href="#">Special Bulletin COVID-19 #35: Telehealth Clinical Policy Modifications – Enhanced Behavioral Services</a>
<b>VIRTUAL PATIENT COMMUNICATION</b>				
<b>Telephone Assessment and Management</b>	<ul style="list-style-type: none"> <li>• Licensed clinical addiction specialists</li> <li>• Licensed clinical addiction specialist associates</li> <li>• Licensed clinical social workers</li> <li>• Licensed clinical social worker associates</li> <li>• Licensed marriage and family therapists</li> <li>• Licensed marriage and family therapist associates</li> <li>• Licensed clinical mental health counselors (formerly licensed professional counselors)</li> <li>• Licensed clinical mental health counselor associates</li> <li>• Licensed psychologists</li> <li>• Licensed psychological associates</li> <li>• FQHC, FQHC lookalikes and RHCs*</li> </ul>	98966, 98967, 98968  *Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) may bill for services provided by licensed clinical addiction specialists, licensed clinical mental health counselors, licensed psychologists, licensed psychological associates, licensed clinical social workers and licensed marriage and family therapists	<ul style="list-style-type: none"> <li>• Reported with usual place of service (POS)</li> <li>• Modifier CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>

TABLE 3. TELETHERAPY				
SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Outpatient Specialized Therapies (Clinical Coverage Policies 10A and 10B)</b>	Audiologists	92630, 92633	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and Dental Services</a>
	Physical therapists	97161, 97162, 97163, 97164, 97750, 97110, 97112, 97116, 97530, 97533, 97535, 97542, 97763, 95992	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Occupational therapists	92065, 92526 (oral function and feeding only), 97110, 97112, 97116, 97165, 97166, 97167, 97168, 97530, 97533, 97535, 97542, 97763, 97750	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Speech language therapists	92521, 92522, 92523, 92524, 92607, 92608, 96125, 92507, 92526 (oral function and feeding only), 92609, 92630, 92633	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

\*Teletherapy requires the use of real-time, two-way audio video capability\*

TABLE 4. TELEDENTISTRY				
SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Teledentistry</b>	Dentists	D0140, D0170, D0999, D9995, D9996	<ul style="list-style-type: none"> <li>POS 02</li> <li>Dental codes will not use CR or GT modifiers</li> <li>D9995 and D9996 require video and/or photos and must be reported with oral evaluation codes D0140 or D0170</li> <li>D0999 must be reported for patient telephonic encounters with real time/live audio interactions only and are not allowed to be reported with any other service</li> </ul>	<a href="#">Special Bulletin COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and Dental Services</a>

**TABLE 5. LOCAL EDUCATION AGENCIES TELETHERAPY**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Outpatient Specialized Therapies, Local Education Agencies (LEAs) (Clinical Coverage Policy 10C)</b>	Audiologists	92630, 92633	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and Dental Services</a>
	Physical therapists	97161, 97162, 97163, 97164, 97750, 97110, 97112, 97116, 97530, 97533, 97535, 97542, 97763, 95992	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Occupational therapists	97165, 97166, 97167, 97168, 97750, 92065, 92526 (oral function and feeding only), 97110, 97112, 97116, 97530, 97533, 97535, 97542, 97763	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Speech language therapists	92521, 92522, 92523, 92524, 92526 (oral function and feeding only), 92607, 92608, 96125, 92507, 92609, 92630, 92633	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Appropriate psychology and/or counseling professional per policy 10C	90832, 90834, 90837, 90847, 96110, 96112, 96113, 96130, 96131	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>

**TABLE 6. CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES (CDSAS) – NC INFANT TODDLER PROGRAM (NC ITP) SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Telemedicine, Teletherapy, Telepsychiatry</b>	Audiologists	92630, 92633, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>
	Educational diagnosticians	96110, 96112, 96113, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Infant/Family/Toddler specialists	96110, 96112, 96113, H0036, H0036-HI, H0036-HM, H0036-HQ, H0036-TL, H0036-UI, T1017, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Licensed clinical social workers	90832, 90834, 90837, 90846, 90847, 96110, 96112, 96113, H0031, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	



