

UNCW CENTER FOR HEALTHY COMMUNITIES

TELEHEALTH IN NORTH CAROLINA MEDICAID AND HEALTHCHOICE: INTRODUCTORY GUIDE

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Introduction

In recent years, the number and types of providers offering services via telehealth has increased significantly. Telehealth services not only extend a provider's reach in caring for patients, but also, when implemented strategically, supports a provider in reducing costs and increasing quality, thus optimizing performance within provider networks.

This growth in use of tele-based platforms is driven in no small part as a result of the COVID-19 pandemic. In response to the pandemic, federal and state regulations have been adapted to offer increased flexibility on use and payment of telehealth services to incentivize utilization of tele-based platforms.

In addition to the COVID-19 pandemic, the North Carolina Medicaid and HealthChoice programs are transitioning to a Managed Care model in July 2021. With this transition will come potential opportunity for providers to expand telehealth offerings through contracts with Prepaid Health Plans (PHPs).

Together, the COVID-19 pandemic and North Carolina's transition to a Medicaid Managed Care model offer Local Health Departments (LHDs) in the state an opportunity to deploy, or adapt, their own telehealth infrastructure.



This guide introduces Local Health Departments to the telehealth infrastructure of North Carolina.

In general, this guide:

- Provides an introductory understanding of how North Carolina legislation defines telehealth services;
- Outlines key factors associated with how telehealth services should be administered; and,
- Highlights services, related to those Medicaid programs commonly offered by Local Health Departments, eligible to be provided via telehealth.

This guide is intended to serve as a practical, foundational resource, but **not** as an exhaustive inventory of telehealth reimbursement regulations or protocols. Source materials are hyperlinked throughout the guide, with a reference list at the end.

***Disclaimer:** This guide was developed during the COVID-19 Federal and North Carolina Public Health Emergencies (PHEs). Some telehealth allowances resulting from the PHEs may not be permanently codified in federal or state legislation; such allowances are noted within the guide.*

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Definitions

The Medicaid program is a partnership between states and the federal government. Because of this, there are variabilities in how each state Medicaid program defines terms associated with the delivery of telehealth services. **Prior to deploying or expanding a telehealth infrastructure, it is imperative for Local Health Departments to understand how key terms are defined by North Carolina.**

In North Carolina, the primary source on telehealth and its uses for providers offering services to Medicaid and HealthChoice beneficiaries is the [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#).¹ The following definitions are those most relevant for services offered by North Carolina Local Health Departments; a full list of telehealth-related definitions can be found in the policy referenced above.

Term	Definition	Comments
Telehealth	"The use of two-way real-time interactive audio and video to provide and support health care services when participants are in different physical locations."	Participants include beneficiaries of and providers in the Medicaid or HealthChoice programs. All telehealth services must be provided over a secure HIPAA compliant technology with live audio and video capabilities including (but not limited to) smart phones, tablets, and computers.
Virtual Communications	"The use of technologies other than video to enable remote evaluation and consultation support between a provider and a beneficiary or a provider and another provider."	Virtual Communications include, but are not necessarily limited to:

¹ All Clinical Coverage Policies for the North Carolina Medicaid program are administered by the North Carolina Department of Health and Human Services' Division of Health Benefits.

		<ul style="list-style-type: none"> • Telephone conversations (audio only) • Virtual portal communications (secure messaging) • Store and Forward² <p>Virtual communications must be transmitted between a patient and provider, or between two providers, in a manner that is consistent with the CPT code definition for those services.</p> <p>Provider(s) shall follow all applicable HIPAA rules when providing virtual communication services.</p>
Originating Site	"The location in which the beneficiary is located."	There are no restrictions in North Carolina on what constitutes an originating site.
Distant Site	"The location from which the provider furnishes the telehealth, virtual communications or remote patient monitoring services."	<p>There are no restrictions in North Carolina on what constitutes a distant site.</p> <p>Providers are responsible for ensuring that beneficiary privacy</p>

² *Store and Forward* is the, "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." (Source: [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#))

		is protected, such as taking calls from a private, secure space and/or using headsets.
Established Patient	"A beneficiary who has received any professional services (including services via telehealth) from the provider or another provider of the same specialty who belongs to the same group practice within the past three years."	
New Patient	"A beneficiary who has not received any professional services from the provider or another provider of the same specialty who belongs to the same group practice within the past three years."	<p>A beneficiary and provider relationship <u>may be established</u> via telehealth.</p> <ul style="list-style-type: none"> When establishing a new relationship with a patient via telehealth modalities, the provider shall meet the prevailing standard of care and complete all appropriate exam requirements and documentation dictated by relevant CPT or HCPCS coding guidelines.

Atrómitos Operational Consideration

North Carolina, generally, does not have a policy regarding the use of cell phones for the provision of telehealth services. The ability of a provider or other healthcare worker to use their personal cell phone is most likely mandated by their place of employment. LHDs should consider developing and adopting a policy and procedure outlining if and when staff are able to use personal cell phones when providing services via telehealth.



