

NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



COVID-19 Webinar for Medicaid Providers

April 30th, 2020

Shannon Dowler, MD

Chief Medical Officer, NC Medicaid

Tom Wroth, MD, MPH

President, Community Care of North Carolina

Hugh Tilson, JD, MPH

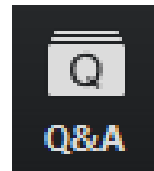
Director of North Carolina AHEC

Agenda

- Welcome & Logistics
- Medicaid Policy Updates
- Panel Discussion: Telehealth & Well Child and Adolescent Care
- Questions
- Resources

Logistics for today's COVID-19 Forum

Question during the live webinar



questionsCOVID19webinar@gmail.com

Technical assistance

technicalassistanceCOVID19@gmail.com

Well Child Visits

This bulletin temporarily adds telemedicine coverage for providers to conduct Well Child Visits with patients in order to ensure the provision of comprehensive and preventive health care services.

- Eligible providers include physicians, nurse practitioners, and physician assistants.
- **For children under age 24 months:** NC Medicaid continues to recommend in-person visits to deliver the vast majority of Well Child services to children under 24 months of age, except in extenuating circumstances.
- **For children age 24 months and older:** NC Medicaid recommends providers consider telemedicine to deliver a broad range of Well Child Services, as is clinically appropriate.
- Children who receive a preventive medicine visit via telemedicine should have an in-person Well Child visit as soon as possible, when the provider and family mutually agree it is safe.
 - For the initial telemedicine visit, providers should bill the appropriate preventive medicine service code with the appropriate modifiers described in the bulletin (to be posted on Monday).
 - For the following face to face visit, providers should bill the appropriate evaluation and management code with the CR modifier to identify that remaining components of the preventative medicine visit have been completed.
- FQHCs, FQHC Look-alikes, and RHCs may deliver Well Child services via telemedicine and will be reimbursed on a fee-for-service basis, as they would if the services were delivered in-person.
- Maternal Depression screening can be billed at a well child check using 96161 up to four times in the first year of life

All New: Hybrid Home- Telehealth Visit

- Allows a Telehealth visit to be paired with a Home visit by an appropriately trained delegated staff person
- Use Cases
 - High Risk Pregnancy
 - Uncontrolled chronic illness requiring closer follow up
 - Well Child for infant or Complex child
 - Provision of vaccines, draw labs, monitor vitals in select patients
- Billing Methodology:
 - Well Child, Routine E&M, Antepartum Individual Visits
 - Pregnancy in Pregnancy Global Package



Hybrid Home- Telehealth Visit Option

Home Visit Code	Description (See 2020 CPT Code Book for Complete Details)
99347	<p>Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A problem focused interval history; • A problem focused examination; and • Straightforward medical decision making. <p>Presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient/family.</p>
99348	<p>Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • An expanded problem focused interval history; • An expanded problem focused examination; and • Medical decision making of low complexity. <p>Presenting problem(s) are low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient/family.</p>
99349	<p>Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A detailed interval history; • A detailed examination; and • Medical decision making of moderate complexity. <p>Presenting problem(s) are low to moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient/family.</p>
99350	<p>Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:</p> <ul style="list-style-type: none"> • A comprehensive interval history; • A comprehensive examination; and • Medical decision making of moderate to high complexity. <p>Presenting problem(s) are low to moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient/family.</p>

Skilled Nursing Facility Telehealth Provision

- Allows SNF to bill the originating site fee for telehealth performed by eligible providers
 - Physician, Nurse Practitioner, Physician Assistant
 - SNF cannot bill originating site for Medical Director/Attending
 - Allows eligible providers to provide telehealth to skilled nursing facility beneficiaries



End Stage Renal Disease Dialysis Telehealth Provision

- Allows eligible End Stage Renal Dialysis providers to bill the following:
 - Monthly “hands on” vascular site evaluation
 - Routine medical care
 - Dialysis training
- Eligible Providers include physicians, nurse practitioners, physician assistants
- Does not require Prior Authorization

