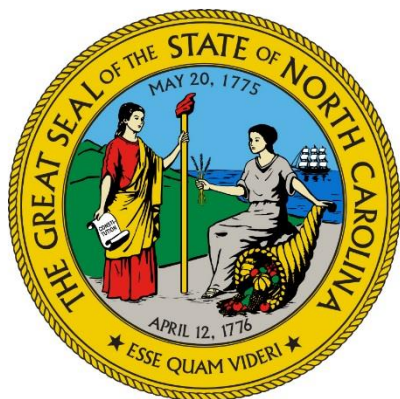




COVID-19 PREPAREDNESS



Medicaid Policy Response & Behavioral Health

Dr. Carrie Brown, Chief Medical Officer for Division of Behavioral Health and Intellectual/Developmental Disabilities

Dr. Shannon Dowler, Chief Medical Officer for NC Medicaid

Deputy Secretary Kody Kinsley, NC Division of Behavioral Health and Intellectual/Developmental Disabilities

Deputy Secretary David Richard, Division of Health Benefits/NC Medicaid

March 26, 2020

Agenda

- **Introduction and Welcome: Kody and Dave**
- **What's in Action: Shannon**
 - **FYI: Broad Policy Provisions and Appendix K**
 - **Virtual and Telehealth Philosophy in Pandemic**
 - **Behavioral Health Active Codes**
- **What's Coming Soon: Carrie**
 - **Behavioral Health In Development Codes**
- **How to Operationalize: Carrie**
 - **Case Scenarios**
- **The Last Word: Dave and Kody**

Pharmacy Modifications

Reduce Exposure to Vulnerable Populations and Improve Access

• 3/13/20 Modifications

- Allow up to 90 days supply fills and refills for most non-controlled substance medications (without a need for a previous 30 days supply fill) ; considering >30 day supply MAT and stimulants at provider discretion
- Allow for early refills of most non-controlled substances, subject to pharmacist clinical judgement
- Allow up to 14 days supply of a medication waiting on prior authorization
- Allow up to 14 days supply of an emergency lock-in prescription (still limited to once per beneficiary per year)
- However, we encourage providers to contact the NC Tracks call center to temporarily change a beneficiary's lock-in prescriber or pharmacy in an emergency situation

• 3/20/20 Modifications

- Changed all behavioral health clinical edits to “pay and report” only, removing administrative burden on pharmacy and prescriber
- The following new and established patient office or other outpatient service and office and inpatient consultation codes, when provided via telemedicine or telepsychiatry, may be billed by clinical pharmacist practitioners (CPPs).
- 99201, 99202, 99203, 99204, 99205, 99211 ,99212 99213 99214 99215 99241 99242 99243 99244 99245 99251 99252 99253 99254 99255 T1015(+)

• 3/25/20 Modifications

- Short- acting beta agonist inhalers: We have moved several Non-Preferred albuterol HFA inhalers (as well as branded Xopenex inhalers) to Preferred status due to drug shortage issues. Preferred options will now be: Proair HFA (original), Proair RespiClick, Proventil HFA, all generic albuterol HFA inhalers, Ventolin HFA, and Xopenex HFA (branded only) inhalers.

• 03/27/20 Modifications

- We are adding prior authorization for chloroquine and hydroxychloroquine. We are performing a claims lookback and diagnosis lookback to allow beneficiaries who have an FDA approved diagnosis on file and/or who had a recent prescription filled to access the medications without the need for a prior authorization.

DME and Out-Patient Therapy Modifications

Reduce Exposure to Vulnerable Populations & Improve Access

- Remove limits for certain **durable medical equipment** (e.g., gloves, oxygen, incontinence supplies)
- Cover cost of **masks for ill patients** requiring frequent transportation / public presence (e.g., dialysis)
- Allow provisions of BP devices for individuals for home monitoring
- Removes Prior Authorization for out-patient respiratory therapy

Home Service Modifications

Improve Patient Access to Services & Reduce Administrative Burden

- **Removed visit and hour limits for Private Duty Nursing, Personal Care Services, Office Visits**
- **Added provision of home infusion therapy for hydration and immunotherapy**

Appendix K – Innovations Waiver

<ul style="list-style-type: none">• Waive the \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services.
<ul style="list-style-type: none">• Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.
<ul style="list-style-type: none">• Respite may be provided when family is out of state due to evacuation/displacement until they return home.
<ul style="list-style-type: none">• Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker when the waiver participant because of COVID-19 related issues.
<ul style="list-style-type: none">• Allow Day Supports and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting.
<ul style="list-style-type: none">• Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.
<ul style="list-style-type: none">• Allow relatives of adult waiver beneficiaries who reside in the home and out of the home participants to provide services prior to background check and training for 90 days. Relatives of adult waiver beneficiaries may provide Community Living and Supports, Day Supports, Supported Employment and Supported Living.
<ul style="list-style-type: none">• Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed. This applies to Community Living and Supports, Crisis Services, Community Networking, Day Supports, Respite, Residential Supports, Supported Living, and Supported Employment.
<ul style="list-style-type: none">• Allow for additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking, Day Supports and Supported Employment for 90 days.