A Note About Texting

Texting does not qualify as either *telehealth* or *virtual communications*. One concern about communicating with patients through text messages is the inability of the provider to verify the patient's identity. Services provided and communication through text messages **are not** reimbursable in the North Carolina Medicaid program.

Administration

Similar to the definitions of terms related to telehealth services, each state's Medicaid program has a unique set of administrative guidelines which providers must follow. Prior to deploying or expanding a telehealth infrastructure, it is imperative for Local Health Departments to understand what these guidelines are within North Carolina.

The following administrative guidelines are those most relevant for services generally offered by Local Health Departments. Unless otherwise specified, these guidelines are controlled by the [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#).

Communication with Primary Care Providers (PCPs)

"Provider(s) are expected to send documentation of any telehealth services rendered to a beneficiary's identified primary care provider or medical home within 48 hours of the encounter for medical services (including behavioral health medication management), obtaining required consent when necessary (as per 42 CFR Part 2 for relevant substance use disorder related disclosures)."

Atrómitos Operational Considerations

- LHDs need to consider putting into place a process to identify the PCP for each Medicaid beneficiary the LHD offers services to, especially if the beneficiary receives primary care outside of the health department. This process should include how and when to ask the beneficiary for their PCP's information, both initially and for updates at least annually. Additionally, the process should detail where in the beneficiary's medical record the information is stored.
- Consider including alerts or check boxes in your medical record as reminders for staff offering telehealth services to communicate the services with the beneficiary's PCP.

Prior Approval

Medicaid and HealthChoice “shall not require prior approval” for **telehealth, virtual communications**, and RPM “unless otherwise required for a specific service.”

Atrómitos Operational Considerations

- North Carolina Medicaid does not require prior authorization to provide a service via telehealth or virtual communication if the service itself does not require prior authorization when provided in-person. The North Carolina Department of Health and Human Services’ (NCDHHS) Prior Approval and Due Process webpage should be referenced for up-to-date processes related to prior approvals.
- After July 1, 2021, PHPs will be responsible for covering benefits for Medicaid beneficiaries receiving managed care services. Generally, PHPs will follow North Carolina Medicaid guidance on prior approvals, including services provided through telehealth. It is anticipated that PHPs will not impose more restrictive rules on which services require prior approvals to be provided via telehealth or virtual communications. The most current information from PHPs regarding prior approvals can be found in their provider manuals, which can be accessed via the North Carolina Department of Health and Human Services’ Health Plan Contacts and Resources webpage.

Originating Site Facility Fee

“Any Medicaid enrolled provider who provides a beneficiary with access to audio and visual equipment in order to complete a telehealth encounter may bill for a facility fee when their office or facility is the site at which the beneficiary is located when the service is provided and the distant site provider is at a different physical location.”

Atrómitos Operational Considerations

- The ability for a LHD to bill for an originating site facility fee allows the LHD to receive some financial support for telehealth services when they are not providing the telehealth service. To do so, the beneficiary must be:
 1. Located at the LHD;
 2. Using audio and visual equipment the LHD has provided them access to; and
 3. Receiving a service from a provider located at another physical location.
- It is recommended that LHDs interested in this type of service offering have a policy and procedure in place outlining, at a minimum:
 - Under what circumstances a beneficiary can be using your equipment and space but be receiving care from another provider;
 - What type of documentation is required in order to allow the other provider to care for a beneficiary at your site;
 - What physical location(s) in your LHD are available to a beneficiary in this situation; and
 - How this type of service and visit is documented in the beneficiary's medical record.

Compliance

In addition to programmatic and regulatory restrictions *specific* to reimbursement of Medicaid services by telehealth services, a provider must also comply with all relevant regulations and policies governing the provision of Medicaid services generally.

This includes:

- Applicable agreements or contractual obligations;
- Federal, state, and local laws and regulations (including HIPAA);
- Record retention requirements; and,
- NC Medicaid's clinical coverage policies, guidelines, provider manuals, implementing updates, and bulletins published by CMS, DHHS, DHHS division(s), or DHHS fiscal contractor(s).

Among these, compliance with HIPAA privacy and security regulations deserves special attention.

Atrómitos Operational Consideration

For the most part, LHDs can rely on their contracts with either NC Medicaid or PHPs (under Managed Care) in order to understand their contractual obligations and record retention requirements. These contracts will oftentimes also reference federal and state laws governing matters related to compliance.

An Overview of HIPAA Compliance

The Health Insurance Portability Act of 1996 (more commonly known as “HIPAA”) establishes minimum privacy and security provisions for the safeguarding of protected health information. HIPAA requirements generally fall into three regulatory classifications: The Privacy Rule, the Security Rule, and the Breach Notification Rule. The U.S. DHHS maintains an excellent [resource for healthcare professionals online](#).

Under HIPAA, covered entities (including providers) are responsible for ensuring the confidentiality, integrity, and accessibility of protected health information they generate, receive, maintain and exchange. As it relates to telehealth, compliance with the Security Rule, and the institution of “reasonable and appropriate

safeguards” to prevent disclosure of electronic protected health information (ePHI) to third parties is of primary focus and importance.

