

North Carolina reimburses for telepsychiatry + a separate facility fee (Q3014)

NC Department of Health and Human Services [Telepsychiatry page](#)

Division of Medical Assistance [Clinical Coverage Telemedicine and Telepsychiatry](#)

Click above for the document.

Excerpts below...

6.3 Facility Fees

The following providers may bill for a facility fee when their office or facility is the site at which the recipient is located when the service is provided:

- a. Physicians

- b. Nurse practitioners

- c. Nurse midwives

- d. Advanced practice psychiatric nurse practitioners

e. Advanced practice psychiatric clinical nurse specialists

f. Licensed psychologists (doctorate level)

g. Licensed clinical social workers (LCSW)

h. Hospitals (inpatient or outpatient)

i. Federally qualified health centers

j. Rural health clinics

k. Local health departments

l. Local Management Entities

The following providers enrolled in the N.C. Medicaid program who provide this service may bill Medicaid:

a. Physicians

b. Advanced practice psychiatric nurse practitioners

c. Advanced practice psychiatric clinical nurse specialists

d. Licensed psychologists (doctorate level)

e. Licensed clinical social workers (LCSW)

f. Community diagnostic assessment agencies

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• **90801**

• **90804 through 90809**

• **90862**

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The following CPT procedure codes can be billed by the consulting provider for professional services:

• **90801**

- 90804 through 90809

- 90862

- 99201 through 99205

- 99211 through 99215

- 99241 through 99245

Reimbursement

1. When the GT modifier is appended to a code billed for professional services, the service is paid at 100% of the allowed amount of the fee.

For additional information see the ATA Wiki page for North Carolina [here](#).