**TABLE 6. CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES (CDSAS) – NC INFANT TODDLER PROGRAM (NC ITP) SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
	<ul style="list-style-type: none"> <li>Licensed clinical mental health counselors (formerly licensed professional counselors)</li> <li>Licensed marriage and family therapists</li> <li>Licensed psychological associates</li> </ul>	90832, 90834, 90837, 90846, 90847, H0031	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Nurse practitioners (medical and psychiatric)	90832, 90834, 90837, 96112, 96113, 99211, 99212, 99213, 9214, 99215, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Nutritionists	96112, 96113, 97802, 97803, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Occupational therapists	92526 (oral function and feeding only), 96110, 96112, 96113, 97110, 97112, 97116, 97165, 97166, 97167, 97168, 97533, 97535, 97542, 97750, 97763, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Physicians	90832, 90834, 90837, 96110, 96112, 96113, 96116, 96121, 96132, 96133, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Physician assistants	96112, 96113, 99211, 99212, 99213, 99214, 99215	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Physical therapists	92526 (oral function and feeding only), 96110, 96112, 96113, 97110, 97112, 97116, 97162, 97163, 97164, 97533, 97535, 97542, 97750, 97763, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Psychologists	90832, 90834, 90837, 90846, 90847, 96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, H0031, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 6. CHILDREN’S DEVELOPMENTAL SERVICES AGENCIES (CDSAS) – NC INFANT TODDLER PROGRAM (NC ITP) SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
	Registered dietitians	96110, 96112, 96113, 97802, 97803	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Registered nurses who are Qualified Professionals	96112, 96113, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	
	Speech language therapists	92507, 92521, 92522, 92523, 92524, 92526 (oral function and feeding only), 92630, 92633, 96110, 96112, 96113, T1023	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 7. DIABETES SELF-MANAGEMENT EDUCATION (DSME)**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Diabetes Self-Management Education</b>	Non-physician practitioners: <ul style="list-style-type: none"> <li>Behaviorists who are Ed.D. prepared</li> <li>Certified diabetes educators (CDE)</li> <li>Registered dietitians who are employed by physicians or entities</li> <li>Registered nurses</li> </ul> Physician practitioners/sites: <ul style="list-style-type: none"> <li>Certified nurse midwives</li> <li>Clinical pharmacist practitioners (CPP)</li> <li>Federally qualified health centers/rural health clinics</li> <li>Hospital outpatient departments</li> <li>Local health departments</li> <li>Nurse practitioners</li> <li>Physicians</li> <li>Physician assistants</li> </ul>	G0108	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">1A-24.pdf</a> 1A-24, Diabetes Outpatient Self-Management Education  <a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>

**TABLE 8. DIETARY EVALUATION AND COUNSELING**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Dietary Evaluation and Counseling</b>	<ul style="list-style-type: none"> <li>Licensed dietitians or nutritionists (currently licensed by the N.C. Board of Dietetics Nutrition)</li> <li>Registered dietitians</li> </ul>	97802, 97803	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">1-I-.pdf</a> 1-I, Dietary Evaluation and Counseling and Medical Lactation Services  <a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>

**TABLE 9. MEDICAL LACTATION**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Medical Lactation Support</b>	<ul style="list-style-type: none"> <li>Certified nurse midwives</li> <li>International board-certified lactation consultants (IBCLC)</li> <li>Nurse practitioners</li> <li>Physicians</li> <li>Physician assistants</li> </ul>	96156, 96158, 96159	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">1-I-.pdf</a> 1-I, Dietary Evaluation and Counseling and Medical Lactation Services  <a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a>

