NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Community Care
OF NORTH CAROLINA

NORTH CAROLINA
AHEC

COVID-19 Webinar for Medicaid Providers
March 26th, 2020

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Agenda

- Welcome

- Webinar logistics

- Medicaid policy changes in response to COVID-19

- Telehealth 101

- Case Examples

- Where to Get Information and Help

- Questions

Webinar Logistics

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Medicaid Policies and Codes Related to COVID-19

Pharmacy Modifications

Reduce Exposure to Vulnerable Populations & 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)
  - 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 physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and 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

Improve Patient Access to Services & Reduce Administrative Burden

- 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

Virtual Care: New Reimbursable Telephonic Codes

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

- Telephonic assessment and management service
- Established patients – routine follow-up

Remember CR Modifiers

ADDING FQHC/RHC

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

- **99421-99423** On-Line Digital E&M (about $11-35)
  - <u>Established</u> 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 (about $15-61)
  - 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 3/23/20

— Wave 2: Specialized Therapies (PT/OT/ST/Audiology), Dental, Additional BH TO BE Activated 3/30/20

— Wave 3: CDSA, LEA, Optometry, Registered Dieticians, Diabetes Educators, Additional BH TO BE Activated 4/7/20

	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 and 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.

Can be used for OBOT services!

+ denotes coding specifically for FQHC/RHC locations

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

Telehealth: Specialized Therapies: PT/OT/ST/Audiology

- Designated codes will be activated 3/30/20

- Coverage based on clinical appropriateness to perform through two-way real time audio <u>and</u> visual communication to support care when the patient and provider are in two separate locations
  - Audio only is <u>not</u> considered teletherapy

- Documentation standards are unchanged

- Payment is at parity

- GT modifier denotes telehealth service provision

- CR modifier denotes COVID time period

- Place of Service 02 should be used

Specialized Therapies: PT/OT/ST/Audiology: Bulletin 3/27/20

- Therapists must consider a client's behavioral, physical, and cognitive abilities to participate in services provided via teletherapy.

- The patient's safety must be carefully considered for the complexity of the services provided. In addition, in situations in which a caregiver or facilitator is necessary to deliver the tele-therapy, their safety should be considered as well.

- Must conform to professional standards including but not limited to ethical practice, scope of practice, and other relevant federal, state, and institutional policies and requirements including Practice Act and Licensing Board rules.

- Prior authorization requirements for services delivered in-person will still apply when delivered via teletherapy.

Teletherapy: Proposed PT/OT/ST/Audiology Final in Bulletin 3/27/20

These teletherapy codes have been approved for new and established patients.

Physical Therapy	Speech Therapy	Occupational Therapy	Audiology
97161	92521	97165	92630
97162	92522	97166	92633
97163	92523	97167	
97164	92524	97168	
97750	92607	97750	
97110	92608	92065	
97112	96125	92526 (feeding only)	
97116	92507	97110	
97530	92526 (feeding only)	97112	
97533	92609	97116	
97535	92630	97530	
97542	92633	97533	
97763		97535	
95992		97542	
		97763	

Telehealth: Dental Modifications

- During the COVID-19 pandemic, enrolled dentists should limit their use of teledentistry services to evaluation of beneficiaries with urgent or emergent oral health
  - Distant site providers may also report one of the following oral evaluation codes—D0140 and D0170
  - Prior approval is not required
  - Place of service is 02

- **D9995** – synchronous; real-time encounter
  - Provider-to-provider and provider-to-patient allowable

- **D9996** - asynchronous encounters, such as store and forward or eConsults
  - Provider-to-provider and provider-to-patient
  - Can be billed once per week per beneficiary

Providing Telehealth to Medicaid Beneficiaries

Getting Started with Telehealth

Key Resources:

- **AAFP site:** https://www.aafp.org/patient-care/emergency/2019-coronavirus/COVID-19-daily/telehealth.html

- **AMA Quick Guide:** https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

- **AAP Coding Guide:** https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

- **CMS Toolkit:** https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

- **Mid Atlantic Telehealth Regional Consortium:** https://www.matrc.org/telehealth-essentials-checklist-training-event/

- **Rural Health Information Hub**: https://www.ruralhealthinfo.org/toolkits/telehealth

Providing Patient Care via Telehealth

Start with a quality equipment and connectivity

- Minimum bandwidth for telehealth is 25 mbps down/5 mbps up. You can check you speeds [here](#).

