Perinatal Telehealth Scenarios During COVID-19 Public Health Emergency

Guidance for NC Medicaid Perinatal Care Providers

May 18, 2020

Background and General Guidance

On March 10th 2020, Governor Roy Cooper issued an Executive Order declaring a State of Emergency in response to the global COVID-19 pandemic. During the State of Emergency, NC Medicaid has **temporarily** modified its Telemedicine and Telepsychiatry Clinical Coverage Policy to better enable the delivery of remote care to Medicaid and State-funded beneficiaries. These changes are retroactive to March 10, 2020, and will end the earlier of the cancellation of the North Carolina State of Emergency declaration, or when the policy modifications are rescinded. NC Medicaid's Special Bulletins outlining changes to the delivery of care during the State of Emergency can be found here.

Key NC Medicaid telehealth changes in effect during the State of Emergency include:

- Expanding the list of codes eligible providers can bill for services delivered via telehealth.
- Removing the restriction that telehealth services cannot be conducted via "video cell phone interactions." Telehealth services can now be delivered via any HIPAA-compliant, secure technology with audio and video capabilities, including (but not limited to) smart phones, tablets and computers.
- Removing the requirement that patients obtain prior authorization prior to receiving telemedicine or telepsychiatry services. Requirements are also eliminated related to referring providers.
- Removing restrictions on originating sites (where the patient is located) and distant sites (where the provider is located).
- Adding coverage for certain virtual patient communication services such as telephone calls and portal communications.

Summary of Key Telehealth Changes during State of Emergency Relevant to Perinatal Providers

Description	Relevant Guidance
Perinatal providers may use telemedicine to provide antepartum and postpartum care to both new and established patients.	• Special Bulletin # 34 (all Medicaid providers) • Special Bulletin #49 (specific to perinatal providers)
Perinatal providers may engage with established patients through virtual patient communications, including telephone and patient portal.	Special Bulletin # 34
Perinatal providers may be reimbursed for management of patients' blood pressure via self-measured blood pressure monitoring (SMBPM). Reimbursement for Remote Physiologic Monitoring (RPM) is also available. DME coverage is available for automatic blood pressure monitors, scales and portable pulse oximeters.	• Special Bulletin #43 (Self-measured Blood Pressure Monitoring) • Special Bulletin #48 (Remote Physiologic Monitoring) • Special Bulletin #29 (DME coverage for automatic blood pressure monitors); see also Special Bulletin #52 (Weight Scales and Portable Pulse Oximeters)
Perinatal providers may be reimbursed for a telemedicine visit conducted with a simultaneous home visit made by an appropriately-trained delegated staff person.	• Special Bulletin #78 (Hybrid Telemedicine with Supporting Home Visit) • Special Bulletin #49
Perinatal providers may provide a postpartum depression screening during a telemedicine visit, or via telephone or online patient portal communication (if on the same day as, and in advance of, an in-person office or telemedicine visit).	Special Bulletin # 65 (Postpartum Depression Screening)
Medical lactation services can be delivered via telehealth to new or established patients.	Special Bulletin # 34
Pregnancy Medical Home incentive payments are available in conjunction with care conducted via telemedicine.	Special Bulletin #49
Interprofessional consultation between a consultative physician and a treating/requesting physician or other qualified health care professional may occur via telemedicine.	Special Bulletin # 34

Illustrative Scenarios

The following **illustrative** scenarios are designed to help perinatal care providers understand the NC Medicaid telemedicine changes in effect **during the Public Health Emergency.**

- Billing guidance in each scenario distinguishes between providers billing global and package codes; those billing individually; and FQHCs/Lookalikes/RHCs.
- Please see Appendices 1-2 for package definitions and Clinical Coverage Policy guidance on billing global and package codes.
- Providers at Local Health Departments may bill for services conducted via telemedicine.

Providers remain responsible for correct coding and should always review the Bulletins and Clinical Coverage Policies as well as the examples. All claims are subject to audit.

Scenario 1. Patient receives a routine prenatal visit via telemedicine.

	Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Who may Bill	Physicians, nurse practitioners, physician assistants, certified nurse midwives		
How to Bill	**The telemedicine visit counts toward the package in the same way as an in-person visit would.**	Bill the evaluation and management codes below as an office visit. New Patient: • 99201 • 99202 • 99203 • 99204 • 99205 Established Patient: • 99211 • 99212 • 99213 • 99214 • 99215	Bill T1015.
Modifiers/ POS	Append the GT and CR modifiers to the global or package code to indicate that one or more of the visits were conducted via telemedicine under that package. Use the same POS code that you would at the office.	Append GT and CR to each visit conducted via telemedicine. Use the same POS code that you would at the office.	
NC Medicaid Sources	SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes NC Medicaid Clinical Coverage Policy 1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics		

Scenario 2. Telephone call between the patient and provider.