**TABLE 10. RESEARCH-BASED BEHAVIORAL HEALTH (RB-BHT) TREATMENT FOR AUTISM SPECTRUM DISORDER (ASD)**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>RB-BHT for ASD</b>	<p>Licensed Qualified Autism Service Providers (LQASP):</p> <ul style="list-style-type: none"> <li>• Developmental or behavioral pediatricians</li> <li>• Licensed clinical social workers</li> <li>• Licensed clinical mental health counselors (formerly licensed professional counselors)</li> <li>• Licensed marriage and family therapists</li> <li>• Licensed psychologists</li> <li>• Licensed psychological assistants</li> <li>• Occupational therapists</li> <li>• Physicians</li> <li>• Speech and language pathologists</li> </ul> <p>Providers of Research Based - Behavioral Health Treatment when those services are delivered by:</p> <ul style="list-style-type: none"> <li>• Certified – qualified professional or</li> <li>• Technician under the supervision of a LQASP</li> </ul>	<p>97151, 97152, 97153, 97154, 97155*, 97156<sup>p</sup>, 97157<sup>p</sup></p> <p>*In administering 97155, the physician or other qualified health care professional resolves one or more problems with the protocol and may simultaneously direct a technician in administering the modified protocol while the patient is present. Physician or other qualified health care professional direction to the technician without the patient present is not reported separately.</p> <p><sup>p</sup> If two-way audio-visual options are not accessible to the beneficiary, services may be offered via telephonic modality.</p>	<ul style="list-style-type: none"> <li>• Reported with usual place of service (POS)</li> <li>• Modifiers GT &amp; CR</li> </ul> <p><sup>p</sup>Modifier CR only</p>	<p><a href="#">Special Bulletin COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</a></p> <p><a href="#">Special Bulletin COVID-19 #59: Telehealth Clinical Policy Modifications - Outpatient Behavioral Health Services</a></p>

**TABLE 11. SELF-MEASURED BLOOD PRESSURE MONITORING (SMBPM) SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Self-Measured Blood Pressure Monitoring</b>	<ul style="list-style-type: none"> <li>• Physicians</li> <li>• Nurse practitioners</li> <li>• Physician assistants</li> <li>• Certified nurse midwives</li> <li>• FQHCs, FQHC Lookalikes and RHCs</li> </ul>	99473, 99474	<ul style="list-style-type: none"> <li>• Reported with usual place of service (POS)</li> <li>• Modifier CR (all claims)</li> </ul>	<p><a href="#">SPECIAL BULLETIN COVID-19 #43: Telehealth Clinical Policy Modifications – Self-Measured Blood Pressure Monitoring</a></p>

**TABLE 12. OPTOMETRY**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
Office or Other Outpatient Service	Optometrists	99211, 99212, 99213, 99214, 99215	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #41: Telehealth Clinical Policy Modifications – Optometry Services</a>
Virtual patient communication		99421, 99422, 99423, 99441, 99442, 99443, G2012	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	
Interprofessional Consultation		99446, 99447, 99448, 99449	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	

**TABLE 13. PERINATAL CARE**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
Perinatal Care	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>Certified nurse midwives</li> <li>FQHCs, FQHC Lookalikes and RHCs*</li> </ul>	59400, 59510, 59410, 59515, 59425, 59426, 59430	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>If at least one visit was conducted via telemedicine: Modifiers GT and CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications – Interim Perinatal Care Guidance</a>
		HCPCS codes: S0280, S0281	<ul style="list-style-type: none"> <li>Modifiers GT &amp; CR are <b>not</b> required</li> </ul>	
		*FQHCs, FQHC Look-Alikes and RHCs only: T1015 for perinatal services rendered by core service providers	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 14. REMOTE PHYSIOLOGIC MONITORING**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Remote Patient Monitoring</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> </ul>	99453, 99454	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifier CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #48: Telehealth Clinical Policy Modifications – Remote Physiologic Monitoring Services</a>
<b>Remote Physiologic Monitoring (RPM) Treatment Management Services</b>	<ul style="list-style-type: none"> <li>Physician assistants</li> <li>Certified nurse midwives</li> <li>FQHCs, FQHC Lookalikes and RHCs</li> </ul>	99457, 99458		

**TABLE 15. WELL CHILD VISITS**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Well Child Visits for children under 24 months</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>FQHCs, FQHC Lookalikes and RHCs</li> </ul>	90460 <sup>±</sup> , 96110, 96127, 96160, 96161, 99211 <sup>°</sup> , 99212 <sup>°</sup> , 99213 <sup>°</sup> , 99214 <sup>°</sup> , 99215 <sup>°</sup> , 99381, 99382, 99391, 99392	<p>All codes should be reported with usual place of service (POS)</p> <p><b>Telemedicine</b> For Medicaid:</p> <ul style="list-style-type: none"> <li>Modifiers EP, GT &amp; CR</li> </ul> <p>For NC Health Choice:</p> <ul style="list-style-type: none"> <li>Modifiers TJ, GT &amp; CR</li> </ul> <p><b>99211-99215 follow-up in-person visits</b></p> <ul style="list-style-type: none"> <li>Modifier CR</li> </ul> <p><b>±90460</b> For Medicaid</p> <ul style="list-style-type: none"> <li>Modifiers EP &amp; CR</li> </ul> <p>For NC Health Choice</p> <ul style="list-style-type: none"> <li>Modifiers TJ &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #66: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Well Child Visits</a>
<b>Well Child Visits for patients 24 months and older</b>		90460 <sup>±</sup> , 96110, 96127, 96160, 99211 <sup>°</sup> , 99212 <sup>°</sup> , 99213 <sup>°</sup> , 99214 <sup>°</sup> , 99215 <sup>°</sup> , 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395		