Pharmacy Advances to Write Home About



- Mailing or Delivery of prescriptions from retail pharmacies
- 90 day supply of most non-controlled brand and generic medications
- >30 day supply of ADHD stimulants and MAT for appropriately identified patients
- Expanded Preferred Drug List (PDL) Inhaled Beta Agonist category due to drug shortages. Current Preferred list includes:
 - albuterol HFA, Proair HFA, Proair RespiClick, Proventil HFA, Ventolin HFA, and Xopenex HFA

DME Advances to Write Home About

Provision of **blood pressure devices, pulse oximetry and scales**

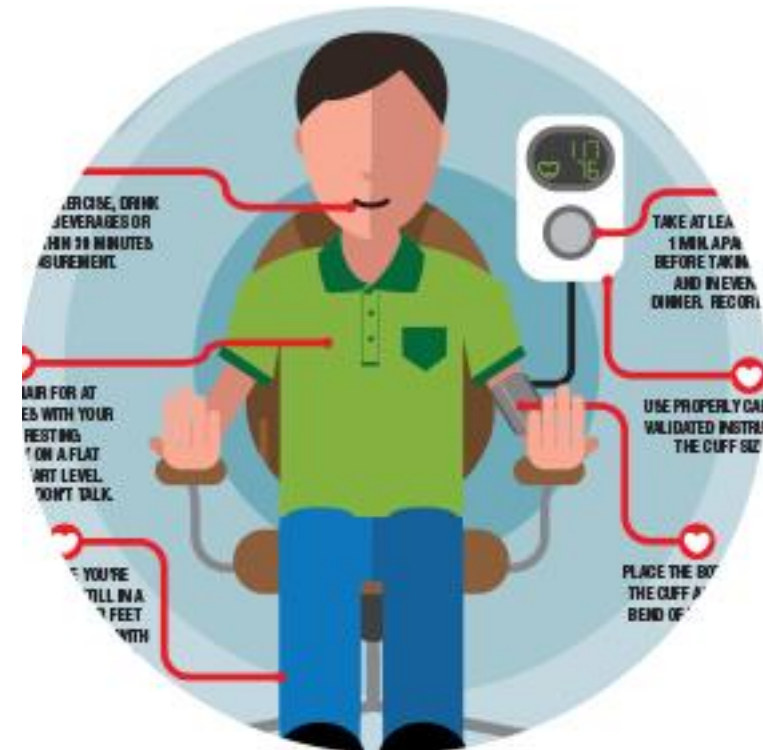
Coverage added for **surgical masks** (A4928)

Prior Authorization suspended for oxygen equipment, ventilators, CPAPs, respiratory assist devices, nebulizers and related supplies (23 codes)

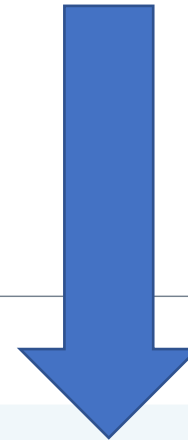
- for cough stimulating devices, percussors and apnea monitors (6 codes)
- for non-preferred brand blood glucose testing supplies and for reauthorizations of continuous glucose monitors and supplies (9 codes)

Monthly quantity limits lifted for sterile/non-sterile gloves and incontinence supplies (19 codes)

- on respiratory equipment and supplies (41 codes)
- on urinary catheters, ostomy supplies, gastrostomy and nasogastric tubes, enteral formula, blood glucose testing supplies and more (156 codes)



Impressive Shifting



NC Medicaid COVID-19 Monitoring

Professional Visits by Modality - CY 2020 Trends

Modality Type
Telehealth Visits

All Member County

Policy Change Date
NC Medicaid Policy Changes Retroactive

Telehealth Visits by Modality

- AMBULANCE (PROFESSIONAL)/NON...
- CHILDRENS DEVELOPMENTAL SERVI..
- DENTAL
- HEALTH DEPARTMENTS
- HEARING AID
- HOME INFUSION THERAPY
- INDEP DIAG TESTING FACILITY / POR..
- INDEPENDENT LABORATORY / XRAY
- LOCAL EDUCATION AGENCIES
- MEDICARE PART B CROSSEVER (PRO..
- PERSONAL CARE SERVICES
- PRIVATE DUTY NURSING
- PROFESSIONAL
- RURAL HLTH CLINIC / FEDERALLY QU..
- THERAPY SERVICES
- UNDEFINED PROFESSIONAL