Essentially, the Security Rule requires providers to:

1. **Assess** the risks created by use of telecommunication operations; and then,
2. **Institute** appropriate administrative, physical, and technical safeguards to protect against unauthorized access or interception. Understood thus, utilization of telehealth applications (and the selection of a telehealth platform) is no different than any other technology platform that stores, receives or creates ePHI.

Atrómitos Operational Considerations

The first step is always an evaluation of the risk. Attached to this resource as **Addendum A** is an extract from a template Software Vendor Risk Assessment which may be helpful when evaluating prospective vendors and platforms.

As reflected by the risk assessment provided in **Addendum A**, providers should utilize a **secure** telecommunications platform when instituting telehealth within their practice. Security here means that not only is the platform encrypted but also there is a system of controls and safeguards present to protect against unauthorized access or interception of protected data, to identify any breach, and to mitigate its impact.

Finally, for a platform or service to be “HIPAA Compliant” the vendor **must** execute a Business Associate Agreement (BAA) with the provider. As with any BAA, this must outline the permitted uses the vendor may make of the data as well as methods that the vendor will utilize to ensure the protection and integrity of the data created and maintained.

A Note About HIPAA

Generally, public health activities and public health authorities are excluded from HIPAA regulations. However, a LHD that engages in the functions of a health care provider is not considered excluded. Therefore, it is our working assumption that a LHD providing services to beneficiaries through North Carolina Medicaid is engaged in the provision of health care services and is therefore serving as a health care provider, and, thus, is a covered entity for the purposes of HIPAA.

Claims

Generally, claims and coding for services provided by telehealth reflect similar guidance as claims for non-telehealth services.

CLAIM TYPE

Telehealth services are submitted using the following types of claims:

- Professional: CMS-1500/837P transaction
- Institutional: UB-04/837I transaction
 - Must be billed according to the National Uniform Billing Guidelines (unless otherwise directed)

CODING

Telehealth services must be coded:

- Using ICD-10-CM and the Procedural Coding System (PCS)
- At the “highest level of specificity that supports medical necessity”
- Using the versions of the following manuals then-in-effect when the service was provided:
 - Current Procedural Terminology (CPT)
 - Health Care Procedure Coding System (HCPCS)
 - UB-04 Data Specifications

MODIFIERS

For services provided via interactive audio-visual communication (e.g., telehealth), the **GT** modifier must be appended to the CPT or HCPCS code.

- The **GT** modifier should not be used for virtual communications or remote patient monitoring services.

PLACE OF SERVICE

Telehealth and virtual communication services shall be filed with the providers usual place of service code(s) and **not**, “Place of Service 02 (Telehealth).”

Reimbursement

Providers shall bill their “usual and customary charges” for telehealth services, and the service is paid at the allowed amount of the fee schedule. Schedules of rates for North Carolina Medicaid can be found on the NC DHHS's [Fee Schedules webpage](#).

Reimbursement for telehealth services is subject to the same restrictions as face-to-face contacts. This includes, for example, ensuring an allowable or eligible provider offered the service or that proper prior authorization processes were followed.

Coverage Criteria

In order for a medically necessary procedure, product, or service to be covered by Medicaid and HealthChoice, **all** of the following criteria **must** be followed:

- a. Provider(s) shall ensure that services can be safely and effectively delivered using telehealth, virtual communications, or RPM.

Atrómitos Operational Consideration

Ensuring services can be safely and effectively delivered using telehealth or virtual communication should be largely based on existing Clinical Coverage Policies for the North Carolina Medicaid program. After July 1, 2021, Prepaid Health Plan Provider Manuals should also be referenced to determine whether a service can be offered safely and effectively via telehealth or virtual communication.

- b. Provider(s) shall consider a beneficiary's behavioral, physical and cognitive abilities to participate in services provided using telehealth, virtual communications, or RPM.

Atrómitos Operational Consideration

There is no standard questionnaire to assess a beneficiary's behavioral, physical, and cognitive abilities to participate in services provided using telehealth, virtual communications, or RPM. However, providers must still note no such concern(s) are present.

An opportunity to document the lack of concern may be including a sentence within the patient's encounter record that the provider does not hold concern about the patient's abilities to participate in telehealth services; this can be included in the same area where the provider notes consent provided by the beneficiary to receive telehealth services for that encounter.

- c. The beneficiary's safety must be carefully considered for the complexity of the services provided.

- d. In situations where a caregiver or facilitator is necessary to assist with the delivery of services via telehealth, virtual communications, or RPM, their ability to assist and their safety must also be considered.
- e. Delivery of services using telehealth, virtual communications, or RPM must conform to professional standards of care: ethical practice, scope of practice, and other relevant federal, state and institutional policies and requirements, such as Practice Act and Licensing Board rules.
- f. Provider(s) shall obtain and document verbal **or** written consent. In extenuating circumstances when consent is unable to be obtained, this must be documented.