**TABLE 16. POSTPARTUM DEPRESSION SCREENING**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Postpartum Depression Screening</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>Certified nurse midwives</li> <li>FQHCs, FQHC Lookalikes and RHCs*</li> </ul>	96127, 96161 <sup>±</sup>  *Postpartum screenings delivered as part of an obstetrics care visit are covered under core obstetrics billing (T1015). Postpartum depression screenings delivered as part of Well Child Visits are reimbursed on a fee-for-service basis.	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Delivered via telemedicine:                             <ul style="list-style-type: none"> <li>Modifiers GT &amp; CR</li> </ul> </li> <li>Delivered via telephone or online patient communication:                             <ul style="list-style-type: none"> <li>Modifier CR</li> </ul> </li> </ul> <sup>±</sup> For 96161, append EP modifier.	<a href="#">SPECIAL BULLETIN COVID-19 #65: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Postpartum Depression Screening</a>

**TABLE 17. HEALTH AND BEHAVIOR INTERVENTION VISITS PROVIDED BY LOCAL HEALTH DEPARTMENTS**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Health and Behavior Intervention</b>	Licensed Clinical Social Workers rendering care within Local Health Departments	96158, 96159	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #64: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Health and Behavior Intervention Visits Provided by Local Health Departments</a>

**TABLE 18. OUTPATIENT RESPIRATORY THERAPY**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Outpatient Respiratory Therapy</b>	Respiratory therapists	94010, 94060, 94150, 94375, 94664, 94760, 99503, 99504	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #67: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Outpatient Respiratory Therapy</a>

**TABLE 19. HYBRID TELEMEDICINE WITH SUPPORTING HOME VISIT**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Hybrid Telemedicine with Supporting Home Visit</b>	<ul style="list-style-type: none"> <li>• Non-FQHCs (including Local Health Departments)</li> <li>• Eligible providers to perform the telemedicine visit include:                             <ul style="list-style-type: none"> <li>○ Physicians</li> <li>○ Nurse practitioners</li> <li>○ Physician assistants</li> <li>○ Certified nurse midwives</li> </ul> </li> <li>• The assisting care team member performing the home visit should be an appropriately trained delegated staff person.</li> </ul>	99347, 99348, 99349, 99350	<ul style="list-style-type: none"> <li>• Reported with POS 12 (home)</li> <li>• <b>For Well Child services only:</b> <ul style="list-style-type: none"> <li>○ Medicaid: EP, GT &amp; CR</li> <li>○ NC Health Choice: TJ, GT &amp; CR</li> </ul> </li> <li>• <b>For Perinatal Services only:</b> See <a href="#">SPECIAL BULLETIN COVID-19 #49</a> for special billing and coding guidance for perinatal telemedicine visits with a supporting home visit.</li> <li>• <b>For all other services:</b> Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Telemedicine with Supporting Home Visit</a>
	<p><b>FQHCs, FQHC Look-Alikes &amp; RHCs</b></p> <ul style="list-style-type: none"> <li>• Eligible providers to perform the telemedicine visit include:                             <ul style="list-style-type: none"> <li>○ Physicians</li> <li>○ Nurse practitioners</li> <li>○ Physician assistants</li> <li>○ Certified nurse midwives</li> </ul> </li> <li>• The assisting care team member performing the home visit should be an appropriately trained delegated staff person.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>For Well Child hybrid telemedicine with supporting home visits, only:</b> 99347, 99348, 99349, 99350</li> <li>• <b>For Non-Well Child hybrid telemedicine with supporting home visits:</b> T1015 + Q3014</li> </ul>	<ul style="list-style-type: none"> <li>• Reported with POS 12 (home)</li> <li>• <b>For Well Child hybrid telemedicine with supporting home visits, only:</b> <ul style="list-style-type: none"> <li>○ Medicaid: EP, GT &amp; CR</li> <li>○ NC Health Choice: TJ, GT &amp; CR</li> </ul> </li> <li>• <b>For Non-Well Child hybrid telemedicine with supporting home visits:</b> GT &amp; CR</li> </ul>	



