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 19th, 2020

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Director of North Carolina AHEC

RCC (Relay Conference Captioning)
Participants can access real-time captioning for this webinar here:
https://www.captionedtext.com/client/event.aspx?EventID=4381983&CustomerID=324

Agenda

- Welcome

- Webinar logistics

- Overview of collaboration with NC Medicaid, CCNC and AHEC

- Overview of Medicaid Policy Changes

- Recommendations for documentation and workflow changes

- DHB Update

- Where to Get Information and Help

Webinar Logistics

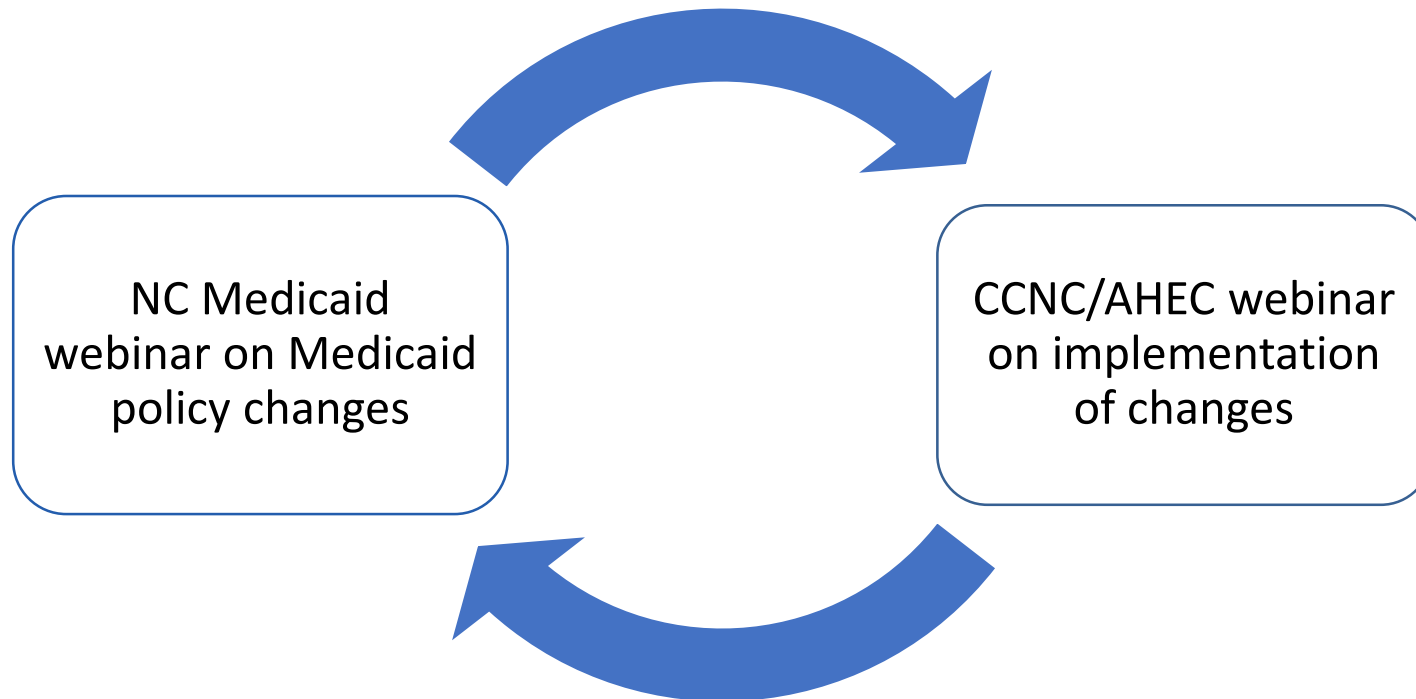**RCC (Relay Conference Captioning)**
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https://www.captionedtext.com/client/event.aspx?EventID=4381983&CustomerID=324

Joint Effort with NC Medicaid, CCNC & AHEC

Weekly webinar series:

Thursdays at 5:30pm

NC Medicaid webinar on Medicaid policy changes

CCNC/AHEC webinar on implementation of changes

CCNC/AHEC Website

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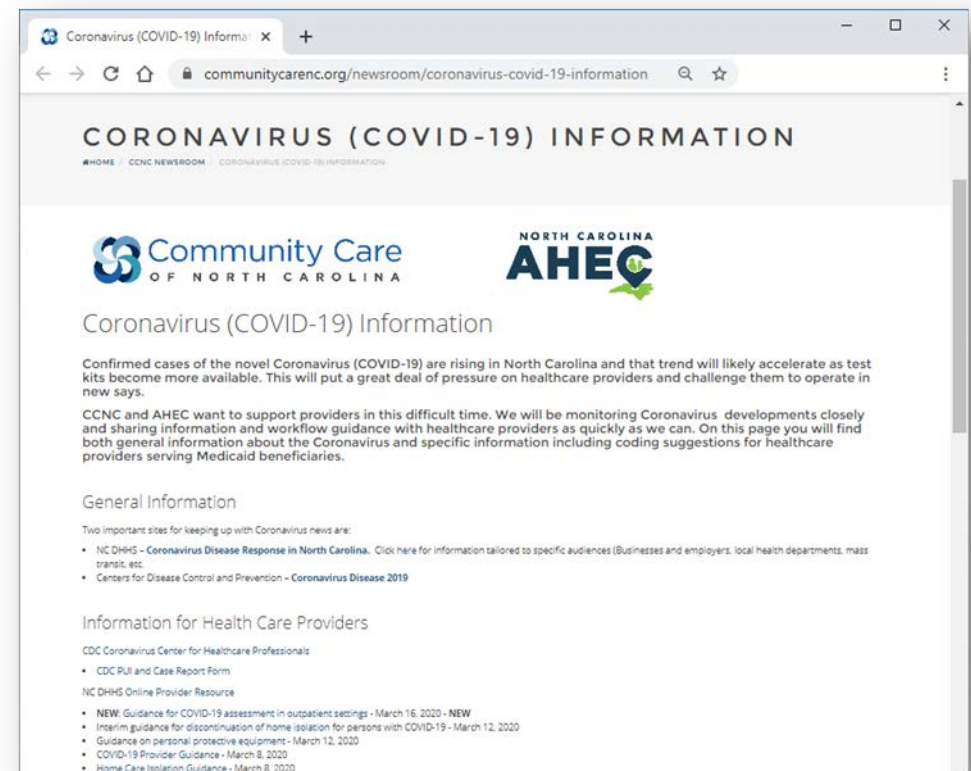
Links for NCDHHS info on:

- General information on COVID-19

- Medicaid coding changes and suggestions for implementing

- Guidance on workflow changes

- Testing resources

NCDHHS Response Framework
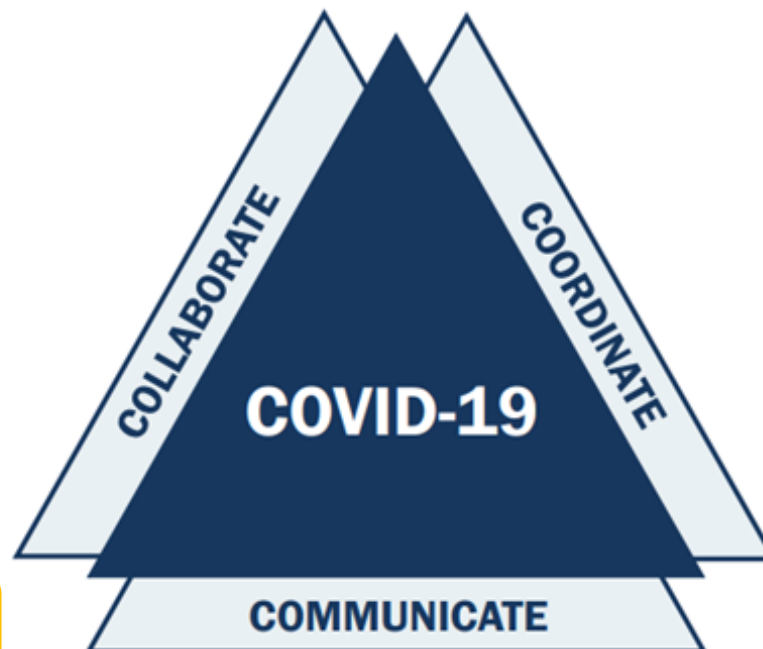
Medicaid Policy Changes as of March 13, 2020

https://medicaid.ncdhhs.gov/blog/2020/03/13/special-bulletin-covid-19-2-general-guidance-and-policy-modifications

- No changes to home visit or co-pay policies

- ICD-10 Dx Code – Z20.828

- Telephonic visit codes

  o CR Modifier!