- Use a high quality external microphone and speaker to decrease feedback

- You are trying to replicate eye contact with the person at the other end.

    - Set up the webcam at eye level

    - Consider a laptop stand

HIPAA Rules during COVID-19 Pandemic

Office of Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

Providing Patient Care via Telehealth

Create a professional space for your visits:

- Work to have good lighting
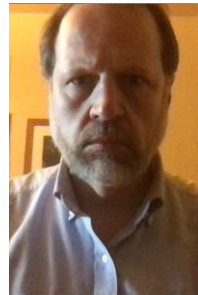
- Make sure you are in a private room with the door closed.

- Reduce all external noises - pets, washing machines, children, etc.

- Keep food and beverage out of view and do not eat/drink while you are on screen.

- Sit at a desk or table.

Providing Patient Care via Telehealth

Consider your appearance and backdrop

- Wear the type of clothes you would wear to work in an office from the waist up.

- Some plaids or shiny clothes that look great in person cause a distracting glare when on camera.

- Avoid excessive jewelry that can cause image distortion

- Create a professional backdrop or a blank wall

    - Some software packages allow you to create an artificial backdrop.

Providing Patient Care via Telehealth

During the visit

- Inform the patient where you are and that no one else is in the room.

- Ask who else is in the room with the patient.

- When talking, look into the webcam and not at the patient's face onscreen (this is really hard).

- Remember that there may be lag time in the transmission.

- When you need to look away to review the chart, let the patient know what you are doing so they understand why you are breaking eye contact.

- Make sure when finishing the visit follow up plans are clear.

- Charting during a telehealth visit may be more difficult than charting during an in person visit.

Providing Patient Care via Telehealth

Telemedicine Documentation Expectations

Document how you typically would, same chart note, etc and ADD the following:

- **Statement that the service was provided using telemedicine**

- **Statement that consent was obtained from the patient**

- **The location of the PATIENT** (enough detail to satisfy a Medicare audit, i.e., covered rural site)

- **The location of the PROVIDER**

- **Start and stop time**

- **Additional people who participated in the visit at either site**

Case Examples

8 year old with ADHD for follow up visit

ADHD Case Example

8 yo with ADHD being seen from home with a parent

- Bill 9921X-GT for telepsychiatry visit (2-way video/audio) – documenting verbal consent for use of HIPAA/non-HIPAA technology

- Bill 99441, 99442, 99443 (as relevant) for evaluation/management by phone only

- Add CR modifier

30 year old with opioid use disorder on suboxone for MAT seen for follow up visit

SUD Case Example

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

- Bill 9921X-GT for telemedicine visit (2-way video/audio) – documenting verbal consent for use of HIPAA/non-HIPAA technology

- Bill 99441, 99442, 99443 (as relevant) for evaluation/management by phone only

- Add CR modifier

28 year old with depression and panic disorder

28 yo with Depression and Anxiety

Physical Exam:
General: Alert, NAD
Poor eye contact
Pt. able to take her own pulse and = 62
Normal RR and work of breathing

Impression & Recommendations:

Problem # 1: Anxiety depression (ICD-300.4) (ICD10-F41.8)
Depression with anxiety and hx of panic attack
Has had increased sxs of anxiety with COVID situation
PHQ and GAD 7 increased from last visit and indicate moderate depression and anxiety sxs
No SI
Rec increase sertraline to 100 mg
Agrees to reach out today to therapist for BH telehealth visit
Telephonic follow up in 1-2 weeks, call sooner with worsened sxs
Discussed trying to decrease social isolation-> reach out to family, church members