Appendix K – Innovations Waiver

<ul style="list-style-type: none">• Include retainer payments to direct care workers to address emergency related issues.
<ul style="list-style-type: none">• Community Living and Supports may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19
<ul style="list-style-type: none">• Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge
<ul style="list-style-type: none">• Waive monthly face-to-face care coordinator/beneficiary meeting for individuals receiving residential supports, new to waiver, or relative as provider during this amendment. Waive quarterly face-to-face care coordinator/beneficiary meeting on case-by-case basis during this amendment. Monthly and quarterly monitoring will occur telephonically.
<ul style="list-style-type: none">• Waive Support Intensity Scale Assessments/reassessment during this amendment.
<ul style="list-style-type: none">• Waive requirement for beneficiary to attend the Day Supports provider once per week.

Virtual Care: New Reimbursable Telephonic Codes

Improve Patient Access to Services & Reduce Administrative Burden

G0071 - RHCs and FQHCs; MD/FNP/PA/CNM

- Communication technology-based services
- Established patients, routine follow-up **AND** COVID symptoms

G2012 - Non-RHCs/FQHCs; MD/FNP/PA/CNM

- Brief communication technology-based
- Established patients, COVID symptoms

99441, 99442, 99443 - Non-RHCs/FQHCs; MD/FNP/PA/CNM

- Telephonic evaluation and management service
- Established patients - routine follow-up

98966, 98967, 98968 – **Licensed Non-Physician Behavioral Health Providers will now apply to FQHC and RHC(3/30/20)**

- Telephonic assessment and management service
- Established patients – routine follow-up
 - Submit as FFS code NOT with T1015
 - Use CR Modifier

**Remember
CR Modifiers**

LCSW, LCSW-A, LCMHC,
LCMHC-A, LMFT, LMFT-A,
LCAS, LCAS-A, Licensed
Psychologists, LPAs

Virtual Care: Portal Communication, Consults MD/NP/PA/CNM ONLY

- **99421-99423 On-Line Digital E&M**
 - Established patients only
 - **Up to 7 days (cluster correspondence based on cumulative time)**
 - 99421 5-10 minutes
 - 99422 11-20 minutes
 - 99423 21+ minutes
 - **Can occur in the same patient with multiple specialists**
- **99446-99449 Interprofessional telephone/internet/EHR assessment and management**
 - **Billing provider must document the verbal and written encounter in the Electronic Health Record**
 - **CR modifier to eliminate restrictions for 14 days pre- and post-**
 - **Based on Minutes:**
 - 99446 5-10, 99447 11-20, 99448 21-30, 99449 >30

Telehealth Modifications

Improve Patient Access to Services

Broad expansion of telehealth services


- Wave 1: Medical, Clinical Pharmacist, Behavioral Health Activated on 3/23/20
- Wave 2: Specialized Therapies (PT/OT/ST/Audiology), Dental, Additional BH TO BE Activated on 3/30/20
- Wave 3: CDSA, LEA, Optometry, Registered Dieticians, Diabetes Educators, Additional BH, TO BE Activated 4/7/20 or sooner

	Changes from Pre-Pandemic Policy
Originating Site	Now allows telehealth to be provided in a patient home or non-traditional site of service (previously narrow)
Distant Site	Now allows all enrolled medical providers to provide telehealth services (previously consultative)
Prior Authorization	Now removes requirement for prior authorization to receive telehealth services
Eligible Providers	In 3 waves as described above
Covered Services	Now allows broad utilization including video cell technology Now allows for parity payments
HIPAA Compliance	Now allows temporary flexibilities on certified HIPAA compliant technology in emergency circumstances(see OCR)
FQHC/RHC	Now allows FQHCs and RHCs to bill as distant sites (CMS does not allow this for Medicare and previously not covered)


Telehealth: Medical, Psychiatry & Clinical Pharmacy

These new and established patient office or other outpatient service and office and inpatient consultation codes, when provided via telemedicine or telepsychiatry, may be billed by physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners.

****Note that OBOT services can be provided using telepsychiatry with the outpatient new/established E&M codes as well as 90792 (for new visit).**



Codes		
99201	99213	99245
99202	99214	99251
99203	99215	99252
99204	99241	99253
99205	99242	99254
99211	99243	99255
99212	99244	T1015 (+)



For +FQHC/RHC

Telehealth: Behavioral Health

These psychiatric diagnostic evaluation and psychotherapy codes, when provided by telepsychiatry, may be billed by licensed clinical addiction specialists, licensed clinical mental health and professional counselors, psychologists, licensed clinical social workers, licensed marriage and family therapists, physicians, psychiatric nurse practitioners.

