COVID-19 Webinar for Medicaid Providers
April 2nd, 2020

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Agenda

- Welcome & Logistics
- DHHS Provider Update on COVID-19
- Medicaid Clinical Policy Changes To Date
- Coding and Billing Summary
- Resources and Support
- What's Next? Phase 3
- Feedback & Questions
Webinar Logistics

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:

DHHS Provider Update on COVID-19
# Current Status

https://www.ncdhhs.gov/covid-19-case-count-nc

<table>
<thead>
<tr>
<th>Cases</th>
<th>Deaths</th>
<th>Completed Tests</th>
<th>Currently Hospitalized</th>
<th>Number of Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,857</td>
<td>16</td>
<td>28,679</td>
<td>184</td>
<td>83</td>
</tr>
</tbody>
</table>
Coronavirus Disease 2019 (COVID-19) Response in North Carolina

ncdhhs.gov/coronavirus

More Resources

- CDC
- COVID-19 Guidance
- Contact Your Local Health Department
- Get the Facts: FAQs
- COVID-19 News Releases
- COVID-19 Executive Orders
- Sign Up for COVID-19 NC Updates
Health

+ All Guidance for Health Care Providers and Local Health Departments
+ Behavioral Health
+ Individuals
+ In-Home Service Providers and Non-Emergency Medical Transportation Workers
+ Long-Term Care Facilities
+ NC Medicaid Resources
Clinicians should use telehealth/televideo/telephone triage to assess and re-assess clinical status of patients.

Updated criteria and more streamline process for submission of specimens to the North Carolina State Laboratory of Public Health.

Providers no longer asked to fill out person under investigation forms for patients tested for COVID-19.

Clinicians can submit specimens to the State Laboratory of Public Health for person with symptoms compatible with COVID-19* who are

- Hospitalized patients
- Healthcare workers or first responders (e.g., EMS, law enforcement, fire department)
- Patients who live in or have regular contact with a high-risk setting (e.g. long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
- Persons who are at higher risk of severe illness and for whom a clinician has determined that results would inform clinical management

Prior approval is no longer required for submission to the NCSLPH, if patients meet the updated criteria.

Providers can submit specimens using the new COVID-19 Form submission form.
Control Measures

- Patients should self-isolate until they can say yes to all three questions
  - Have at least 7 days passed since symptoms first appeared?
  - Have at least 3 days (72 hours) passed without fever without the use of fever-reducing medications?
  - Have at least 3 days (72 hours) passes since resolution of respiratory symptoms?
- In general, patients with clinical COVID-19 infection do NOT need a negative COVID-19 test result to document recovery.
- Close contacts of a person should self-monitor their temperature and symptoms of COVID-19, limit outside interaction as much as possible for 14 days, and self-isolate if they develop symptoms.
- Local Health Departments still doing identification, contract tracing and control measures, but may have to prioritize to high risk settings and outbreaks.
Current Medicaid Policies Related to COVID-19
Telehealth Modifications

Improve Patient Access to Services

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

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

- Services delivered through local education agencies (LEAs)
- Services delivered through children’s developmental service agencies (CDSAs)
- Diabetes self-management education
- Dietary evaluation and counseling
- Medical lactation
- Research-based behavioral health treatment for autism spectrum disorder

- Bulletin will be posted by 4/4/20
- Claims will be accepted on 4/7/20
- Retroactive to 3/10/20
OTHER CLINICAL POLICY: In Development

- Ability for a provider to prescribe a 90 day supply of stimulants and buprenorphine for appropriately identified patients
- Rate change for reimbursement for telephonic care “COVID Differential” (Date TBD)
- Communication to beneficiaries on how and why to engage in telehealth
- Co-Pay elimination for COVID related care
- Not terminating beneficiaries until the State of Emergency ends
BILLING AND CODING FOR TELEHEALTH
We are working around the clock adding 50+ codes a week to telehealth!

HURRY! HURRY! We need new policies NOW!!!

Our Claims are Rejecting!!!
Telehealth Provisions – Update on Billing for Telehealth Services

- As a result of COVID-19, NC Medicaid continues to temporarily modify its Telemedicine, Telepsychiatry, Teledentistry and Teletherapy policies to better enable the delivery of remote care to Medicaid beneficiaries. The Department's claims processing system (NCTracks) has been updated to reflect these changes.

- The Department was made aware that some of the claims for Telehealth services were being paid at a lower rate. As a result, the Department is including additional guidance on billing (update on Place of Service) within this presentation and will be posting a bulletin on our website.

- The Department also is working to fix system issues driving denials. The Department will communicate via a bulletin once those issues are resolved.

- The Department will continue to evaluate and rectify billing issues associated with Telehealth COVID-19 response.

- For questions and issues around billing and coding, contact Medicaid.Covid19@dhhs.nc.gov
Telehealth Provisions – Outpatient Specialized Therapies (Teletherapy) and Teledentistry

• Codes
  • For teledentistry, D9995 and D9996 must be reported with oral evaluation Codes D0140 or D0170. Dentists should not bill D9995 or D9996 for telephone or audio-only interactions, as these codes require the use of video or photos.