Virtual Communication Visits by Modality

- AMBULANCE (PROFESSIONAL)/NON...
- CHILDRENS DEVELOPMENTAL SERVI..
- DENTAL
- HEALTH DEPARTMENTS
- HEARING AID
- HOME INFUSION THERAPY
- INDEP DIAG TESTING FACILITY / POR..
- INDEPENDENT LABORATORY / XRAY
- LOCAL EDUCATION AGENCIES
- MEDICARE PART B CROSSEVER (PRO..
- PERSONAL CARE SERVICES
- PRIVATE DUTY NURSING
- PROFESSIONAL
- RURAL HLTH CLINIC / FEDERALLY QU..
- THERAPY SERVICES
- UNDEFINED PROFESSIONAL



What Are Folks Asking About Telehealth in General?



HHS Launches COVID-19 Uninsured Program Portal

On April 27, HHS launched a claims portal to reimburse providers and facilities for COVID-19-related testing and treatment for uninsured individuals.

- As part of the CARES Act and the Families First Coronavirus Response Act, the U.S. Department of Health and Human Services (HHS) will provide reimbursement at Medicare levels to providers and facilities for COVID-19-related testing and treatment of the uninsured.
- Health care providers must register through the **COVID-19 Uninsured Program Portal** (<https://coviduninsuredclaim.linkhealth.com/>) to participate in the program. Once registered, providers may request claims reimbursement through the portal **beginning May 6, 2020** and can bill for qualifying services back to February 4, 2020. Providers can expect to begin receiving reimbursement in mid-May.
- Program and portal training will be available **April 29-30, 2020** (see portal for details).
- More information:
 - Program details are available at <https://www.hrsa.gov/coviduninsuredclaim>.
 - Frequently Asked Questions are available at <https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions>.