**TABLE 20. END-STAGE RENAL DISEASE (ESRD)**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>ESRD Monthly and Daily Capitation Services</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> </ul>	<p><b>NC Medicaid:</b> 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970</p> <p><b>NC Health Choice:</b> 90954, 90955, 90956, 90957, 90958, 90959, 90964, 90965, 90968, 90969</p>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #77: Telehealth and Virtual Patient Communications Clinical Policy Modifications – End Stage Renal Disease Services</a>
<b>Dialysis Training</b>		<p><b>NC Medicaid and NC Health Choice:</b> 90989, 90993</p>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 21. SKILLED NURSING FACILITIES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Evaluation and Management Services</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> </ul>	99307, 99308, 99309, 99310	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #103: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Nursing Facility Care</a>
<b>Originating Site Facility Fee for Delivery of Telemedicine Services</b>	Skilled Nursing Facilities (for care provided by eligible providers)	<p>Q3014</p> <p><b>Note:</b> SNFs may not bill for an originating site facility fee when the SNF Medical Director or a beneficiary's attending physician is conducting a telemedicine visit</p>	<ul style="list-style-type: none"> <li>Skilled nursing facilities are not required to file facility fee claims with Place of Service (POS) Code.</li> <li>Modifiers GT &amp; CR</li> </ul>	

**TABLE 22. ENHANCED BEHAVIORAL HEALTH SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Mobile Crisis Management</b> (Clinical Coverage Policy 8A)	Please refer to the relevant Clinical Coverage Policy listed in the "Service" column and <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for applicable providers and any team member requirements for each specific service	H2011	<b>Modifiers:</b> <ul style="list-style-type: none"> <li>• <b>GT &amp; CR:</b> For services delivered via telemedicine (real time, two-way audio/visual)</li> <li>• <b>CR only:</b> For services delivered via telephone or face-to-face</li> <li>• Please see <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for guidance on which services can be delivered via telemedicine or telephone</li> </ul> <b>Place of Service (POS):</b> <ul style="list-style-type: none"> <li>• For FFS: Report the with usual POS</li> <li>• For MCO: Claims submissions to LME-MCOs will follow the guidance of the LME-MCO</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities</a>
<b>Diagnostic Assessment</b> (Clinical Coverage Policy 8A)		T1023		
<b>Intensive In-Home</b> (Clinical Coverage Policy 8A)		H2022		
<b>Multisystemic Therapy</b> (Clinical Coverage Policy 8A)		H2033		
<b>Community Support Team</b> (Clinical Coverage Policy 8A)		H2015 HT, HO/HF/HN/U1/HM		
<b>Assertive Community Treatment</b> (Clinical Coverage Policy 8A)		H0040		
<b>Psychosocial Rehabilitation</b> (Clinical Coverage Policy 8A)		H2017		
<b>Child and Adolescent Day Treatment</b> (Clinical Coverage Policy 8A)		H2012 HA		
<b>Partial Hospitalization</b> (Clinical Coverage Policy 8A)		H0035		
<b>Substance Abuse Intensive Outpatient Program</b> (Clinical Coverage Policy 8A)		H0015, H2035		
<b>Substance Abuse Comprehensive Outpatient Treatment</b> (Clinical Coverage Policy 8A)				