• Modifiers
  • Provider(s) shall follow applicable modifier guidelines. Teledentistry codes do not require modifiers.
  • For teletherapy claims, modifier GT must be appended to the CPT code to indicate the service was provided via interactive audio-visual communication.
  • For teletherapy claims, modifier CR (catastrophe/disaster related) must also be appended to the CPT code to indicate the service was provided during the COVID-19 state of emergency.

• Place of Service
  • Teletherapy claims should be submitted with the provider’s usual place of service code, per the appropriate clinical coverage policy, and not Place of Service (POS) 02 (telehealth).
  • Teledental claims must be billed with place of service code 02 (telehealth).
Telehealth Provisions – Enhanced Behavioral Health Services

• Modifiers
  • Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. This modifier is not appropriate for services performed telephonically or through email or patient portal.
  • Modifier CR (catastrophe/disaster related) must be appended to all claims for CPT and HCPCS codes listed in this policy to relax frequency limitations defined in code definitions.

• Place of Service
  • Telemedicine and telepsychiatry claims related to COVID-19 should be filed with the provider’s usual place of service.
Telehealth Provisions – Telepsychiatry*

• *This applies to the following codes: 90791, 90832, 90833, 90834, 90837, 90839, 90840, 90846, 90847, 90849, 90853, 90785, 99231, 99232, 99233, 99238, 99239

• Modifiers
  • Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. This modifier is not appropriate for services performed telephonically or through email or patient portal.
  • Modifier CR (catastrophe/disaster related) must be appended to all claims for CPT and HCPCS codes listed in this policy to relax frequency limitations defined in code definitions.

• Place of Service
  • 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).
<table>
<thead>
<tr>
<th>Service</th>
<th>Applicable Providers</th>
<th>Rate Code or Procedure</th>
<th>Modifiers &amp; POS</th>
<th>Source Bulletin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online digital evaluation and management</td>
<td>Advance practice midwives</td>
<td>99421, 99422, 99423</td>
<td>POS: dependent on where</td>
<td></td>
</tr>
</tbody>
</table>

*FQHCs, FQHC Look-Alikes and RHCs only: G0071
Frequently Asked Questions

- Specific Guidance for FQHCs and RHCs
North Carolina Payers Telehealth Policies in Response to COVID-19

Using technology to deliver care is a critical strategy in NC Medicaid’s COVID-19 response efforts. Reducing unnecessary exposures for high-risk and vulnerable patients will decrease the spread of infection and avoid hospital surge. Allowing health care professionals to provide care virtually and through telehealth will preserve critical personal protective equipment (PPE) and allow providers to remain healthy and continue to care for patients. Technology also frees needed hospital space for emergency response activities and ensures high-risk individuals remain safely at home while continuing to receive routine care.

Payers across North Carolina have quickly been updating their policies to cover new services and allow for new flexibilities. To help support alignment and education on these changes, NC Medicaid has developed this resource that outlines the various policies for payers serving NC Medicaid beneficiaries. Note that this is a high-level snapshot of offered services and coverage. This list of services will evolve with new guidance released by the Centers for Medicare & Medicaid Services that affects the entire field.

This table is for general guidance only. Please check with each payer for policy details, latest updates and how to bill for these services. “Virtual health” refers to audio or electronic only, synchronous and asynchronous. “Telehealth” refers to real time, two-way audio/visual delivery.

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>VIRTUAL HEALTH</th>
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<th>TELEHEALTH</th>
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<th>Policy Reference</th>
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<tbody>
<tr>
<td></td>
<td>Telephonic Medical</td>
<td>Telephonic Behavioral</td>
<td>E-Visit (portal)</td>
<td>MD:MD Consult</td>
<td>Payment Parity (E&amp;M)</td>
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<tr>
<td>BCBSNC FEP</td>
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<td>Cigna</td>
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<tr>
<td>Humana</td>
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<td>Yes</td>
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<td>NC State Health Plan</td>
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<td>UnitedHealthcare</td>
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<td>WellCare</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

NC Medicaid

March 31, 2020
Where To Get Information and Help
CCNC and AHEC Partnering to Support Practices

Telehealth Support

▪ How to Get Started
▪ Evaluating Technology
▪ Staff Education
▪ Patient Education
▪ Workflow Re-design
▪ Billing & Coding
▪ Clinical Case Study Examples
▪ Access to Resources
▪ Tips for conducting AWV
Practice Support Services for COVID-19

- Providing latest updates from NCDHHS (Medicaid & DPH), CMS and CDC
- Financial assistance updates
- COVID-19 and Skills Education
- Operational Efficiency
  - Education & Communication
  - Staffing issues
  - Maintenance of Environment
  - Workflow Redesign
Practice Support Services for COVID-19

