

Fact Sheet Telehealth Program

What is telehealth and how does it work?

Telehealth is an important tool in providing access to health care. It allows beneficiaries to stay safely at home and still receive the care they need. It can also remove long commutes for beneficiaries in rural communities. NCDHHS is invested in providing resources to health care providers and all consumers to increase access to care and utilization of telehealth across the state.

There are three types of virtual health care services (all referred to as telehealth services) potentially covered by NC Medicaid:

- **Telehealth:** Telehealth is 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. Telehealth may include physical and behavioral health care and select other services.
- **Virtual Communication:** Virtual communications include the use of technologies other than video (e.g., telephone or online portals) to enable remote evaluation and consultation support between a provider and a beneficiary or a provider and another provider.
- **Remote Patient Monitoring:** Remote patient monitoring includes the use of videos submitted by an established patient and/or store and forward, also known as asynchronous telehealth. It is used for collecting diagnostic data, monitoring patients and specialist consultation. It is the use of digital devices to measure and transmit personal health information (like blood pressure) from a beneficiary in one location to a provider in a different location.

Telehealth usage increased rapidly during the COVID-19 public health emergency resulting in an expanded telehealth coverage policy with more practices offering telehealth options. NC Medicaid has created and modified policies to reflect the changing times.

- Providers must review the clinical coverage policies referenced below to ensure the correct type of telehealth services are offered for the service being rendered.

IS TELEHEALTH PAYMENT DIFFERENT THAN IN-PERSON?

Telehealth services (two-way, real-time interactive audio and video) have coverage and payment parity with in-person care. Medicaid will continue to cover and reimburse all telehealth interactions at a rate that is equal to in-person care if they meet the standard of care and are conducted over a secure HIPAA-compliant technology with live audio and video capabilities.

WHAT SERVICES ARE COVERED VIA TELEHEALTH?

A summary of covered telehealth services is below. However, all coverage requirements and specifications are documented in clinical coverage policy [1H – Telehealth, Virtual Communications, and Remote Patient Monitoring](#) and the related clinical coverage policies referenced on page 1 of the telehealth policy. Providers must reference the specific policy for information/guidelines about the specific service being rendered. Please note that these decisions are subject to change and will be published through policy updates or Medicaid bulletins.

Services Approved for Delivery via Telehealth:

- Childbirth Education Sessions
- Perinatal Visits
- Pregnancy Medical Home Postpartum Screening
- Smoking and Tobacco Cessation Counseling
- Family Planning Services for Male and Female MAFDN Beneficiaries
- In Home Visits (Both for Well Child and Non-Well Child)
- Outpatient Respiratory Therapy Treatments (select codes as outlined in Clinical Coverage Policy 10D)
- Diabetes Management
- Facility-based Crisis (psychiatric evaluation only)
- Outpatient Behavioral Health Services Provided by Direct-enrolled Providers (excludes psychological testing and certain Evaluation and Management and add on codes)
- Research-based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD)
- Peer Support Services (excluding group)
- Children's Developmental Service Agencies (only includes Diagnostic Assessment and select Outpatient Behavioral Health Codes)
- North Carolina Innovations (select codes as outlined in Clinical Coverage Policy 8P)
- Outpatient Occupational and Physical Therapy (only available as an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) exception for Medicaid beneficiaries ages 0-20)
- Outpatient Speech and Language Therapy (select evaluation and treatment interventions as outlined in Clinical Coverage Policies 10A)

WHEN SHOULD A TELEHEALTH SERVICE OPTION BE SELECTED?

Telehealth services can be a positive alternative to traditional in-person treatment. However, several factors must be evaluated before selecting to use a telehealth service:

1. Can the service be safely and effectively delivered using telehealth?
2. Do the beneficiary's behavioral, physical and cognitive abilities allow them to participate in services provided using telehealth?