Telehealth & Well Child and Adolescent Care



16 month old for Well Child Visit

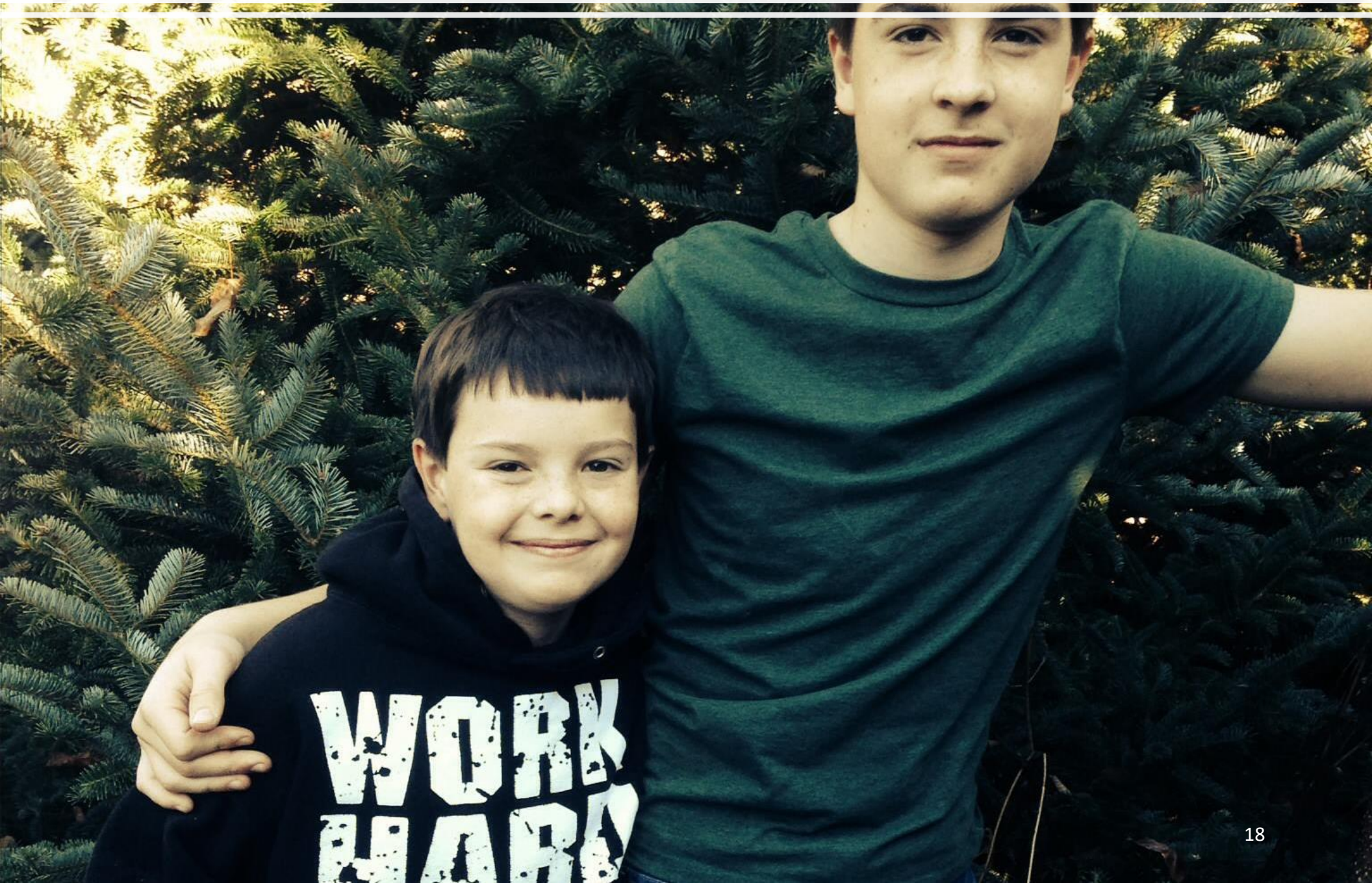


3 year old for Well Child Visit



5 year old for Kindergarten physical



13-year-old for camp physical





18-year-old for college PE

Well Child Visit Coding Summary

Summary of NC Medicaid Telehealth Codes for Well Child Visits in Response to COVID-19

Effective April 24th, 2020

NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority in this phase is to expand access to care via telehealth technologies and conduct well visits with patients to ensure the provision of comprehensive and preventive health care services for children under age 21. Please refer to <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid> for details and up-to-date information on COVID-19.

Dates of Service: Providers may bill for allowed telehealth services delivered on or after **March 10, 2020**.

Children Under 24 Months of Age

- NC Medicaid recommends in-person visits for the vast majority of Well Child services to children under 24 months of age.
- A limited set of services may be delivered via telemedicine to children under 24 months of age if circumstances prevent a provider from delivering the Well Child service in-person. See table below for list of services.
- If a telemedicine visit is provided to a child under 24 months of age, he/she should have an in-person visit as soon as possible to complete in-person components of the Well Child exam when the provider and family mutually agree it is safe.

Children 24 Months of Age or Over

- For children 24 months and older, NC Medicaid recommends that providers consider telemedicine to deliver a broad range of Well Child services, as is clinically appropriate.
- Providers should use their clinical judgement to determine what components of well child services are appropriate to be performed during the telemedicine visit.
- If a telemedicine visit is provided to a child 24 months of age or over, he/she should have an in-person visit as soon as possible to complete in-person components of the Well Child exam when the provider and family mutually agree it is safe.

Immunizations

- Providers are encouraged to provide immunizations to their patients during the COVID-19 pandemic. The provider may deliver vaccine counseling by telemedicine and then administer the vaccine at a later date (e.g., via curb-side vaccine services). The immunization administration code would be billed at the time of vaccine administration by the provider.

General Guidance on Telehealth

- Telemedicine services may be provided to both new and established patients.
- Coverage and payment parity with in-person care for visits with video component.
- Well child care is not covered via virtual patient communications (e.g., telephone calls).
- No prior authorization or in-person examination is required for new patients to receive telemedicine or telepsychiatry services.
- Eligible providers may temporarily use video applications such as FaceTime, Facebook Messenger, Google Hangouts, Skype, etc. for telehealth without risk of penalty for noncompliance with HIPAA Rules.
- There are no longer any requirements related to referring providers.

