HOUSE BILL 555:
Modernize Medicaid Telemedicine Policies.

2019-2020 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	**Date:**	May 2, 2019
Introduced by:	Reps. Dobson, White, Saine, Lambeth	**Prepared by:**	Theresa Matula Committee Staff
Analysis of:	Second Edition		

OVERVIEW: House Bill 555 would require the Department of Health and Human Services to make changes to the telemedicine and telepsychiatry policies for Medicaid and NC Health Choice.

BILL ANALYSIS: **Section 1** of HB 555 requires DHHS to make changes to the Medicaid and NC Health Choice Clinical Coverage Policy for Telemedicine and Telepsychiatry including the following:

- Reimbursement for telemedicine and telepsychiatry services performed in a recipient's home or delivered from a licensed practitioner's home.
- No required referral for the use of telemedicine or telepsychiatry services.
- Coverage for delivery of telemedicine or telepsychiatry over the phone or by video cell phone.
- Allowing a referring provider and a receiving provider to bill for facility fees related to the provision of telemedicine or telepsychiatry on the same date of service.
- Telemedicine and telepsychiatry services must not be subject to the exact same restrictions as face-to-face contacts. The clinical coverage policy must be updated to align the policy with best practices for telemedicine and telepsychiatry.
- All behavioral health providers who are directly enrolled as providers in the Medicaid and NC Health Choice programs must be included in the coverage policy as providers who may bill for facility fee, including: licensed professional counselors, licensed marriage and family therapists, certified clinical supervisors, and licensed clinical addictions specialists.

The Department is further directed to expand the billing code set available for telemedicine and telepsychiatry to include most outpatient billing codes, including family therapy and psychotherapy for crisis. With the exception of family therapy, the expanded billing codes shall not include group-type therapies.

Section 2 requires the Department to submit to the Centers for Medicare and Medicaid Services any waivers or amendments to the NC Medicaid State Plan necessary to implement the act and the changes will be effective following completion of the process in G.S. 108A-54.2

EFFECTIVE DATE: HB 555 would become effective when it becomes law.

CURRENT LAW: G.S. 108A-54.2 outlines the procedures for changing medical coverage policy for Medicaid and NC Health Choice. Medical coverage policy requires:

- The Department to consult the Physician Advisory Group and other organizations (including professional societies and associations affected) during development of new medical coverage policy or amendment to existing policy.
- When the adoption of new or amended medical coverage policies is required by the General Assembly, then 30 days prior to the adoption of new or amended medical coverage policy, the

Department must: Publish the proposed new or amended medical coverage policy on the Department's Web site; notify all Medicaid and NC Health Choice providers of the proposed, new, or amended policy; and upon request, provide persons copies of the proposed medical coverage policy.

- During the 30-day period immediately following publication of the proposed new or amended medical coverage policy, the Department must accept oral and written comments on the proposed new or amended policy.
- If, following the comment period, the proposed new or amended medical coverage policy is modified, then the Department must, at least 10 days prior to its adoption: notify all Medicaid and NC Health Choice providers of the proposed policy; upon request, provide persons notice of amendments to the proposed policy; and accept additional oral or written comments.