*90792, +90833, +90836, +90838 are for medical professionals only



Codes		
90791	90833*	90837
90792*	90834	90838*
90832	90836*	T1015-H+

These telephone assessment and management codes may be billed by LCSW, LCSW-A, LCMHC, LCMHC-A, LMFT, LMFT-A, LCAS, LCAS-A, Licensed Psychologists, LPAs



Codes
98966
98967
98968

Telehealth: Work in Progress

Adding Inpatient Psychiatry – Subsequent Visit and Discharge Professional Service Codes:

For licensed psychiatric prescribing providers (MD/DO Psychiatrists and PMHNP-BCs), the following inpatient codes are being proposed to be billed under Telepsychiatry (requiring real-time 2-way audio/video).

- 99231, 99232, 99233, 99238, 99239

Professional Fee Only

Telehealth: Work in Progress

From our 3/23/20 release we are now including: Associate Level Licensures for Assessment (90791) and Individual Psychotherapy Codes (90832, 90834, 90837)

- Eligible Telepsychiatry providers are proposed to expand to include the following:
 - Licensed clinical social worker associate (LCSW-A)
 - Licensed clinical mental health counselor associate (LCMHC-A)
 - Licensed marriage and family therapist associate (LMFT-A)
 - Licensed clinical addiction specialist associate (LCAS-A)

Adding New Psychotherapy Codes:

- Crisis Psychotherapy (90839, 90840)
- Family Psychotherapy (90846, 90847, 90849)
- Group Psychotherapy (90853)
- Interactive Code (add on code +90785)

*These codes may be billed by LCMHC, LCMHC-A, LCSW, LCSW-A, LCAS, LCAS-A, LMFT, LMFT-A, Licensed Psychologist, LPA, Physician (MD/DO), and Psychiatric Nurse Practitioner clinicians.

Telehealth: In Consideration

Proposing to temporarily modifying the following Enhanced Behavioral Health policies to better enable the delivery of remote care to Medicaid and State funded members (when an in-person visit is not possible due to COVID 19, after appropriate screening). Providers would use GT modifier for real-time 2-way audio/video or CR modifier for telephonic interventions that would otherwise have been provided in-person.

Intensive In-home Services	H2022
Multisystemic therapy	H2033
Mobile Crisis Management	H2011
Assertive Community Treatment (ACT)	H0040
Community Support Team (CST)	H2015
Peer Supports Services (PSS)	H0038

HT, HO, HF, HN, U1, HM

Telehealth: In Consideration

Considering additional codes for telehealth provision of Research Based Behavioral Health Treatment for Autism Spectrum Disorder (When the tele health service provision is clinically appropriate for the person and there are no supervision/health safety issues with this intervention.)

- 97151 Behavior identification assessment
- 97152 Behavior identification supporting assessment
- 97153 Adaptive behavior treatment by protocol
- 97154 Group adaptive behavior treatment by protocol
- 97155 Adaptive behavior treatment with protocol modification
- 97156 Family adaptive behavior treatment guidance,
- 97157 Multiple-family group adaptive behavior treatment guidance

In Consideration(MH/SUD):

Behavioral Health Facility Based	Child MH Residential Treatment	Substance Use Disorder/Licensed Facility
Psychosocial Rehabilitation	Therapeutic Foster Care	SUD Residential
Facility Based Crisis- Child	Level 3	SAIOP
Facility Based Crisis- Adult	Level 4	SACOT
Day Treatment	PRTF	Opioid Treatment Program
Partial Hospitalization		Detox Services

In Consideration- IDD:

Exploring services that provide habilitation and support with activities of daily living when the individual only requires cuing and prompting and there are no supervision/health safety issues with this intervention.

- **Supported Employment**
- **Community Living and Support**
- **Community Navigator**
- **Community Networking**
- **Day Supports**
- **Supported Living**

MH Case Example

23 year old male with schizophrenia being followed by an ACT team who receives a fluphenazine decanoate injection every 2 weeks

- **Bill H0040 for in person visit (e.g., injection by nurse or any other in-person provision of services)**
- **Bill H0040-GT for two way video/audio visit using smartphone (e.g., follow-up by psychiatrist who also obtains consent for and documentation of use of HIPAA/non-HIPAA technology)**
- **Bill H0040-CR for telephone (e.g., Peer Support check-in via telephone about meal planning)**

SUD Case Example

30 year old with opioid use disorder receiving MAT with suboxone by her primary care provider

- **Bill 99211-99215 (as relevant) for an in-person office visit**
- **Bill 9921X-GT for telepsychiatry visit (2-way video/audio) – documenting verbal consent for use of HIPAA/non-HIPAA technology**
- **Bill 98966, 98967, 98968 (as relevant) for assessment/management by phone only**
- **Add CR modifier**