3. If a care giver or facilitator is required to participate in the service, are they capable of giving the needed assistance safely and effectively?
4. Can the service be delivered in such a way that it does not violate client confidentiality or professional standards of care?
5. Is the quality of care the highest when provided in-person, or can an equivalent quality of care ultimately be delivered via telehealth?

If services can be delivered without violating any of the above questions, telehealth may be an option for treatment when allowed by clinical coverage policy under which the service is rendered.

CAN OUT-OF-STATE TELEHEALTH PROVIDERS OFFER SERVICES?

When clinical coverage policies allow, out-of-state providers are eligible to provide services for NC Medicaid beneficiaries. However, all providers must be actively enrolled as a NC Medicaid participating provider before payments can be provided. Provider enrollment options and applications are available through the [NCTracks Provider Enrollment](#) webpage. Many NC Medicaid beneficiaries are enrolled in managed care, requiring additional contracting with the Department's [Health Plans \(PHPs\)](#) to ensure maximum payment. For more general information about Medicaid Managed Care, please see the [Provider Playbook](#). In addition, refer to [clinical coverage policy](#) for prior approval requirements for out of state providers.

WHAT IS THE DIFFERENCE BETWEEN TELEHEALTH THROUGH NC MEDICAID DIRECT VERSUS TELEHEALTH IN MANAGED CARE?

Telehealth through NC Medicaid Direct, the traditional fee-for-service program for non-managed care enrolled beneficiaries, is managed by NCDHHS. More information can be found in the [Telehealth, Virtual Communication, and Remote Patient Monitoring](#) policy for NC Medicaid Direct.

Telehealth through NC Medicaid Managed Care is managed by the health plans. Different health plans may have different telehealth policies, which allow more or fewer services than the other health plans. However, each health plan must offer, at minimum, the same telehealth services as NC Medicaid Direct. Health plans will contract with their own providers and may only contract with actively enrolled NC Medicaid providers. Providers are not required to participate with all health plans, making it imperative to verify beneficiary eligibility and enrollment status prior to rendering services. The NCTracks secure Provider Portal allows providers to verify beneficiary enrollment. Please see the [Recipient Eligibility Verification Participation User Guide](#) for more information.

Please note that beneficiaries are not required to seek telehealth services and shall be allowed access to in-person services if the beneficiary requests. A general consent to treat does not include consent to telehealth services. All telehealth, virtual communication and remote monitoring services must be delivered in a manner consistent with the quality of care provided in person.



WHAT IF BENEFICIARIES HAVE QUESTIONS?

Once a beneficiary is enrolled with a health plan, information and a new Medicaid card is mailed within five days. At that point, if beneficiaries have questions about their health plan or services covered, they should contact their health plan. In addition, contact information for health plans can be found on the [Health Plan Contacts and Resources page](#) of the NC Medicaid website.

Additional resources for beneficiaries can be found on the [Medicaid Telehealth Services Educational Materials website](#). This website includes educational materials and checklists for beneficiaries, as well as guides and additional resource links.

Lastly, NCDHHS partners with the [NC Medicaid Ombudsman](#), who serves as an advocate for quality care, assists beneficiaries with information and navigating managed care, and is appointed to help resolve beneficiary complaints. This ombudsman service is separate from the Medicaid Provider Ombudsman mentioned below. Beneficiaries may contact the NC Medicaid Ombudsman at 877-201-3750 from 8 a.m. to 5 p.m., Monday through Friday.

WHAT IF PROVIDERS HAVE QUESTIONS?

Although the Clinical Coverage Policies remain on their respective webpage, additional telehealth resources for providers can be found on the Department Initiatives [Telehealth website](#) as well as the [AHEC Telehealth and Coding Resources website](#). Additional telehealth related resources for providers can be found in the [NC Medicaid Help Center](#) and the [Provider Telehealth Resources website](#).

For general inquiries and complaints regarding health plans, NC Medicaid offers a Provider Ombudsman to represent the interests of the provider community. Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each health plan's provider manual.