Time spent during telehealth visit: 22 minutes
Billing: 99213-GT-CR

Documented time spent: 22 minutes

Billed as: 99214-GT-CR

16 year old with seasonal allergy symptoms and hx of persistent asthma

16 year old with seasonal allergy symptoms and hx of persistent asthma

Vital Signs: R = 14, P=82 (reported by patient from phone app)

Pt. is at his home
I am seeing patient from my home office
Consent is obtained from his mother and we assure confidentiality.
Visit began: 11:14a Visit ended: 11:39

HPI: Healthy 16 yo male w/slight runny nose in the context of seasonal allergic rhinitis and well controlled persistent asthma. He developed the runny nose ~3 days ago, he typically gets this when the dogwood trees begin to bloom. He has used his albuterol MDI once in the past few days. He has been practicing social isolation and it is becoming very difficult because he is on his school's tennis team and can't practice or compete.

Physical Exam:
NAD
No nasal flaring, no cyanosis, no crusting. slight rhinorrhea
No retractions, normal excursion of lungs

Dx: Allergic Rhinitis, Mild intermittent asthma – controlled, adjustment disorder

Documented parental consent and location

62 year old with DM, HTN, Hypercholesterolemia seen for routine follow up.

62 yo with DM, HTN, HLD for routine follow up

Vital Signs:
Patient profile: 62 year old female
Height: 59 inches (149.86 cm)
Weight: 189 lbs (85.91 kg)
BMI: 38.31
Temp: 97.4 degrees F (36.33 degrees C)
Pulse rate: 82 per minute
Resp: 20 per minute
BP sitting: 156 / 86
Working BP: 156 / 86

History of Present Illness:
62 yo with Diabetes, Hypertension, and Hyperlipidemia scheduled for routine follow up via telehealth.

Patient is at home and consents to telehealth visit.
Medical assistant called patient ahead of time and helped her download ZOOM onto her ipad.
She is appreciative of not having to come to clinic

Diabetes ñ last a1c was 9.2% and she is on insulin 40 lantus hs and10 units novolog with each meal.
SMBG have been 146 ñ 201 fasting. Not able to exercise bec of COVID. Not able to follow her diet 2/2 COVID

HTN ñ Has home bp monitor. Home BP 156 ñ 176/ 82 ñ 92. On amlodipine 2.5 mg

ROS: no cp, no sob, no dizziness
PHQ 2 Neg, but feels isolated

Physical Exam:
General: alert, NAD
appears well

Documented consent and location

MA assisted with workflow

Using Zoom with an iPad

62 yo with DM, HTN, HLD for routine follow up

Impression & Recommendations:

Problem # 1: Diabetes mellitus type 2 without complications (ICD-250.00) (ICD10-E11.9)
Seems in improved control by her home bs monitoring
Fasting still elevated, increase lantus to 44 u at bedtime
Cont monitoring BS and message me on portal in 3 days with fasting and PP blood sugar
Rec increase exercise at home, use YouTube classes

F/U for A1c in 1 month - will arrange phlebotomy and telehealth visit
*Needs eye exam when COVID situation allows

Problem # 2: Hypertension (ICD-401.9) (ICD10-I10)
Elevated on home bp monitoring
Rec DASH diet
Increase amlodipine to 5 mg
Sent to pharmacy
Cont home bp monitoring and submit bp values via portal

26 minutes spent in telehealth visit
Billed as 99214-GT-CR

Documented time spent during visit

Billed as 99214-GT-CR

29 year old with eczema sends a message through the patient portal

29 yo Patient Portal Message

Monday am:

Mrs. Jones: Hi Dr. Dowler, my eczema is flaring up again! I have been using the Eucerin and ?triamcinolone 0.025% and putting it on my arms twice per day. I am still having itching at night. I also have triamcinolone 0.1% at home. Should I use that? Any other advice?