- Lab codes

- Pharmacy codes

- DME Requirements waived

Two-pager overview located here: http://ccnc.care/covidcodesummary

Telephonic Visit Codes Overview

- ***Modifier CR must be used.*** This bypasses time limitations (7 day and 24 hour) and ensures payment and compliance with Medicaid auditing requirements

- These codes are intended for telephonic/audio visits. However, providers <u>may</u> use these codes when using more advanced, video-enabled technology until telehealth service provision is approved. More specific guidance is forthcoming.

- Provider may be remote (not in the office) while patient is home-based instead of another healthcare facility.

- Patients are not subject to copays or out of pocket costs.

- For established patients only, these may not be used with new patients.

Telephonic Code Rate List: https://files.nc.gov/ncdma/covid-19/COVID19-Telephonic-Codes-Rate-List-20200317.pdf

Telephonic Visit Codes (non-FQHC/RHCs)

Visits with established patients actively experiencing mild COVID-19 symptoms (fever, cough, shortness of breath):

Medicaid Billing Code	Criteria for Use	Who Can Bill?
G2012	5-10 minutes of telephonic medical discussion	Physician or Advanced Care Provider who can report E/M services. **Not for use in FQHCs or RHCs.**

Routine, uncomplicated follow-up visits with established patients for chronic disease management (no COVID-19 symptoms):

Medicaid Billing Code	Criteria for Use	Who Can Bill?
99441	5-10 minutes of telephonic medical discussion	Physician or Advanced Care Provider who can report E/M services. **Not for use in FQHCs or RHCs.**
99442	11-20 minutes of telephonic medical discussion	
99443	21-30 minutes of telephonic medical discussion	

Remember the CR Modifier!

Telephonic Visit Codes – BH (non-FQHC/RHC)

Visits with established patients for behavioral health assessment management:

Medicaid Billing Code	Criteria for Use	Who Can Bill?
98966	5-10 minutes of telephonic medical discussion	Licensed non-physician behavioral health professionals (LCSW/A, LPC/A, LMFT/A, LPA, LCAS/A, Ph.D.). **Not for use in FQHCs or RHCs.**
98967	11-20 minutes of telephonic medical discussion	
98968	21-30 minutes of telephonic medical discussion	

Remember the CR Modifier!

Telephonic Visit Codes for FQHC/RHC providers

Visits with established patients by FQHC and RHC providers:

Medicaid Billing Code	When to Use	Criteria for Use	Who Can Bill?
G0071*	Used for established patients actively experiencing mild COVID-19 symptoms prior to going to ED, urgent care, etc. <u>or</u> Used for established patients needing routine, uncomplicated follow-up for *chronic disease* who are <u>not</u> experiencing COVID-19 symptoms.	5+ minutes of a virtual (not face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient	Physician or other qualified health care professional who can report E/M services, as well as PhD Psychologists and LCSWs. **For use in FQHCs and RHCs only.**

FQHC/RHCs can serve as distant sites for telehealth and should bill:

➤ Medical core for telehealth – T1015-GT-CR
➤ BH core for telehealth – T1015-HI-GT-CR

Documentation Guidelines & Best Practices

- Privacy/HIPAA – 2 patient identifiers, consider documenting consent, consider documenting who is present during discussion

    https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html

- Telephonic codes are based on time spent during discussion

<u>Minimum documentation requirements:</u>

1. Chief complaint or reason for telephone visit

2. Relevant history, background, and/or results

3. Assessment

4. Plan and next steps

5. Total time spent on medical discussion

Case Examples

Case Example: 68yo with fever and cough

Visits with established patients actively experiencing mild COVID-19 symptoms (fever, cough, shortness of breath):

Medicaid Billing Code	Criteria for Use	Who Can Bill?
G2012	5-10 minutes of telephonic medical discussion	Physician or Advanced Care Provider who can report E/M services. **Not for use in FQHCs or RHCs.**

Remember the CR Modifier!