During the state of emergency, NC Medicaid is reimbursing eligible providers for virtual patient communications (e.g. telephone calls and portal communications) if the patient is an **established patient**.

Appending the CR Modifier **temporarily waives the usual requirements** that the virtual check in/ online visit may not originate from a related E/M service provided within the previous 7 days and may not lead to an E/M service or procedure in the next 24 hours. More information can be found in Bulletins #2 and #34.

A telephone call or online communication does not equal or replace a telemedicine or in person visit for prenatal care.

<table>
<tr><th></th><th>Billing a Global or Package Code
(see appendix for global or package codes)</th><th>Billing Individual Visits</th><th>FQHCs/
Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)</th></tr>
<tr><td>Who may Bill</td><td colspan="3">Physicians, nurse practitioners, physician assistants, certified nurse midwives</td></tr>
<tr><td rowspan="2">How to Bill</td><td>Bill the codes below in addition to the package.</td><td>Bill codes below.</td><td rowspan="2">• Bill G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (not face-to-face) communication between an FQHC or RHC practitioner and FQHC or RHC patient.

• Do not bill T1015. A telephone call is not reimbursed as a core service.</td></tr>
<tr><td colspan="2">Bill the appropriate time-based telephonic E/M code (established patients only):
• 99441 (CPT typical time: 5-10 min)
• 99442 (11-20 min)
• 99443 (21-30 min)</td></tr>
<tr><td>Modifiers/POS</td><td colspan="3">Append CR to each CPT code. Do not append the GT modifier as this modifier is not appropriate for services performed telephonically or through email or patient portal. Use the same POS code that you would at the office.</td></tr>
<tr><td>NC Medicaid Sources</td><td colspan="3">SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes</td></tr>
</table>

Scenario 3. Pregnant patient needs blood pressure monitoring. The practice orders a blood pressure cuff from its preferred, Medicaid-enrolled durable medical equipment (DME) provider. The patient monitors her blood pressure at home and calls the office once a week with readings, or submits through a patient portal.

		Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Cuff	How to Access	**DME Coverage:** Automatic blood pressure cuff is available as DME when ordered by a Medicaid-enrolled DME provider.*		
Monitoring	Who May Bill	Physicians, nurse practitioners, physician assistants, certified nurse midwives		
	How to Bill	Bill the codes below in addition to the global or package codes.	Bill the codes below.	
		• Initial set up, calibration and patient education: 99473 • Review and follows up with the patient to discuss results: 99474**		
	Modifiers/ POS	Append CR to each CPT code. Do **not** append the GT modifier. Use the same POS code that you would at the office.		
	Notes	• Providers may bill code 99473 **only** once per patient, per device. • Providers may **not** bill code 99474 for both weekly and monthly review of the same patient's blood pressure but can bill weekly up to four times in a month period if medically necessary.		
NC Medicaid Sources		SPECIAL BULLETIN COVID-19 #43: Telehealth Clinical Policy Modifications – Self-Measured Blood Pressure Monitoring Special Bulletin COVID-19 #29 – DME for Automatic Blood Pressure Monitors		

* Scales and pulse oximeters are also covered under current DME policy during the State of Emergency. Please refer to the DME site for more information.
** Note that self measured blood pressure monitoring is distinct from remote physiologic monitoring (RPM). RPM requires a device that is automatically synced where readings can be evaluated in real/near-real time. For more information on RPM, see [Special Bulletin COVID-19 #48]. **RPM is also billable outside the Global or Package codes.**

Scenario 4. Established pregnant patient receives hybrid telemedicine visit with supporting home visit from an appropriately-trained delegated staff person.

	Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Who May Bill	• **Telemedicine visit:** physicians, nurse practitioners, physician assistants and certified nurse midwives • **Supporting home visit:** appropriately-trained delegated staff person.		
How to Bill the Hybrid Telemedicine with Supporting Home Visit	**The telemedicine visit counts toward the package in the same way as an in-person visit would.** • Do **not** bill a home visit CPT code. • To reflect the additional cost of the home visit, may bill an originating site facility fee for the visit (HCPCS Q3014) on the same day as the visit. Applies to **established** patients only.	Bill the following home visit evaluation and management codes for **established** patients only: • 99347 • 99348 • 99349 • 99350	• Bill T1015 • To reflect the additional cost of the home visit, may bill **in a separate claim** an originating site facility fee for the visit (HCPCS Q3014) on the same day as the visit. Applies to **established** patients only.
Modifiers/POS	• Append GT and CR to the global or package codes. Use the same POS code that you would at the office. • Append GT and CR to HCPCS code Q3014. Use place of service "12" to designate that the originating site was the home.	Append GT and CR to each service provided via telemedicine. Use place of service "12" to designate that the originating site was the home.	• Append GT and CR to T1015. Use place of service "12" to designate that the originating site was the home. • Append GT and CR to HCPCS code Q3014. Use place of service "12" to designate that the originating site was the home.
NC Medicaid Sources	• SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit • SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - Interim Perinatal Care Guidance • NC Medicaid Clinical Coverage Policy 1E-5: Obstetrics		

Scenario 4 (continued). During the hybrid telemedicine with supporting home visit, the patient receives a vaccination, urinalysis, fetal non-stress test, blood draw (sample sent to a lab for review) and a COVID-19 swab test.

	Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Who May Bill	• **Telemedicine visit:** physicians, nurse practitioners, physician assistants and certified nurse midwives • **Supporting home visit:** appropriately-trained delegated staff person.		
How to Bill the Vaccination/Urinalysis/Fetal Non-Stress Test Administration/COVID-19 Swab Test Administration/Venipuncture	The following are included in the global or package codes: • **Urinalysis** • **Venipuncture** Bill for services not included in global or package codes in the same way you would at the office. • **Vaccine Administration**: through age 18 with counseling = 90460; age 19+ = 90471 • **Fetal Non-stress Test**: 59025 • **COVID-19 Swab Test Administration:** G2023	Bill for services in the same way you would at the office. • **Urinalysis:** 81002 • **Venipuncture:** 36415 • **Vaccine Administration**: through age 18 with counseling = 90460; age 19+ = 90471 • **Fetal Non-stress Test:** 59025 • **COVID-19 Swab Test Administration:** G2023	The following are included in core service code T1015: • **Urinalysis** • **Venipuncture** • **Vaccine Administration** Bill for services not included in core service in the same way you would at the office: • **Fetal Non-stress Test:** 59025-TC. Professional component is included in core service. Append the technical component (TC) modifier. • **COVID-19 Swab Test Administration:** G2023
Modifiers/POS	**For global or package codes:** Do not append modifiers. Use same POS as you would at the office. **For individual codes:** • Do not append modifiers. • Use place of service “12” to designate that the originating site was the home.	Do not append modifiers. Use place of service “12” to designate that the originating site was the home.	• **For core service code T1015:** Append GT and CR to T1015. Use place of service “12” to designate that the originating site was the home. • **For non-core service codes:** Do not append modifiers. Use place of service “12” to designate that the originating site was the home.
NC Medicaid Sources	• SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit • SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - Interim Perinatal Care Guidance • NC Medicaid Clinical Coverage Policy 1E-5: Obstetrics		

Scenario 5. Patient receives Postpartum Depression Screening via telephone call prior to the postpartum visit (same day).

	Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Who May Bill	• Physicians, nurse practitioners, physician assistants, certified nurse midwives. • A dedicated practice staff member may administer the screening for review by the provider.		
How to Bill	Bill the code below in addition to the global or package codes.	Bill the code below.	Included in the T1015 code that is billed for the postpartum visit.
	Bill 96127 with diagnosis code Z13.89. The postpartum depression screening must be provided **on the same day as, and in advance of**, the in-person or telemedicine postpartum visit.		
Modifiers/POS	• Append CR modifier. Do **not** append the GT modifier as this modifier is not appropriate for services performed telephonically or through email or patient portal. • Use the same POS code that you would at the office.		
Source	SPECIAL BULLETIN COVID-19 #65: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Postpartum Depression Screening NC Medicaid Clinical Coverage Policy 1E-6: Pregnancy Medical Home		

Note: Maternal depression screens may also be billed to the child's Medicaid as CPT 96161 when provided by the child's provider. See Bulletin #65 for more information.

Scenario 6. Patient receives consultation for medical lactation immediately postpartum via telemedicine.