**TABLE 22. ENHANCED BEHAVIORAL HEALTH SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Substance Abuse Non-Medical Community Residential Treatment</b> (Clinical Coverage Policy 8A)	Please refer to the relevant Clinical Coverage Policy listed in the "Service" column and <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for applicable providers and any team member requirements for each specific service		<b>Modifiers:</b> <ul style="list-style-type: none"> <li>• <b>GT &amp; CR:</b> For services delivered via telemedicine (real time, two-way audio/visual)</li> <li>• <b>CR only:</b> For services delivered via telephone or face-to-face</li> <li>• Please see <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for guidance on which services can be delivered via telemedicine or telephone</li> </ul> <b>Place of Service (POS):</b> <ul style="list-style-type: none"> <li>• For FFS: Report the with usual POS</li> <li>• For MCO: Claims submissions to LME-MCOs will follow the guidance of the LME-MCO</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities</a>
<b>Substance Abuse Medically Monitored Community Residential Treatment</b> (Clinical Coverage Policy 8A)		H0012, H0013		
<b>Non-Hospital Medical Detoxification</b> (Clinical Coverage Policy 8A)		H0010		
<b>Peer Support Services</b> (Clinical Coverage Policy 8G)		H0038, H0038HQ		
<b>Residential Treatment Services</b> (Clinical Coverage Policy 8D-2)		H0019, H2020		
<b>Psychiatric Residential Treatment Facility for Children under Age 21</b> (Clinical Coverage Policy 8D-1)		RC 0911		

**TABLE 22. ENHANCED BEHAVIORAL HEALTH SERVICES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Therapeutic Leave for Psychiatric residential treatment facility (PRTF), Child Residential and Intermediate Care for Individuals with intellectual disabilities (ICF-IDD)</b> (Clinical Coverage Policy 8D-1, 8D-2 and 8E)	Please refer to the relevant Clinical Coverage Policy listed in the “Service” column and <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for applicable providers and any team member requirements for each specific service	RC0183	<b>Modifiers:</b> <ul style="list-style-type: none"> <li>• <b>GT &amp; CR:</b> For services delivered via telemedicine (real time, two-way audio/visual)</li> <li>• <b>CR only:</b> For services delivered via telephone or face-to-face</li> <li>• Please see <a href="#">Special Bulletin COVID-19 #46: Behavioral Health Service Flexibilities</a> for guidance on which services can be delivered via telemedicine or telephone</li> </ul> <b>Place of Service (POS):</b> <ul style="list-style-type: none"> <li>• For FFS: Report the with usual POS</li> <li>• For MCO: Claims submissions to LME-MCOs will follow the guidance of the LME-MCO</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities</a>
<b>Facility-Based Crisis Services</b> (Clinical Coverage Policy 8A)		S9484, S9484 HA		
<b>Medically Supervised or ADATC Detoxification Crisis Stabilization</b> (Clinical Coverage Policy 8A)		H2036		

**Note:** For B3 and NC Innovation waiver and NC TBI waiver telehealth flexibilities, please see Special Bulletin COVID-19 [#75](#) and [#76](#).

**TABLE 23. MATERNAL SUPPORT SERVICES PROVIDED BY LOCAL HEALTH DEPARTMENTS**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Home Visit for Postnatal Assessment</b>	Local Health Departments whereby the service is rendered by a registered nurse	99501	<ul style="list-style-type: none"> <li>• Reported with POS 12 (home)</li> <li>• Modifiers GT and CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #84: Telehealth Clinical Policy Modifications – Maternal Support Services Provided by Local Health Departments</a>
<b>Home Visit for Newborn Care and Assessment</b>		99502		
<b>Childbirth Education Classes (individual or group classes)</b>	Local Health Departments whereby the service is rendered by a certified childbirth educator	S9442	<ul style="list-style-type: none"> <li>• Reported with POS 71 (public health clinic)</li> <li>• Modifiers GT and CR</li> </ul>	

**TABLE 24. FAMILY PLANNING SERVICES FOR MAFDN BENEFICIARIES**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>TELEMEDICINE</b>				
<b>Office or Other Outpatient Services</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>Certified nurse midwives</li> </ul>	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT, CR, FP</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #86: Telehealth Clinical Policy Modifications: Family Planning Services for MAFDN Beneficiaries</a>
<b>VIRTUAL PATIENT COMMUNICATIONS</b>				
<b>Telephonic Evaluation and Management Services</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>Certified nurse midwives</li> </ul>	99441, 99442, 99443	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers CR, FP</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #86: Telehealth Clinical Policy Modifications: Family Planning Services for MAFDN Beneficiaries</a>

**Note:** An annual exam date is not required with submission of claims for any family planning service codes listed in Table 24.