- Technical Assistance
  - Billing & coding
  - EHR Optimization
  - NC HealthConnex (NCHIE) training and technical assistance
- Coordination of Care Issues
- Transitions of Care Management
- Quality Improvement
- Community Resources & Support for SDOH
How to Contact Practice Support

CCNC Practice Support

Email: CCNCSupport@communitycarenc.org  OR  CCPNSupport@communitycarenc.org

Phone: 919-926-3895

Website: https://www.communitycarenc.org/statewide-operations

NC AHEC Practice Support

Email: practicesupport@ncahec.net

Phone: 919-445-3508

Website: https://www.ncahec.net/practice-support/what-we-do/
COVID-19 Triage Plus – A New Resource for Practices and their Patients

Statewide, Inbound Call Center to Provide:

- Information on COVID-19
- Clinical Triage by RNs, using latest CDC/NCDHHS guidance
- Care Coordination services
- Open to all NC residents, regardless of payer/insurance

COVID-19 Triage Plus Line: (877) 490-6642

Hours of Operation: 7am – 11pm
7 days a week, including holidays
Starts Monday, April 6th 7am

Please add this number to your practices outbound phone message and your website.
Telehealth Platform for CCNC Practices

- CCNC will partner with DocsInk, an experienced North Carolina telehealth company with deep ties to our communities.
- CCNC will provide telehealth tools that will allow providers to quickly begin virtual delivery of medical care.
- This program will provide qualified providers DocsInk telehealth services through July 31, 2020 at no cost.
- We believe this tool can support providers to efficiently and safely meet community health needs while keeping their practices open and financially sustainable.
- Please see the CCNC website (www.communitycarenc.org) for details.

Additional Option:
- NC Medical Society is also offering a telehealth platform called 'Presence' at no charge. See their website for more details: https://www.ncmedsoc.org/
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
CCNC/AHEC Website


Links for NCDHHS info on:

- General information on COVID-19
- Medicaid coding changes and suggestions for implementing
- Guidance on workflow changes
- Financial assistance
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:

Medicaid Special Bulletins:
https://medicaid.ncdhhs.gov/providers/medicaid-bulletin
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](https://zoom.us/j/705979628)

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

Recordings located here:

**NC Medicaid/CCNC/AHEC Webinar**

*Medicaid policy changes and implementation recommendations*

Thursdays from 5:30-6:30pm

[https://zoom.us/webinar/register/WN_B1t8DJXRoOfmZOoOrOR5LEw](https://zoom.us/webinar/register/WN_B1t8DJXRoOfmZOoOrOR5LEw)

Recordings located here:
What’s Next for Medicaid?
Phase 3 Overview
NC MEDICAID COVID CLINICAL RESPONSE

**PHASE 1**
March 1-15
- Pharmacy: Early Refills, 90 Day Supply, Extend Emergency Supply, Move to preferred if shortages
- DME: Remove PA on respiratory supplies, Remove limits on certain supplies such as gloves, masks, incontinence, etc...
- Virtual Health: Reimburse telephonic medical, Reimburse telephonic therapy and psychiatry
- LTSS: Allow PASSAR to be telephonic, Allow PACE to implement emergency

**PHASE 2**
March 16-31
- Emergency Spa Submission
- Appendix K Edit and Resubmission
- 1135 Waiver Submission, Edit and Resubmission
- Pharmacy: Remove BH edits, Add PA for experimental COVID drugs, Continue to monitor shortages
- DME: Allow BP monitors for home use, Remove PA for Home Respiratory Therapy, Remove PA for CT chest
- LTSS: Expand home infusion therapy, Expand Home Health Limits for nurses/ aides, Extend current PA’s for Personal Care(PCS), Allow telephonic new and COS(PCS), Extend PA Children at home due to school closures, Adults and Children STI hour(PDN)
- Virtual Health: Allow payment portal communication, Allow payment MD to MD Consult, Expand telephonic payment to FHQC/RHC BH
- Telehealth: Wave 1: Expansion Medical, Clinical Pharmacy, Psychiatry Broad policy revision including allowance FQHC/RHC Distant Site, Wave 2: Specialized Therapiest(PT/OT/ST/Audiology), Dental, Wave 3: LEA, CDSA, DM Educators, Dieticians/ Lactation, Expand ASD Services, Wave 4: Well Child and Prenatal Care

**PHASE 3**
April 1-30
- Emergency Spa Approval PENDING CMS
- 1135 Waiver Approval PENDING CMS
- Appendix K Approval PENDING CMS
- Pharmacy: Extend Stimulants and MAT 90 day supply, Allow home delivery service medications
- DME: Consider provision of scales for pregnant women/select health conditions
- Virtual Health: COVID Telephonic Rate differential for Medical

**IN DEVELOPMENT**
- Other: Add Treat No Transport Reimbursement, Establish COVID Triage Plus Line(CCNC), Expand Practice Support for Telehealth(CCNC/AHEC)
Phase 3: What Are We Missing?
Questions?