	Billing a Global or Package Code (see appendix for global or package codes)	Billing Individual Visits	FQHCs/ Lookalikes/RHCs (only the following providers can bill for core medical services: MD, NP, PA, CNM)
Who May Bill	Physicians, nurse practitioners, physician assistants, certified nurse midwives. The services of international board-certified lactation consultants who are employed or contracted by the physician or physician group or have a referral for consult in another medical practice can be billed by the physician.		
How to Bill	Bill the following codes below in addition to the global or package code(s).	Bill the codes below.	Service is included in core service code T1015: • If service conducted on the same day as a visit, service is included in T1015 for that visit. • If service is conducted on a different day, bill T1015.
	• 96156: Health behavior assessment, or reassessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making) • 96158: Health behavior intervention, individual, face-to-face; initial 30 minutes • 96159: Health behavior intervention, individual, face-to-face; each additional 15 minutes		
Modifiers/POS	Append GT and CR to each CPT code. Use the same POS code that you would at the office.		
NC Medicaid Sources	SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes NC Medicaid Clinical Coverage Policy 1-I, Dietary Evaluation and Counseling and Medical Lactation Services		

Scenario 7. Pregnancy Medical Home (PMH) Participants: Incentive Payments

Pregnancy Risk Screening

- During the State of Emergency, enrolled PMH Providers may complete the PMH pregnancy risk screening **when prenatal care is first established.** The screening may be completed as part of an in-person visit, telemedicine visit, or separate telephone call/online patient portal communication.
- Bill HCPCS code S0280 to receive the incentive payment.
- Do **not** append the GT or CR modifiers, even if the screening was conducted via telemedicine or telephonically. Use the same POS code that you would at the office.

Eligibility for the pregnancy risk screening incentive payment is not limited to PMH providers who bill global or package codes.

Postpartum Visit in 60 Days

- PMH Providers may bill for this incentive if the postpartum visit was conducted in person or via telemedicine (**not** if audio-only).
- Bill HCPS code S0281 after the visit to receive the incentive payment.
- Do **not** append the GT or CR modifiers, even if the postpartum visit was conducted via telemedicine. Use the same POS code that you would at the office.

Before S0281 is reimbursed, one of the following codes must be paid in history:
59400, 59410, 59430, 59510 or 59515.

Source: SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - Interim Perinatal Care Guidance

Appendix: Global and Obstetric Package Codes and NC Medicaid Obstetrics Clinical Coverage Policy (Excerpts)

3.2.2 Individual Antepartum Services

Individual antepartum services (use of Evaluation and Management codes) are covered if:

a) A pregnancy is high risk and requires more than the normal amount of services for a routine pregnancy; **or**
b) Antepartum care is initiated less than three months prior to delivery, **or**
c) The beneficiary is only seen by a provider between one (1) and three (3) prenatal office visits as specified in Attachment B: Billing for Obstetrical Services.

3.3 Package Services

3.3.1 Antepartum Package Services

Antepartum package services are covered when the attending provider rendering the antepartum care does not perform the delivery. The attending provider or group provider shall have seen the beneficiary for at least three consecutive months during her pregnancy.
Note: Individual antepartum visits are not covered in conjunction with antepartum package services.

3.3.2 Global Obstetric Services

Antepartum care, labor and delivery, and postpartum care are covered as an all-inclusive service (CPT codes 59400 or 59510) when:

a) antepartum care was initiated at least three months prior to the delivery; **and**
b) the same provider who renders the antepartum care performs the delivery and postpartum care.

3.3.3 Postpartum Package Services

Postpartum package codes are covered when the attending provider

a) has not provided any antepartum care, but performs the delivery and provides postpartum care (CPT codes 59410 or 59515); **or**
b) has not provided any antepartum care and did not perform the delivery, but performs all postpartum care (CPT code 59430); **or**
c) bills individual visits for antepartum care due to a high risk condition (CPT codes 59410, 59430 or 59515).

Global and Obstetric Package Codes	
Name	**CPT Code**
Global	*Vaginal:* 59400 *Cesarean:* 59510
Antepartum care 4-6 visits	59425
Antepartum care 7+ visits	59426
Delivery only	*Vaginal:* 59409 *Cesarean:* 59514
Postpartum care	59430
Vaginal delivery with postpartum care	59410
Caesarian delivery with postpartum care	59515

Full Clinical Coverage Policy: https://files.nc.gov/ncdma/documents/files/1E-5.pdf