**TABLE 25. SMOKING AND TOBACCO CESSATION COUNSELING**

SERVICE	APPLICABLE PROVIDERS	RATE CODE OR PROCEDURE	MODIFIERS & POS	SOURCE BULLETIN
<b>Smoking and Tobacco Cessation Counseling</b>	<ul style="list-style-type: none"> <li>Physicians</li> <li>Nurse practitioners</li> <li>Physician assistants</li> <li>Certified nurse midwives</li> <li>FQHCs, FQHC Lookalikes and RHCs*</li> </ul>	99406, 99407  *Billing guidance for FQHCs and RHCs: Smoking and tobacco cessation counseling is a component of a Core Visit provided by Core Service providers and <u>not separately billable as a core service.</u>	<ul style="list-style-type: none"> <li>Reported with usual place of service (POS)</li> <li>Modifiers GT &amp; CR</li> </ul>	<a href="#">SPECIAL BULLETIN COVID-19 #90: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Smoking and Tobacco Cessation Counseling</a>

## **Appendix: List of Updates to the NC Medicaid Telehealth Billing Code Summary**

### **UPDATE (June 25, 2020)**

- Updated Telehealth Guidance: Codes that require 2 modifiers (i.e., GT and CR) must be billed with both modifiers or the claim detail will deny.
  - Updated Table 2. Telepsychiatry and Telebehavioral Health Services
  - Updated Table 13. Perinatal Care
- Updated Table 21. Skilled Nursing Facilities includes new evaluation and management codes

### **UPDATE (May 21, 2020)**

- Updated Summary Cover - page 1. Notes for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) were removed from the Summary Cover Page. FQHC-specific directions are provided within the applicable summary code tables.
- Updated Table 2. Telepsychiatry and Telebehavioral Health Services.
- Updated Table 10. Research-based Behavioral Health (RB-BHT) Treatment for Autism Spectrum Disorder (ASD).
- New Table 25. Smoking and Tobacco Cessation Counseling.

### **UPDATE (May 11, 2020)**

- Table 19. Added FQHCs, FQHC Look-Alikes & RHCs to the Applicable Providers column. Renamed to Hybrid Telemedicine with Supporting Home Visit.
- New Table 23. Maternal Support Services Provided by Local Health Departments.
- New Table 24. Family Planning Services for MAFDN Beneficiaries.

### **UPDATE (May 4, 2020)**

- New Table 19. Telemedicine with Supporting Home Visit.
- New Table 20. End-Stage Renal Disease (ESRD).
- New Table 21. Skilled Nursing Facilities.
- New Table 22. Enhanced Behavioral Health Services.

### **UPDATE (April 28, 2020)**

- New Table 16. Postpartum Depression Screening.
- New Table 17. Health and Behavior Intervention Visits Provided by Local Health Departments.
- New Table 18. Outpatient Respiratory Therapy.

### **UPDATE (April 24, 2020)**

New Table 15. Well Child Visits.

**UPDATE (April 22, 2020)**

- Table 2. Telepsychiatry and Telebehavioral Health Services, Virtual Patient Communication, Telephone Assessment and Management. FQHCs, FQHC Look-Alikes, RHCs added to Applicable Providers. FQHCs and RHCs may bill for services provided by specific professionals added to Rate Code or Procedure column.
- Table 10. Research-based Behavioral Health (RB-BHT) Treatment for Autism Spectrum Disorder (ASD). Usual Place of Service and modifier information added to Modifiers & POS column.
- Table 12. Optometry. Place of Service and modifier information added to Modifiers & POS column.

**UPDATE (April 17, 2020)**

- Table 13. Postpartum Care and Pregnancy Medical Home was replaced by Table 13. Perinatal Care.
- New Table 14. Remote Physiologic Monitoring.

**UPDATE (April 16, 2020)**

- New sentence added to directions: “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. The tables in this document indicate which codes should be billed with the GT modifier in the Modifiers and POS Column.”
- Tables modified as appropriate to accommodate above.

**UPDATE (April 9, 2020)**

- Table 1. Office or Other Outpatient Service and Office and Inpatient Consultation, Modifiers & POS. Guidance clarified to read: For additional information about providing and billing these services: NC Medicaid clinical coverage policy 1H, telemedicine/telepsychiatry.
- Three new tables added:
  - Table 11. Self-measured Blood Pressure Monitoring (SMBPM) Services
  - Table 12. Optometry
  - Table 13. Postpartum Care and Pregnancy Medical Home