Monday pm:

Dowler: Hi Mrs Jones. Sorry to hear about your eczema. What I would do is use the stronger cream for about a week and see if that helps with your eczema. Remember to avoid long, hot showers/baths and put the Eucerin on right after bathing.

Tuesday am

Mrs. Jones: thanks Dr. Dowler! Can you send the refill in for triamcinolone 0.1%. I go to Smith Drugs in Haw River.

Billed as 99421-CR

Documented time spent: 8 minutes

Where To Get Information and Help

Medicaid Resources

Input, Questions, Concerns: medicaid.covid19@dhhs.nc.gov

Medicaid COVID-19 website: medicaid.ncdhhs.gov/coronavirus

Medicaid Bulletins: medicaid.ncdhhs.gov/providers/medicaid-bulletin
(search for "COVID" to retrieve all related bulletins)

Rates: medicaid.ncdhhs.gov/providers/fee-schedules

State COVID-19 website: www.ncdhhs.gov/coronavirus

Summary of Medicaid Billing Changes

As Medicaid releases frequent changes to clinical policies and billing guidance, CCNC and AHEC will be producing condensed summaries for quick reference on our website.

Telehealth Billing Codes Summary:

https://www.communitycarenc.org/files/telehealth-provisions-phase-2

Medicaid Special Bulletins:

https://medicaid.ncdhhs.gov/providers/medicaid-bulletin

CCNC/AHEC Website

https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information
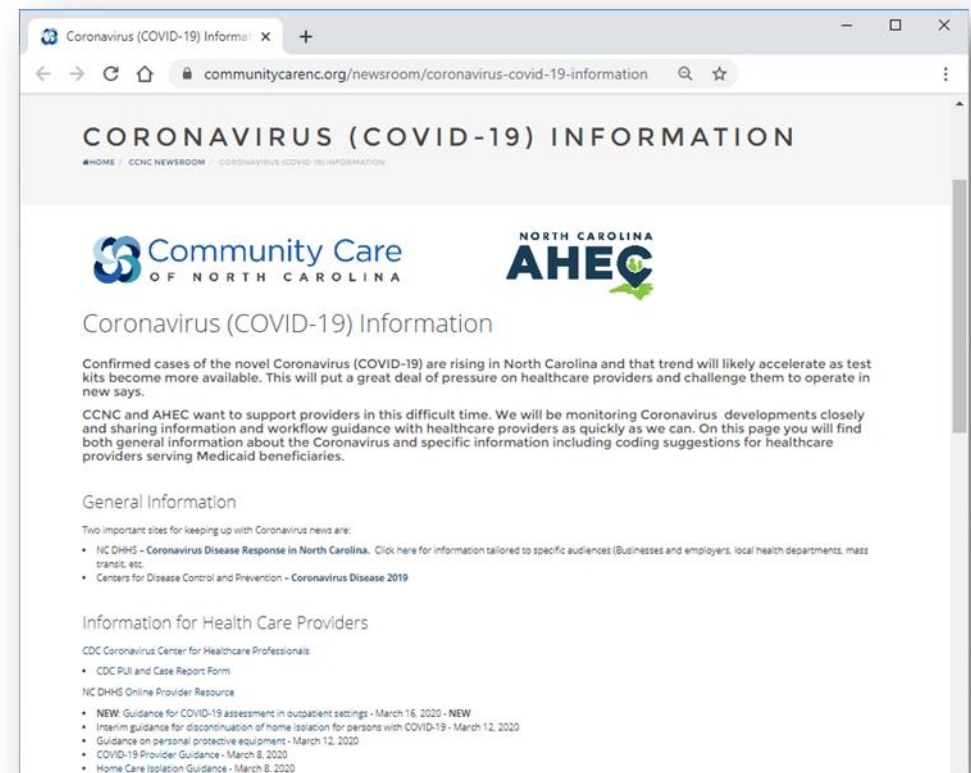
Links for NCDHHS info on:

- General information on COVID-19

- Medicaid coding changes and suggestions for implementing

- Guidance on workflow changes

- Testing resources

COVID-19 Informational Webinar Reminders

DPH/AHEC Webinars

DPH provides COVID-19 updates and Q&A with providers

Fridays from 12:30-1pm

https://zoom.us/j/705979628

1-646-558-8656, Access code: 705979628

NC Medicaid/CCNC/AHEC Webinar

Medicaid policy changes and implementation recommendations

Thursdays from 5:30-6:30pm

https://zoom.us/webinar/register/WN_-B1t8DJXR0OfmZOrOR5LEw

Questions?

Appendix

Physical Therapy Code Descriptions

- 97161 Physical therapy evaluation: low complexity, typically, 20 minutes are spent fact-to-face with the patient and/or family.

- 97162 Physical therapy evaluation: moderate complexity; typically, 30 minutes are spent face-to-face with the patient and/or family.

- 97163 Physical therapy evaluation; high complexity; typically, 45 minutes are spent face-to-face with the patient and/or family.

- 97164 Re-evaluation of physical therapy established plan of care; typically, 20 minutes are spent face-to-face with the patient and/or family.

- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes.

- 97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

- 97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

- Codes Description (See 2020 CPT Code Book for Complete Details)

- 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

- 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

- 97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

- 97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes

- 97763 Orthotic(s)/prosthetic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

- 95992 Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

Occupational Therapy Coding Descriptions

- 97165 Occupational therapy evaluation, low complexity; typically, 30 minutes are spent face-to-face with patient and/or family.

- 97166 Occupational therapy evaluation, moderate complexity, requiring these components; typically, 45 minutes are spent face-to-face with patient and/or family.

- 97167 Occupational therapy evaluation, high complexity, requiring these components; typically, 60 minutes are spent face-to-face with patient and/or family.

- 97168 Re-evaluation of occupational therapy established plan of care; typically, 30 minutes are spent face-to-face with the patient and/or family.

- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes.

- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

- 92526 (feeding only) Treatment of swallowing dysfunction and/or oral function for feeding

- 97110 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

- 97112 Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities

- 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)

- 97530 Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

- 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes

- 97535 Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes

- 97542 Wheelchair management (eg, assessment, fitting, training), each 15 minutes

- 97763 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes

Speech Therapy Code Descriptions

- 92521 Evaluation of speech fluency (eg, stuttering, cluttering)

- 92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);

- 92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

- 92524 Behavioral and qualitative analysis of voice and resonance

- 92607 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour

- 92608 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes

- 96125 Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report

- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

- 92526 (feeding only) Treatment of swallowing dysfunction and/or oral function for feeding

- 92609 Therapeutic services for the use of speech-generating device, including programming and modification

- 92630 Auditory rehabilitation; prelingual hearing loss

- 92633 Auditory rehabilitation; postlingual hearing loss

Audiogy Code Descriptions

- 92630 Auditory rehabilitation; prelingual hearing loss

- 92633 Auditory rehabilitation; postlingual hearing loss

Dental Code Descriptions

- D9995 Teledentistry – synchronous; real-time encounter. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

- D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

- D0140 Limited oral evaluation – problem focused. An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation. Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

- D0170 Re-evaluation – limited, problem focused. (established patient; not post-operative visit) Assessing the status of a previously existing condition.

Telehealth: Work in Progress

Adding Inpatient Psychiatry – Subsequent Visit and Discharge 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

Remember, in our 3/23/20 release we included: 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,

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.

Service	Code	
Intensive In-home Services	H2022	
Multisystemic therapy	H2033	
Mobile Crisis Management	H2011	
Assertive Community Treatment (ACT)	H0040	
Community Support Team (CST)	H2015	HT, HO, HF, HN, U1, HM
Peer Supports Services (PSS)	H0038	

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