Atrómitos Operational Consideration

There is no standard format required for documenting patient consent to receive telehealth services. LHDs can consider creating a field in their encounter forms to indicate consent was provided by the beneficiary to receive telehealth services for that encounter; there should be specification if the consent was provided verbally or in writing. LHDs must also be able to document the reason consent was not able to be obtained. For purposes of efficiency, LHDs can consider including in this same area notation on any concerns the provider has about the beneficiary's ability to participate in telehealth services.

- g. Beneficiaries are not required to seek services through telehealth, virtual communications, or RPM, and shall be allowed access to in-person services, if the beneficiary requests.

- h. Provider(s) shall verify the beneficiary's identity using **two points of identification** before initiating service delivery via telehealth, virtual communications, or RPM. Two-point identification is required for **all** instances of delivery of services via telehealth, virtual communications, or RPM.

Atrómitos Operational Consideration

There is no standardized list of ways to verify a beneficiary's identity when providing services through telehealth. The points of identification used will vary based upon, among other factors, the technology being used to provide the service, the technology being used to document the service, and the policies and processes of the provider and the payor. North Carolina does not require the use of any two specified points of identification. Examples of identification may include:

- a. Full name
- b. Assigned identification number (e.g., medical record number)
- c. Date of Birth
- d. Phone number
- e. Social Security number
- f. Address
- g. Photo ID (e.g., license, student ID, passport, etc.)

- i. Provider(s) shall ensure that beneficiary privacy and confidentiality is protected to the best of their ability

Eligible Providers

Unless otherwise specified in the Eligible Services section, providers are eligible to offer services via telehealth by meeting the following criteria as outlined in the [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#):

“To be eligible to bill for the procedure, product, or service related to this [the Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage] policy, the provider(s) shall:

- a. Meet Medicaid or HealthChoice qualifications for participation;
- b. Have a current and signed DHHS Provider Administrative Participation Agreement; 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 Services

The Eligible Services section outlines how telehealth services can be provided for those services and programs generally offered by North Carolina LHDs. The relevant Clinical Coverage Policies are included for each program, and LHDs should develop a cadence for referencing those policies to remain up-to-date on program- and service-specific guidance for using telehealth.

Care Management for At-Risk Children (formerly known as: CC4C)

Telehealth Services for CMARC (Source: [Program Guide: CMHRP and CMARC](#))

- LHDs shall prioritize face-to-face family interactions (home visit, PCP office visit, hospital visit, community visit, etc.) **over telephone interactions** for children in active case status, **when possible**. (*Appendix C Section 4.c*)
- [Data Sharing Specification Requirements for CMARC-CMHRP](#) does not specifically identify the use of telehealth services.
 - Per the *CMHRP Daily Member Report* and *CMARC Daily Member Report*, there is no requirement to report on whether services were provided via telehealth.

Atrómitos Operational Consideration

The CMARC Program is paid on a Per Member Per Month (PMPM) rate, and not reimbursed through claims. As such, the use of telehealth and virtual communications for some interactions for active cases may be considered.

Care Management for High-Risk Pregnancies (formerly known as: OB Care Management)

Telehealth Services for CMHRP (Source: [Program Guide: CMHRP and CMARC](#))

- LHDs shall provide care management services in accordance with program guidelines, including condition-specific pathways, utilizing those interventions that are most effective in engaging patients and meeting their needs. This includes face-to-face encounters (practice visits, home visits, hospital visits, community encounters), **telephone outreach**, professional encounters and / or other interventions needed to achieve care plan goals. (*Appendix B Section 5.a*)
- [Data Sharing Specification Requirements for CMARC-CMHRP](#) does not specifically identify the use of telehealth services.
 - Per the *CMHRP Daily Member Report* and *CMARC Daily Member Report*, there is no requirement to report on whether services were provided via telehealth.

Atrómitos Operational Consideration

The CMHRP Program is paid on a Per Member Per Month (PMPM) rate, and not reimbursed through claims. As such, the use of telehealth and virtual communications for some interactions may be considered.

Community Alternatives Program for Children (CAP/C)

Currently, there is no guidance included in the [CAP/C Clinical Coverage Policy](#) on how telehealth and virtual communication may be utilized to provide services under this program.

Atrómitos Operational Consideration

LHDs should continue to monitor the following sources for up-to-date guidance on the eligibility of CAP/C services to be provided via telehealth and/or virtual communication:

- [CAP/C Clinical Coverage Policy](#)
- [Telehealth, Virtual Communications, and RPM Clinical Coverage Policy](#)
- [Prepaid Health Plan Provider Manuals](#)

Community Alternatives Program for Disabled Adults (CAP/DA)

Currently, there is no guidance included in the [CAP/DA Clinical Coverage Policy](#) on how telehealth and virtual communication may be utilized to provide services under this program.