G2012 Case: 68 yo with fever and cough

Viewer: 03/15/2020 - Phone Note: Coronavirus Telephonic Test

Patient name: **MS TEST ING TESTING**
Properties: **Phone Note at DRE on 03/15/2020 3:02 PM by Thomas Wroth MD**
Doc ID: **103**

0 Attach

Piedmont Health Services, Inc
Phone Note

Phone Note
Call from Patient
Summary of Call: Identified pt. with 2 patient identifiers and pt. consents to telphonic visit.

68 yo calling with fever and cough X 48 hours.
Fever to 101 last pm.
Cough non productive, keeps her up at night.
No SOB or DOE.
+ bodyaches, + fatigue

No sick contacts, No recent travel
PMH: Diabetes

Assessment / Plan:
68 yo with influenza like illness
Recommend testing for flu and if negative for COVID-19
Will come to clinic at 10:20 and be met in car and given mask
She will be routed through side door to sick area of clinic for assessment and testing

Time: 9 minutes

...........................electronically signed by: Thomas Wroth MD at March 15, 2020 3:10 PM

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G2012 Coded with CR modifier

Case Example: 35 yo calling for allergy med refill

Routine, uncomplicated follow-up visits with established patients for chronic disease management (no COVID-19 symptoms):

Medicaid Billing Code	Criteria for Use	Who Can Bill?
99441	5-10 minutes of telephonic medical discussion	Physician or Advanced Care Provider who can report E/M services. **Not for use in FQHCs or RHCs.**
99442	11-20 minutes of telephonic medical discussion	
99443	21-30 minutes of telephonic medical discussion	

Remember the CR Modifier!

99442 Case: 35 yo calling for allergy med refill

Viewer: 03/15/2020 - Phone Note: Coronavirus Test #2

Patient name: **MS TEST ING TESTING**
Properties: **Phone Note at DRE on 03/15/2020 3:13 PM by Thomas Wroth MD**
Doc ID: **104**

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Phone Note
Outgoing Call
Summary of Call: Patient was identified with 2 patient identifiers and agrees to telephonic visit.

35 yo with PMHx significant for seasonal allergies and hypertension being evaluated telephonically for routine follow up. Unable to be scheduled in clinic b/c of coronavirus outbreak. She feels well and has no complaints. Wants medication refills.

1. Seasonal Allergies: 2 days ago, began having sneezing and itching in her eyes, has had clear rhinorrhea and congestion. No cough. No fever. Gets same sxs every spring. Usually takes loratidine and fluticasone nasal spray.

2. Hypertension: Takes chlorthalidone 12.5 mg/ day. Has not missed any doses. Checks home bp readings and most values < 130/ 80. No CP, SOB. Non smoker. Last labs 12/19 - normal.

3. Preventive Care: Pap done 12/19, normal.

Assessment/ Plan:
1. Seasonal allergies: Refill loratidine and fluticasone to be taken per med list. Discussed avoidance of triggers. RTC if not improving.

2. Hypertension: Appears controlled by home bp values. Unable to assess BP in clinic. Will refill Chlorthalidone for now and make follow up for 2-3 months to review bp log and assess further in clinic.

Time of telphonic visit: 14 minutes

....electronically signed by: Thomas Wroth MD at March 15, 2020 3:22 PM

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99442 coded with CR Modifier

Case Example: Patient in FQHC – Parent calling for ADHD refill

Visits with established patients by FQHC and RHC providers:

Medicaid Billing Code	When to Use	Criteria for Use	Who Can Bill?
G0071	Used for established patients actively experiencing mild COVID-19 symptoms prior to going to ED, urgent care, etc. <u>or</u> Used for established patients needing routine, uncomplicated follow-up for *chronic disease* who are <u>not</u> experiencing COVID-19 symptoms.	5+ minutes of a virtual (not face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient	Physician or other qualified health care professional who can report E/M services, as well as PhD Psychologists and LCSWs. **For use in FQHCs and RHCs only.**

Remember the CR Modifier!

