

## North Dakota (ND) Medicaid\*: COVID-19 Temporary Telehealth Policy

Issued March 25, 2020

Updated July 1, 2022 (updates in red)

### What is the issue?

To address COVID-19 concerns, ND Medicaid is issuing this temporary telehealth policy to provide flexibility for members and providers to receive and deliver services. This policy covers services rendered on dates of service that fall between March 20, 2020 and the date the national emergency, as authorized in Title V of the Stafford Act, is declared over.

### What are the temporary Health Insurance Portability and Accountability Act (HIPAA) changes?

On March 17, 2020 the United States Office of Civil Rights (OCR) released this [notice](#), allowing covered health care providers that want to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency the ability to use any non-public facing remote communication product that is available to communicate with patients. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Privacy, Security and Breach Notification Rules.

During the COVID-19 nationwide public health emergency, OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA rules in connection with the good faith provision of telehealth using non-public facing audio or video communication products including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications that are public facing, should not be used in the provision of telehealth by covered health care providers.

### What are the requirements?

Services provided to members via telehealth that are eligible for reimbursement must be services covered by ND Medicaid. Similar to existing policy, the totality of the communication of the information exchanged between the provider and the member during the course of the telehealth service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

### What are the covered telehealth services?

Telehealth services must:

- Maintain **visual or audio** contact between the provider and member.
- Be medically appropriate and necessary with supporting documentation included in the member's clinical medical record.
- Use appropriate coding as noted in the following tables:

## MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | [www.nd.gov/dhs](http://www.nd.gov/dhs)

\*This policy applies to traditional, fee-for-service Medicaid administered by the North Dakota Department of Human Services. For questions regarding telemedicine and billing for Medicaid Expansion, contact Sanford Health Plan.

**Professional Claims**

<b>Applicable Modifier(s)</b>	“GT” or “95”  “CR”	Via interactive audio and video telecommunication systems. Billed by performing provider for real time interaction between the provider and member who is located at a distant site from the reporting provider.  <b>Modifier CR <u>must</u> be used if the service is delivered via a <u>non-HIPAA compliant</u> platform.</b>
<b>HCPCS Code(s)</b>	Q3014	Telehealth originating site facility fee (If applicable. Cannot be billed if member is at home.)
<b>Place of Service</b>	02	Telehealth - the location where health services and health related services are provided or received, through a telecommunication system

**Institutional Claims**

<b>Applicable Revenue Codes(s)</b>	780	Telemedicine – facility charges related to the use of telemedicine
<b>HCPCS Code(s)</b>	Q3014*	Telehealth originating site facility fee (If applicable. Cannot be billed if member is at home.)
<b>Applicable Condition Codes</b>	“DR”	<b>Condition Code “DR” <u>must</u> be used if the service is delivered via a <u>non-HIPAA compliant</u> platform.</b>
<b>Applicable Modifier(s)</b>	“GT” or “95”	Via interactive audio and video telecommunication systems. Billed by performing provider for real time interaction between the provider and member who is located at a distant site from the reporting provider.

\* HCPCS Code Q3014 must be billed in conjunction with Revenue Code 780 to indicate the originating site facility fee.

**Temporary Expanded Coverage**

Type of Service	CPT™/HCPCS Code	Patient Relationship with Practitioner	Required Modifier
Telephone services	99441-99443	For established patients	N/A
Therapy provided in a group setting. There must be a visual component with this service (audio only is not allowed).	90853, H2035, H0015, <del>S9475, H2036</del>	N/A	<b>GT or 95; CR if a <u>non-HIPAA compliant</u> platform is used</b>

ND Medicaid will continue to cover many services when rendered via telehealth. See the existing ND Medicaid telehealth policy on pages 148-149 of the [General Information for Providers Manual](#). **If a service is delivered via a non-HIPAA compliant platform, modifier CR must be included on the claim (professional claims only). Condition Code “DR” must be used if the service is delivered via a non-HIPAA compliant platform (institutional claims only).**

Similar to existing policy, when the originating site is a member's home, no originating site fee may be billed to ND Medicaid.

Similar to existing policy, when the originating site (where the member is physically located) is an office, inpatient hospital, outpatient hospital or skilled nursing facility, payment will be made to the originating site as a facility fee only. Payment for the actual service provided will be made only to the distant provider during the telehealth session.

Similar to existing policy, there is no additional payment (besides the originating site fee when applicable) for equipment, technicians or other technology or personnel utilized in the performance of the telehealth service.

Similar to existing policy, payment is made for services provided by licensed professionals enrolled with ND Medicaid and within the scope of practice per their licensure only. All service limits set by ND Medicaid apply to telehealth services.

Similar to existing policy, except for noncovered services noted below, telehealth can be used for services covered by Medicaid, and otherwise allowed, per CPT™ code, to be rendered via telehealth.

**Is the payment to the provider the same when services are provided via telehealth?**

Yes. Providers are paid the same regardless of if the service was provided in person or via telehealth.

**What is important to note for Indian Health Services and Tribal 638 Facilities?**

Telehealth services provided by an Indian Health Service (IHS) facility or a Tribal 638 Clinic functioning as the distant site, are reimbursed at the All-Inclusive Rate (AIR), regardless whether the originating site is outside the "four walls" of the facility or clinic.

**What is important to note for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)?**

Revenue code 0780 should only be reported along with Q3014 when the FQHC is the originating site. When providing telemedicine services to patients located in their homes or another facility during the COVID-19 public health emergency, FQHCs and RHCs should continue to bill the revenue codes listed below along with the CPT™ or HCPCS code for the service rendered appended with modifier GT or 95. If a non-HIPAA compliant platform is used, or the service is being provided telephonically with audio only, condition code DR should be populated in field 18 of the UB04 or the electronic equivalent.

Revenue Code **521**: Clinic visit by member to RHC/FQHC

Revenue Code **524**: Visit by RHC/FQHC practitioner to a member in a covered part A stay at a skilled nursing facility (SNF)

Revenue Code **525**: Visit by RHC/FQHC practitioner to a member in a SNF (not in a covered Part A stay) or other residential facility

Revenue Code **529**: Behavioral Health (FQHC only)

**What are the ND Medicaid noncovered telehealth services?**

Services that are not covered include:

- Store and forward; and

Type of Noncovered Service	CPT™/HCPCS Code
Virtual check-in	G2010 and G2012
E-visits	99421-99423, 98970-98972 and G2061-G2063