

## Telehealth FAQs

### **Does the member need to be in a secure office, or can they be in their home for telehealth services?**

The member may be in their home. Place of service 10 should be reported on the claim when telehealth is being delivered when the patient is in a home setting.

### **The GT or 95 modifiers are included in the ND Medicaid telehealth guidance, but Medicare does not want them reported any longer. How will this work for secondary claims?**

Modifiers GT and 95 are only required on institutional (837I) claims. Professional claims should be submitted using the appropriate place of service Codes 02 or 10.

### **If we submit the GT or 95 modifiers on professional (837P) claims will the services be denied?**

No, submission of these modifiers will not result in claim denial.

### **Are New Patient E/M codes covered via telehealth?**

Yes, CPT codes 99201-99205 are covered via telehealth when there is both an audio and visual component. They cannot be delivered audio-only.

### **Are there any non-rural requirements like Medicare?**

No, telehealth may be utilized in urban or rural areas.

### **For FQHCs, Medicare has an end date of 12/31/2024 for telehealth medical services. Will Medicaid be following these dates?**

No, ND Medicaid will continue to cover telehealth for FQHCs when there is a visual component. Audio-only and digital services will not be covered for FQHCs because of the face-to-face requirement for encounters. (See the FQHC Chapter of the General Information for Providers Manual for additional information)

### **Can providers provide telehealth services from their homes, or will they need to be in the location they are credentialed with?**

Providers may provide telehealth services from other locations than their office location.

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## MEDICAL SERVICES

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