Patient in FQHC: Parent calling for ADHD refill

Viewer: 03/17/2020 - Phone Note: COVID telphonic test

Patient name: **MS TEST ING TESTING**
Properties: **Phone Note at DRE on 03/17/2020 12:44 PM by Thomas Wroth MD**
Doc ID: **111**

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Phone Note
Outgoing Call
Summary of Call: Mother of patient consents to telephonic visit and patient identified with 2 patient identifiers.

Cc: ADHD follow up and medication refills

History: 7 yo with history of ADHD dx'd last year in first grade. Per mom, he has been doing well at home and at school. School is closed because of Coronavirus and mom wants to continue meds at home.
Per teacher conference, he has shown greater confidence in social interactions and is participating more in class activities, Received all "S"s for his grades.
At home, no recent problems with behavior.

Vanderbilt assessment completed in the fall.

Continues on methylphenidate 5 mg bid. No medication side effects including no sleep problems. Taking consistently.

Assessment and Plan:
ADHD on stimulant medication
Doing well in school and no recent behavioral problems at home
No medication side effects and no evidence of misuse.
Refill Methylphenidate per med list X 1 month
Follow up in 2 mo at end of school year to create plan for the summer

Time spent: 11 minutes

G0071 Coded
with CR Modifier

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Case Example: 56yo with Depression

Visits with established patients for behavioral health assessment management:

Medicaid Billing Code	Criteria for Use	Who Can Bill?
98966	5-10 minutes of telephonic medical discussion	Licensed non-physician behavioral health professionals (LCSW/A, LPC/A, LMFT/A, LPA, LCAS/A, Ph.D.). **Not for use in FQHCs or RHCs.**
98967	11-20 minutes of telephonic medical discussion	
98968	21-30 minutes of telephonic medical discussion	

Remember the CR Modifier!

BH Code Example: 56 yo with Depression

Viewer: 03/17/2020 - Phone Note: COVID BH 2

Patient name: **MS TEST ING TESTING**
Properties: **Phone Note at DRE on 03/17/2020 3:39 PM by Thomas Wroth MD**
Doc ID: **113**

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Piedmont Health Services, Inc
Phone Note

Phone Note
Outgoing Call
Summary of Call: Summary of Call: Patient was identified with 2 patient identifiers, is in a private space, and agrees to telephonic visit

Problem: 56yo with history of depression being evaluated telephonically for routine follow-up. Unable to be scheduled in clinic b/c of Coronavirus outbreak. He reports feeling worse than normal and stressed about the Corona Virus outbreak. Client reports a lack of productive sleep for the last 5 days. Reports watching ongoing news related to outbreak and worry over his inability to help family living out-of-state. He also takes fluoxetine 40mg./day for depression and mild anxiety and has not missed any doses but requires a refill.

Intervention: Discussed patient's positive preparation steps for isolation during outbreak and ways to think about moderating news to twice a day to reduce stress triggers. Discussed ways to improve sleep including reviewing his sleep hygiene routines which have worked well in the past. The PHQ-9 was re-administered over the phone due to report of stress. No change in score (14/27) and patient reports no risk of self-harm.

Effectiveness: The patient reported feeling more confident about his ability to self-manage his depression and anxiety following the interventions described above. He plans to reduce his news intake to two times a day and that the sleep hygiene discussion reminded him of helpful steps he might be overlooking during this stressful time.

Plan: The writer will notify psychiatry for the patient's refill and inquire about a 90-day fill which is now allowable. The writer will check-in with the patient in one week on March 24th at 9:00 AM or the patient may contact the office if needed prior to the 24th.

