



NC MEDICAID MODIFIES TELEHEALTH REQUIREMENTS FOR MEDICAL LACTATION

We hope all of you are safe and well during these unprecedented times. Thank you to all of our front-line workers who are continuing to provide lactation support to families in need. We wanted to be sure all of you knew that North Carolina Medicaid has altered their policy for Medical Lactation telehealth visits to accommodate social distancing. Please note that for in-person visits, ‘incident-to’ billing requirements are still in place at this time, but we will notify you if that changes.

The modifications to the Medical Lactation policy can be found [here](#), and reads as follows:

About the services:

- Eligible Services
 - “Medical lactation services can be delivered via telehealth to new or established patients during the COVID-19 public health emergency. All medical lactation services delivered remotely should follow the specific requirements, standards and guidance included in the [NC Division of Medical Assistance Dietary Evaluation and Counseling and Medical Lactation Services Clinical Coverage Policy II](#).”
- Eligible Providers
 - “The following providers may deliver medical lactation services via telehealth: physicians, certified nurse midwives, nurse practitioners, physician assistants and international board-certified lactation consultants (IBCLC).”

Billing:

- C.6. Medical Lactation Coding Guidance states, “The following new and established patient codes, when provided via telehealth, can be billed by physicians, nurse practitioners, physician assistants, certified nurse midwives, nurse practitioners, physician assistants. The services of international board-certified lactation consultants who are employed or contracted by the physician or physician group or have a referral for a consult in another medical practice can be billed by the physician.”

*We are aware of the duplicate words; this statement is directly from the website.

Code	Description (See 2020 CPT Code Book for Complete Details)
96156	Health behavior assessment, or reassessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes

Further guidance found in the full document states that “Modifier GT must also be appended to the CPT or HCPCS code to indicate the service has been provided via interactive audio-visual communication. This modifier is not appropriate for services performed telephonically or through email or patient portal.” And “Telemedicine and telepsychiatry claims should be filed with the provider’s usual place of service code per the appropriate clinical coverage policy and not Place of Service (POS) 02 (telehealth).”

The most important points we see in this document are as follows:

- Telehealth visits will be covered by Medicaid for Medical Lactation Services
- For IBCLCs, they still need to be billed through a physician* practice
- For an IBCLC to provide the care via telehealth, they need to be practicing in the physician practice that is the primary care practice for the patient, or work in another physician practice that receives a referral from the patient’s primary care practice.
- Codes for Medical Lactation Services are above

*The term ‘physician’ is used in Medicare and Medicaid documents to indicate licensed primary care providers.

This document is meant to be a brief summary of coverage of medical lactation services via telehealth. The [full document](#) should be accessed and reviewed by anyone providing these services.

For more information, please contact the NC Department of Health and Human Services, NC Medicaid Division of Health Benefits. Please include us on any questions asked so that we can continue to advocate for these services.

Thank you,

Connie McLendon: Chair, NCBC

Ellen Chetwynd: Outgoing Chair, NCBC

Jenny Jensen: Chair, NCLCA