Atrómitos Operational Consideration

LHDs should continue to monitor the following sources for up-to-date guidance on the eligibility of CAP/DA services to be provided via telehealth and/or virtual communication:

- [CAP/DA Clinical Coverage Policy](#)
- [Telehealth, Virtual Communications, and RPM Clinical Coverage Policy](#)
- [Prepaid Health Plan Provider Manuals](#)

Dietary Evaluation and Counseling and Medical Lactation Services

LHDs are eligible to bill for these program services if they employ or contract with licensed dietitians or nutritionists, registered dietitians or lactation consultants.

Program	CPT Code(s) Eligible for Telehealth	Notes	Source
Dietary Evaluation and Counseling	97802 97803	Telehealth services may be provided to new <u>and</u> established patients	<u>Dietary Evaluation and Counseling and Medical Lactation Services Clinical Coverage Policy</u>
<p><u>Providers eligible to offer services</u> include:</p> <ul style="list-style-type: none"> • Dietitian/Nutritionist with current licensure by the North Carolina Board of Dietetics and Nutrition³ • Registered Dietitian with current registration with the Commission of Dietetic Registration⁴ <p><u>Related Taxonomy Codes</u> include:</p> <ul style="list-style-type: none"> • 133V00000X – Dietician, Registered • 133VN1101X – Nutrition, Gerontological • 133VN1201X – Nutrition, Obesity and Weight Management • 133VN1301X – Nutrition, Oncology • 133VN1004X – Nutrition, Pediatric • 133VN1401X – Nutrition, Pediatric Critical Care • 133VN1005X – Nutrition, Renal • 133VN1501X – Nutrition, Sports Dietetics • 133N00000X – Nutritionist 			

³ Note that provisional licensure is not acceptable

⁴ Note that registration eligibility is not acceptable

Program	CPT Code(s) Eligible for Telehealth	Notes	Source
Medical Lactation	96156 96158 96159	Telehealth services may be provided to new <u>and</u> established patients	<u>Dietary Evaluation and Counseling and Medical Lactation Services Clinical Coverage Policy</u>
<p><u>Providers eligible to offer services include:</u></p> <ul style="list-style-type: none"> • Physicians • Certified Nurse Midwives (CNMs) • Nurse Practitioners (NPs) • Physician Assistants (PAs) • International Board-Certified Lactation Consultant (IBCLC) who: <ul style="list-style-type: none"> ○ Are employed by the physician or physician group ○ Are contracted by the physician or physician group ○ Have a referral for an IBCLC consult in another medical practice 			

Family Planning

Program	CPT Code(s) Eligible for Telehealth	Notes	Source
Family Planning	99211 99212 99213 99214 99215 99241 99242 99243 99244 99245	Telehealth services may be provided to established patients	<u>Family Planning Services Clinical Coverage Policy</u>

A Note on Inter-Periodic Visits

Each beneficiary is allowed six (6) Inter-Periodic Visits (IPVs) per 365 days. IPVs provided via telehealth are counted against the six allotted visits. Note that only IPVs coded with the following five CPT codes are eligible to be provided via telehealth: 99211, 99212, 99213, 99214, and 99215.

HIV Case Management

Currently, there is no guidance included in the [HIV Case Management Clinical Coverage Policy](#) on how telehealth and virtual communication may be utilized to provide services under this program.

Atrómitos Operational Consideration

LHDs should continue to monitor the following sources for up-to-date guidance on the eligibility of HIV Case Management services to be provided via telehealth and/or virtual communication:

- [HIV Case Management Clinical Coverage Policy](#)
- [Telehealth, Virtual Communications, and RPM Clinical Coverage Policy](#)
- [Prepaid Health Plan Provider Manuals](#)

Home Health

According to the [Home Health Services Clinical Coverage Policy](#), services offered under this program are generally not eligible to be provided via telehealth.

However: The **Face to Face Encounter** required for the Physician's Orders can be done via telehealth (in accordance with 42 CFR 440.70 and *Clinical Coverage Policy 7H*)

- For the purposes of home health services, *Physician's Orders*, "shall be signed by the physician or other person authorized by the State law to prescribe such treatments" (Source: [North Carolina Administrative Code \(NCAC\) 10A Subchapter 13J - The Licensing of Home Care Agencies](#)).

Hybrid Telemedicine with Supporting Home Visit

North Carolina's *Hybrid Model* supports the provision of services using a hybrid of both telehealth and supporting home visits.

The [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#) identifies both Chronic Disease Management and Perinatal Care as scenarios⁵ where the hybrid model may be leveraged. The hybrid model for these scenarios may be used with both new or established patients.

Local Health Departments may utilize the Hybrid Model when the telehealth visit is rendered by an eligible provider using the following codes:

Eligible Services / Codes	Eligible Providers					
	Physician	Nurse Practitioner	Psychiatric Nurse Practitioner	Physician Assistant	Certified Nurse Midwives	Clinical Pharmacist Practitioners
Office or Other Outpatient Services and Office and Inpatient Consultation Codes						
99201	X	X	X	X	X	X
99202	X	X	X	X	X	X
99203	X	X	X	X	X	X
99204	X	X	X	X	X	X
99205	X	X	X	X	X	X
99211	X	X	X	X	X	X
99212	X	X	X	X	X	X
99213	X	X	X	X	X	X
99214	X	X	X	X	X	X
99215	X	X	X	X	X	X
99241	X	X	X	X	X	X
99242	X	X	X	X	X	X
99243	X	X	X	X	X	X
99244	X	X	X	X	X	X
99245	X	X	X	X	X	X
99251	X	X	X	X	X	X
99252	X	X	X	X	X	X
99253	X	X	X	X	X	X
99254	X	X	X	X	X	X
99255	X	X	X	X	X	X

⁵ The Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy indicates scenarios are not limited to Chronic Disease Management and Perinatal Care, however it does not indicate how other relevant scenarios may be identified.