Time of telephonic visit: 22 minutes
....electronically signed by: Thomas Wroth LCMHC at March 15, 2020 3:22 PM

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98968 Coded with CR Modifier

DHB Updates

Phase 2 Initiatives: Codes activated 3/23/30

- **Modifications** of personal care, private duty nursing, and office visit limits

- **Remove Behavioral Health edits from Pharmacy**

- **Additional virtual and telehealth virtual care**

  Refers to non-visual communications patient: provider for evaluation and management services

  o **MD/PA/FNP/CNM to MD Consultation 99446-99449**
  o **Patient Portal Communication 99421-99423**

- **Broad expansion of telehealth and telepsychiatry**

  o Refers to <u>audio + visual </u>communications in two-way real-time
  o **Wave 1 Includes Medical and Behavioral (3/23/30)**
  o **Wave 2 Includes Specialized Therapies (PT/OT/ST) and Dental (3/30/30)**
  o **Wave 3 Includes Diabetic Educators, Clinical Pharmacists, LEA's, CDSA's, Optometry (4/7/20)**

MD/PA/FNP/CNM to MD Consultation

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-
  - 99446 5-10
  - 99447 11-20
  - 99448 21-30
  - 99449 >30

Portal Communication

On-Line Digital E&M (about $11-35)

- <u>Established</u> patients only
- Up to 7 days (cluster correspondence based on cumulative time)
  - o 99421 5-10 minutes
  - o 99422 11-20 minutes
  - o 99423 21+ minutes
- Can occur in the same patient with multiple specialists in the same week

Overview of Telehealth Coverage Changes

	Change
Originating Site	Allows telehealth to be provided in a patient home or non-traditional site of service (previously narrow)
Distant Site	Allows all enrolled medical providers to provide telehealth services (previously consultative)
Prior Authorization	Removes requirement for prior authorization to receive telehealth services
Eligible Providers	Phase 1: Expands to include primary care (all MD/PA/FNP/CNM) and behavioral health services (PsyD, LCSW, LPC, LCAS) Phase 2: Expands to include dental, clinical pharmacists, specialized therapies, diabetic educators
Covered Services	Allows broad utilization including video cell technology Allows for parity payments
HIPAA Compliance	Allows temporary flexibilities on certified HIPAA compliant technology in emergency circumstances
FQHC/RHC	Allows FQHCs and RHCs to bill as distant sites (CMS does not allow this for Medicare and previously not covered)

Phase 3 Initiatives

Work is underway considering

- **Eligibility** **considerations (extending coverage)**

- **Elimination of copays**

- **Administrative burden reduction** **(broad elimination of PA's)**

- **Providing home services for prevention (i.e. vaccines)**

- **Pharmacy**
  - Update PDL to move Non-Preferred to Preferred in event of drug shortages
  - Extend provision of MAT

Where You Can Learn More

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

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

- For understanding rates: medicaid.ncdhhs.gov/providers/fee-schedules

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

- Division of Public Health and AHEC medical update calls:

    Fridays 12:30-1:30 p.m.

    https://zoom.us/j/705979628

    Audio-only access: (646) 558-8656, Webinar ID: 705979628

- CCNC and AHEC partnering to create education for providers

How You Can Help Us Perform at Our Best

COMMUNICATE!

- Don't just suffer, say something!
- Keep the ideas flowing to us in coordinated way!

STAY HEALTHY!

- Model the behavior you want patients and staff to exhibit!
- Take care of your families!

KEEP BEING AMAZING!

Needs no explanation, right?

Input, Questions, Concerns?

medicaid.covid19@dhhs.nc.gov

Resources

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

Dr. Shannon Dowler
shannon.dowler@dhhs.nc.gov
(919) 906-5778

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

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Where To Get Information and Help

COVID-19 Testing Resources

- NCDHHS website on testing: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/testing-covid-19

- DHHS Outpatient Triage and Assessment Guidance (March 16th): https://files.nc.gov/ncdhhs/documents/files/covid-19/Outpatient-Triage-Assessment-Guidance-3-16-20-FINAL.pdf

- Call your Local Health Department (LHD)

- Call your local hospital system – many have testing capabilities

- DPH/AHEC webinar on Fridays at 12:30pm: https://zoom.us/j/705979628

NCSLPH Testing criteria (current as of March 16, 2020)

- Have fever **OR** lower respiratory symptoms (cough, shortness of breath) **and** close contact with a confirmed COVID-19 case within the past 14 days; OR

- Have fever **AND** lower respiratory symptoms (cough, shortness of breath) **AND** negative influenza test (rapid or multiplex PCR) and no other likely diagnosis

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_-B1t8DJXRoOfmZOrOR5LEw

Questions?

NC DHHS COVID-19 Webinar Series