

1915(i) Telehealth: Remote Service Delivery

Purpose

Remote support or telehealth includes real-time, two-way communication between the service provider and the member. Remote support is limited to check-ins e.g. reminders, verbal cues, prompts and consultations e.g. counseling, problem solving within the scope of service.

Applicability

Eligible Providers

To receive payment from ND Medicaid, the eligible servicing and billing provider National Provider Identifiers (NPI) must be enrolled with ND Medicaid on the date of service. Please refer to [provider enrollment](#) for additional details on enrollment eligibility and supporting documentation requirements.

Eligible Members

Providers are responsible for verifying a member's eligibility before providing services. Eligibility can be verified using the [ND Medicaid MMIS Portal](#) or through the through the Automated Voice Response System by dialing 1.877.328.7098. Refer to the [Member Eligibility Manual](#) for additional information regarding eligibility including information regarding limited coverage categories.

Covered Services and Limits

General Provider Policies

The [General Provider Policies](#) details basic coverage requirements for all services. Basic coverage requirements include:

- The provider must be enrolled in ND Medicaid;
- Services must be medically necessary;
- The member must be eligible on the date of service; and
- If applicable, the service has an approved service authorization.

Remote support options include:

- Telephone
- Secure Video Conferencing

The keys to providing better care lies in making services available and ensuring members seek help when necessary. Remote support options are for the benefit of the member, rather than the benefit of the provider. The member's election to utilize remote support must enhance their integration into the community.

Examples of appropriate use of remote support include:

- Members with behavioral health conditions who are feeling stigmatized and, thus, avoiding seeking services in an effort to hide their conditions from others. Remote support will allow these members to receive services from the comfort of their own surroundings, reducing the stigma and increasing the chances they will seek services and stay engaged. Remote support alternatives will make ongoing care and follow-ups more convenient and easier to schedule for the member, likely increasing the number of appointments made, as well as the number of appointments kept.
- Members in the midst of a crisis situation or addiction relapse will be able to more easily reach out to 1915(i) service providers reducing risks associated with their conditions and the likelihood of needing a higher level of care.

Service Authorization Requirements

No service authorization required.

Non-Covered Services

General Non-Covered Services

- Social exchanges between the member and the provider.
- Services where real-time, two-way communication does not occur, i.e. leaving a voicemail, electronic messaging, including texts and other methods of electronic messaging.
- Use of Global Positioning System (GPS), Personal Emergency Response System (PERS), and video surveillance to provide remote check-ins or consultative supports.

The [Noncovered Services Policy](#) contains a general list of services that are not covered by North Dakota Medicaid.

Documentation Requirements

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to ND Medicaid. Records must be retained for

at least 7 years after the last date the claim was paid or denied. Providers must follow the documentation requirements in the [Provider Requirements Policy](#).

Starting January 6, 2025, service documentation must occur in Therap using the appropriate case note template. For each use, providers must document that the telehealth support option:

- was chosen by the member receiving services
- did not block the member's access to the community;
- did not prohibit needed in-person services for the member
- utilized a HIPAA-compliant platform; and
- for HIPAA compliance, visit [HIPAA flexibility for telehealth technology telehealth](#)
- prioritized the member's integration into the community.

Reimbursement Methodology and Claim Instructions

Timely Filing

ND Medicaid must receive an original Medicaid primary claim within one hundred eighty (180) days from the date of service. The time limit may be waived or extended by ND Medicaid in certain circumstances. The [Timely Filing Policy](#) contains additional information.

Third-Party Liability

Medicaid members may have one or more additional source of coverage for health services. ND Medicaid is generally the payor of last resort. Providers must pursue the availability of third-party payment sources. The [Third Party Liability Policy](#) contains additional information.

Client Share (Recipient Liability)

Client share (recipient liability) is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. The [Client Share Policy](#) contains additional information.

Reimbursement

A claim for services must be submitted at the provider's usual and customary charge. Payment for services is limited to the lesser of the provider's usual and customary charge or the ND Medicaid calculated reimbursement.

Claim Requirements

Starting January 1, 2026, all claims for all services rendered on or after January 1, 2026, are to be submitted in the Therap billing module. Services delivered via remote support or telehealth must use one of these places of service codes during claim submission:

- 02 – Telehealth provided other than in patient’s home
- 10 – Telehealth provided in patient’s home

Modifier 93 must be appended to any claim line where the service was delivered audio only without a face-to-face component.

References

- [North Dakota Administrative Code](#)
- [North Dakota Century Code](#)
- [Code of Federal Regulations](#)

Contact

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Policy Updates

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