Hybrid Telehealth Visit with Supporting Home Visit Codes

99347	X	X	X	X	X	
99348	X	X	X	X	X	
99349	X	X	X	X	X	
99350	X	X	X	X	X	

Atrómitos Operational Consideration

The North Carolina Medicaid program allows for home visits for the provision of some services. If the LHD is interested in providing home visit services, the LHD should consider developing a policy and procedure outlining how home visits are to be conducted. Factors to consider when developing a policy and procedure include (but are not limited to):

- Assessing for the safety of the staff member conducting the home visit;
- Identifying staff (based on title, credentials, etc.) eligible to conduct a home visit;
- Identifying beneficiaries relevant for home visits; and
- How home visits are scheduled.

Pregnancy Medical Home (formerly known as: Pregnancy Management Program)

A Note on Perinatal Care and the Hybrid Model

If a provider is billing the pregnancy global package codes, they should not use the home visit codes associated with the Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy.

Program	HCPSC Code(s) Eligible for Telehealth	Notes	Source
Pregnancy Medical Home	S0280 S0281	Telehealth services may be provided to new <u>and</u> established patients	<u>Pregnancy Medical Home Clinical Coverage Policy</u>
<p><u>Providers eligible to offer services</u> include individual physicians or physician groups enrolled with Medicaid as one of the following:</p> <ul style="list-style-type: none">• General/Family Practice• Obstetrics/Gynecology• Multi-Specialty:<ul style="list-style-type: none">○ Federally Qualified Health Clinics (FQHCs)○ Rural Health Clinics (RHCs)○ Nurse Practitioners○ Certified Nurse Midwives○ Physician Assistants			

Atrómitos Operational Consideration

Local Health Departments should understand how the providers who offer services are enrolled in Medicaid in order to determine if that provider can bill these services. This information can be verified through [NC Tracks](#).

A Note on Primary Care Services

There is a wide definition of what constitutes a primary care service. North Carolina Medicaid does not have a Primary Care-specific Clinical Coverage Policy. Instead, it is up to each LHD to look for the Clinical Coverage Policy associated with the specific services they provide to determine if any are eligible to be provided via telehealth. The full list of Clinical Coverage Policies related to telehealth can be found in the [Telehealth, Virtual Communications and Remote Patient Monitoring Clinical Coverage Policy](#).

COVID Modifications

Effective retroactive to March 10, 2020 and in recognition of the COVID-19 public health emergency, North Carolina Medicaid has temporarily modified how its providers are able to deliver remote care to beneficiaries. All modifications as outlined in the [June 25, 2020 NC Medicaid Telehealth Billing Code Summary Update](#) remain in effect until earlier of:

- The cancellation of the North Carolina state of emergency related to COVID-19, OR
- The rescinding of the updated telehealth billing code policy

This section outlines those modifications most relevant to Local Health Departments. Unless otherwise specified, the full list of programs and services outlined can be found in the [June 25, 2020 NC Medicaid Telehealth Billing Code Summary Update](#), with specific coding and billing guidance found in the [Medicaid Special COVID-19 Bulletins](#).

Diabetes Self-Management Education

- Applicable Providers: Local Health Departments
- Rate Code or Procedure: G0108
- Modifiers:
 - **GT** – indicates a service has been provided via interactive audio-visual communication
 - **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT and HCPCS codes listed in [Special Bulletin COVID-19 #34](#) to relax frequency limitations defined in code definitions.
- Place of Service: Reported with the usual place of service
- Source: [Special Bulletin COVID-19 #34](#)

Health and Behavior Interventions for Pregnant and Postpartum Women

- Applicable Providers: Licensed Clinical Social Workers (LCSWs) rendering call within Local Health Departments
- Rate Code or Procedure: 96158 and 96159
- Modifiers:
 - **GT** – indicates a service has been provided via interactive audio-visual communication
 - **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT and HCPCS codes listed in [Special Bulletin COVID-19 #64](#) to relax frequency limitations defined in code definitions.
- Place of Service: Reported with the usual place of service
- Source: [Special Bulletin COVID-19 #64](#)

