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**LME-MCO Communication Bulletin #J318**

Date: March 01, 2019

To: Local Management Entities/Managed Care Organizations (LME-MCOs)

From: Kathy Nichols, Associate Director of Services and Supports, DMH/DD/SAS  
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Subject: Medicaid Telehealth and Telepsychiatry Policy Clinical Coverage Policy 1-H

This bulletin is being published in response to questions received on the use of NC Medicaid Clinical Coverage Policy (CCP) 1-H, Telemedicine and Telepsychiatry. Behavioral Health Providers may make use of two-way real-time interactive audio and video between places of lesser and greater psychiatric (i.e. behavioral health) expertise to provide and support psychiatric (i.e. behavioral health) care when distance separates participants who are in different geographical locations. Telehealth, per CMS, is a delivery system. Please refer to the policy for details: [https://files.nc.gov/ncdma/documents/files/1-H\\_1.pdf](https://files.nc.gov/ncdma/documents/files/1-H_1.pdf)

**Referring and Consulting Providers:**

- A referral is only needed for the first episode of telepsychiatry. Ongoing follow up visits can be performed without the need for additional referrals for services that provide diagnosis and treatment, as determined to be necessary by the consulting provider.
- A referring provider for telepsychiatry services can be any licensed, NC Medicaid credentialed clinician whose scope of practice includes beneficiary evaluation and determination of the need for a consultation.
- Per CPT codebook, published by the American Medical Association, consultation is a form of Evaluation and Management (E/M) when one provider requests a service or recommendation of care from another provider. The consulting provider may initiate diagnostic and/or therapeutic services at the same or subsequent visit. A written or verbal request for consult is documented in the medical record. The consultant's opinion and any services that were ordered or performed must also be documented in the medical record and communicated by written report to the requesting provider. Subsequent medically necessary services provided by the consultant are billed with the appropriate established patient E/M code as outlined in the beneficiary's service plan, as

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required by the beneficiary's appropriate place of service and the clinical coverage policy for the code billed.

- Providers at originating site offices/facilities (where the beneficiary is located) are eligible to bill telepsychiatry facility fees when they are a specific type of provider as listed in CCP 1-H Section 6.3.
- There is no reimbursement to the referring provider at the originating site on the same date of service as the telemedicine visit, unless the referring provider is billing for a separately identifiable billable service. Health records must document that all of the components of the service being billed were provided to the beneficiary.
  - For example: An originating site primary care physician may bill for a separate visit if a patient presents for an annual physical on the same day the patient is seen by an LCSW or psychiatrist via telemedicine for depression. Each provider must provide separately identifiable billable services and document accordingly.

### **Telepsychiatry Eligible Clinicians**

The following providers enrolled in the Medicaid program who provide this service may bill Medicaid or NCHC:

- a. Physicians;
- b. Nurse Practitioners;
- c. Physician Assistants;
- d. Advanced practice psychiatric nurse practitioners;
- e. Advanced practice psychiatric clinical nurse specialists;
- f. Licensed psychologists (doctorate level);
- g. Licensed clinical social workers (LCSW); and
- h. Community diagnostic assessment agencies.

Please note, because LCSW-As are enrolled with NC Medicaid as LCSWs, they are eligible to bill specific codes, as outlined in CCP 1-H, under telepsychiatry. In 2018, Physician Assistants were added to the policy and are able to provide and bill for services via the telepsychiatry policy

### **Place of Service**

Place of service for the distant site may be Inpatient, Outpatient, Office, or Clinic settings. The distant site can include an office site in a provider's home if that site is Medicaid-enrolled. Changes can be made to the provider's NPI practice site addresses via the NCTracks Provider Portal.

Please see the following links for information on Medicaid provider enrollment:

<https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html>

<https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training/fact-sheets.html>

Previous bulletins can be accessed at:

[www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins](http://www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins)

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