Hybrid Telemedicine with Supporting Home Visit

- Applicable Providers: Local Health Department providers who are physicians, nurse practitioners, physician assistants, and certified nurse midwives.
- Rate Code or Procedure: 99347, 99348, 99349, and 99350
- Modifiers: Modifications allow for Well Child Modifiers to be used by Local Health Departments.
 - **GT** – indicates a service has been provided via interactive audio-visual communication and **must** be included on **non-Well Child services**.
 - **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT and HCPCS codes listed in [Special Bulletin COVID-19 #78](#) when telemedicine is combined with a supporting home visit for **Well Child and non-Well Child services**.
 - **EP** (Health Check) – Indicates a visit was a Health Check Well Child visit and **must** be appended to each CPT code as listed in [Special Bulletin COVID-19 #78](#) in addition to modifiers **GT** and **CR**.
 - **TJ** (HealthChoice) – Indicates a visit was a HealthChoice Well Child visit and **must** be appended to each CPT code as listed in [Special Bulletin COVID-19 #78](#) in addition to modifiers **GT** and **CR**.
- Place of Service: Place of Service (POS) 12 (home)
- Source: [Special Bulletin COVID-19 #78](#)

Maternal Support Services Provided by Local Health Departments

Home Visit for Postnatal Assessment

- Applicable Providers: Local Health Department providers who are registered nurses.
- Rate Code or Procedure: 99501
- Modifiers:
 - **GT** – indicates a service has been provided via interactive audio-visual communication and **must** be appended to the CPT or HCPCS codes listed in included in [Special Bulletin COVID-19 #84](#).
 - **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT codes listed in [Special Bulletin COVID-19 #84](#).
- Place of Service: Place of Service (POS) 12 (home)
- Additional guidance: Providers must document in the assessment tool that the service was conducted via telehealth
- Source: [Special Bulletin COVID-19 #84](#)

Home Visit for Newborn Care and Assessment

- Applicable Providers: Local Health Department providers who are registered nurses.
- Rate Code or Procedure: 99502
- Modifiers:

- **GT** – indicates a service has been provided via interactive audio-visual communication and must be appended to the CPT or HCPCS codes listed in included in [Special Bulletin COVID-19 #84](#).
- **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT codes listed in [Special Bulletin COVID-19 #84](#).
- Place of Service: Place of Service (POS) 12 (home)
- Additional guidance: Providers must document in the assessment tool that the service was conducted via telehealth
- Source: [Special Bulletin COVID-19 #84](#)

Childbirth Education Classes (Individual or Group classes)

- Applicable Providers: Local Health Department providers who are certified childbirth educator.
- Rate Code or Procedure: S9442
- Modifiers:
 - **GT** – indicates a service has been provided via interactive audio-visual communication and must be appended to the CPT or HCPCS codes listed in included in [Special Bulletin COVID-19 #84](#).
 - **CR** (Catastrophe/Disaster Related) – must be appended to all claims for CPT codes listed in [Special Bulletin COVID-19 #84](#).
- Place of Service: Place of Service (POS) 71 (public health clinic)
- Source: [Special Bulletin COVID-19 #84](#).

Federal Modification: Compliance with HIPAA

During the Public Health Emergency, the U.S. Department of Health and Human Services has relaxed the scrutiny applied to use of telehealth applications, stating that it will not impose penalties for noncompliance in connection with good faith efforts by covered entities to comply for the duration of the national emergency.

Resources

Clinical Coverage Policies & Program Guides

1E-6: [Pregnancy Medical Home](#)

1E-7: [Family Planning Services](#)

1H: [Telehealth, Virtual Communications and Remote Patient Monitoring](#)

1-I: [Dietary Evaluation and Counseling and Medical Lactation Services](#)

3A: [Home Health Services](#)

3K-1: [Community Alternatives for Children \(CAP/C\)](#)

3K-2: [Community Alternatives Program for Disabled Adults \(CAP/DA\)](#)

12B: [HIV Case Management \(HIV CM\)](#)

Program Guide: [Care Management for High-Risk Pregnancies and Care Management for At-Risk Children](#)

Program Guide: [Data Sharing Specification Requirements for CMARC-CMHRP](#)

COVID-19 Modifications

NC Medicaid: [Telehealth Billing Code Summary \(Updated June 25, 2020\)](#)

Special Bulletin COVID-19:

[Number 34](#)

[Number 64](#)

[Number 78](#)

[Number 84](#)

NC DHHS Webpages

[Health Plan Contacts and Resources](#)

[Clinical Coverage Policies for North Carolina Medicaid](#)

[Medicaid Bulletins](#)

[Medical Fee Schedules](#)

[Prior Approval and Due Process](#)

Miscellaneous Resources

NC Tracks: [Provider Enrollment](#)

North Carolina Administrative Code 10A: [Subchapter 13J - The Licensing of Home Care Agencies](#)

North Carolina AHEC: [Medical Telehealth Guidelines By Carrier \(2021\)](#)

North Carolina AHEC: [Telehealth FAQ for Patients](#)

U.S. Department of Health and Human Services: [HIPAA for Providers](#)

U.S. Department of Health and Human Services: [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)

ADDENDUM A



(Simplified) Software as a Service (SaaS) Third Party Vendor Risk Assessment

*The following is an excerpt from a model SaaS Vendor Risk Assessment, with excerpts focusing on **technical** security controls.*

Instructions

Please respond to all questions. Where requested, provide full and complete documentation. Please be aware that conclusory statements of compliance are insufficient. The intention of this assessment is to evaluate, among other things, Vendor's administrative, physical and technical safeguards and individual risk profile. Consequently, Vendor may not rely exclusively on the risk prevention or mitigation measures taken by upstream vendors (ex. Amazon). If Vendor contracts with other entities to meet business continuity, disaster preparedness, privacy and/or security measures, Vendor shall provide documentation from such entity.

General Information

1. Describe the key products and/or services delivered by the organization.
2. Are the services requested under this engagement standard services offered by the organization or customized to the customer's specific requirements?
 - ☐ Standard Service
 - ☐ Customized to meet customer's requirements
3. Indicate the specific countries where the organization maintains a physical presence.
4. Does the organization transfer personal information to countries other than the country where the information was originally collected?
 - ☐ Yes
 - ☐ No
5. How long has the organization been in business?
 - ☐ Less than one year
 - ☐ 1-5 years
 - ☐ 5+ years
6. Does the organization hold any of the following? Select all that apply and provide registration numbers, assessing bodies, and example audit reports.

- ☐ Accredited organizational management certifications that include information governance provisions [e.g., ISO 9001, ISO 22301, BS 10012-2, ISO/IEC 27001]
- ☐ Accredited product certifications that include information governance provisions [e.g., CE marks, security testing, government accreditations]
- ☐ Accredited service provision certifications that include information governance provisions [e.g., ISO 9001]
- ☐ None of the above

Security

1. Are physical and logical access controls in place to protect personal information and prevent unauthorized access?
 - ☐ Yes
 - ☐ No

2. Are the security measures in place appropriate to the sensitivity level of the information and/or potential level of risk or harm that could be caused by its unauthorized disclosure? Explain the measures taken and attach documentation. Provide, at minimum, Operational Security Policy, Security Design Documentation, Security Incident Response Policy.
 - ☐ Yes
 - ☐ No

3. Are servers as well as logical and physical data storage containing customer personal information segregated and secured from other work areas?
 - ☐ Yes
 - ☐ No

4. Where customer data is being stored on a common server, are mechanisms in place to ensure it is kept separate from other customers' data? Attach documentation.
 - ☐ Yes
 - ☐ No

5. Are controls in place to prevent unauthorized access to individuals' personal information that is no longer in active use (e.g., archived media or paper-based records)?
 - ☐ Yes
 - ☐ No

6. Are controls in place for access to personal information held in physical or tangible form, including archival and backup copies?
- ☐ Yes
☐ No
7. Is access to personal information restricted to those with a legitimate business need to access the information?
- ☐ Yes
☐ No
8. Are there systems and procedures in place to log and monitor employees' access to individuals' personal information?
- ☐ Yes
☐ No
9. Are device access privileges revoked and return of computers and other company-issued devices tracked when an employee leaves the organization?
- ☐ Yes
☐ No
10. Are procedures to detect actual and attempted attacks or intrusions into systems documented? Attach documents.
- ☐ Yes
☐ No
11. Are procedures on how to handle errors and omissions, security breaches, and other incidents documented? Attach documents.
- ☐ Yes
☐ No
12. Are protections in place to guard against phishing, spam, viruses, data loss, and malware?
- ☐ Yes
☐ No
13. Is sensitive personal information (e.g., personal information specifying credit card numbers, medical or health conditions, racial or ethnic origin, or the sex life of an individual) encrypted when it is at rest (storage) or in transit? Attach documentation.

- ☐ Yes
- ☐ No

14. Are current industry-standard encryption algorithms and technologies employed for transferring, storing, and receiving individuals' sensitive personal information?

- ☐ Yes
- ☐ No

15. Is threat and vulnerability testing, including security penetration, web vulnerability, and resilience testing conducted at regular intervals? Attach documentation.

- ☐ Yes
- ☐ No

16. Are minimum levels of encryption and associated controls defined and documented? Attach documentation.

- ☐ Yes
- ☐ No

17. Is personal information stored on portable devices encrypted, password-protected, and physically protected?

- ☐ Yes
- ☐ No

18. Is data backed up at planned intervals? Explain data backup methodologies and interval frequency and attach documentation.

- ☐ Yes
- ☐ No

19. Are controls regarding the creation, transfer, storage, and disposal of media containing individuals' personal information used for backup and recovery implemented?

- ☐ Yes
- ☐ No

20. Is there a process to document the date, time, and identification of personnel accessing or making changes to customer data?

- ☐ Yes
- ☐ No

21. Are criminal history and other relevant background checks conducted for all employees before they are hired?

- ☐ Yes
- ☐ No

22. Are regular security risk assessments or audits conducted? Attach documentation.

- ☐ Yes
- ☐ No

23. Does the organization undergo regular audits by (Select all that apply):

- ☐ Suppliers, customers, and/or partners
- ☐ Audit bodies [e.g., big 4 audit firm]
- ☐ Regulators
- ☐ None of the above