FQHC, FQHC Look-Alikes and RHCs

- FQHCs, FQHC Look-Alikes and RHCs are now considered eligible distant sites.
- Well Child services may be delivered by FQHCs, FQHC Look-Alikes and RHCs via telemedicine and will be reimbursed on a fee-for-service basis, as they would if performed in-person. Claims should be submitted in the same manner as pre-COVID except adding GT modifier to indicate delivery via telemedicine and CR modifier to distinguish that the service was delivered during the COVID-19 pandemic.

Temporary Modifications to Clinical Policy No: 1H Attachment A: Claims-Related Information

The following codes may be billed by physicians, physician assistants and nurse practitioners.

Category	Medicaid Billing Codes		Modifiers NC Medicaid	Modifiers NC Health Choice
Preventive Medicine Services: Under 24 Months	99381	99391	EP-GT-CR	TJ-GT-CR
	99382	99392		
Preventive Medicine Services: 24 Months and Older	99382	99392	EP-GT-CR	TJ-GT-CR
	99383	99393		
	99384	99394		
	99385*	99395*		
Evaluation and Management Codes to be Used for Follow-Up In-Person Visits <small>Any member who receives a preventive medicine visit via telemedicine should have an in-person well child visit as soon as possible, when the provider and family mutually agree it is safe.</small>	99211		CR	CR
	99212			
	99213			
	99214			
	99215			
Developmental Screening	96110		EP-GT-CR	TJ-GT-CR
Emotional/Behavioral Screening	96127		EP-GT-CR	TJ-GT-CR
Patient-Focused Health Risk Assessment	96160		EP-GT-CR	TJ-GT-CR
Caregiver-Focused Health Risk Assessment (including Maternal Depression Screening) <small>Maternal depression screens may be billed to the child's Medicaid as CPT 96161. NC Medicaid will reimburse providers for up to 4 maternal depression risk screens administered to mothers during the infant's first year postpartum.</small>	96161		EP-GT-CR	<u>Under 24 months:</u> Not applicable <u>24 months and older:</u> TJ-GT-CR
Immunization Administration <small>Providers should code when the vaccine is administered. Vaccine counseling may occur via telemedicine at any time prior to the administration of the vaccine. If vaccine counseling is provided in-person, the 90460 code should be billed as usual. If vaccine counseling as described by this code is not provided, use the appropriate vaccine administration code(s).</small>	90460		EP-CR	TJ-CR

* Use Modifiers for Medicaid through age 21 and Health Choice through age 18.

Claim Type

- Professional (CMS-1500/837P transaction), Institutional (UB-04/837I transaction)

Modifiers and Place of Service

- Modifier EP (Health Check) or TJ (Health Choice) must be appended to each CPT or HCPCS code for all visits, except follow-up in-person visits in which E/M codes should be billed only with the CR modifier.
- Modifier GT must be used for services provided via interactive audio-visual communication. Not for telephonic services.
- Modifier CR (catastrophe/disaster related) must be used to bypass time limitations related to telehealth codes.
- 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).

<https://www.communitycarenc.org/MedicaidWCVBillingChanges>

Questions?



Where To Get Information and Help

Available Telehealth Vendor Support

- Several organizations are partnering with vendors to provide telehealth services at no cost to providers for a limited time:
 - CCNC partnering with DocsInk
 - NC Medical Society partnering with Presence
 - NC Community Health Center Association partnering with Doxy.Me

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/>

Healthcare Preparedness Survey for Providers

- It is critical that DHHS understands the medical staffing resources available and needs identified across the state to prepare for the peak of the COVID-19 outbreak.
- Hospitals regularly report their needs to the Healthcare Preparedness Coalitions but there has not been a way to gather this information from practices, until now.
- Please complete the following brief survey in order to enable DHHS to provide current information and source supplies more effectively.

Survey link: <https://nc-covid19.sirs.unc.edu/healthcare-preparedness>

COVID-19 Triage Plus – Resource for Practices and their Patients

Statewide, Inbound Call Center Providing:

- 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**

Please add this number to your practices outbound phone message and your website.

Medicaid Resources

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

Medicaid Special Bulletins: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid/covid-19-special-medicaid-bulletins>

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

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

Telehealth Billing Code Summary: <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary-20200407.pdf>

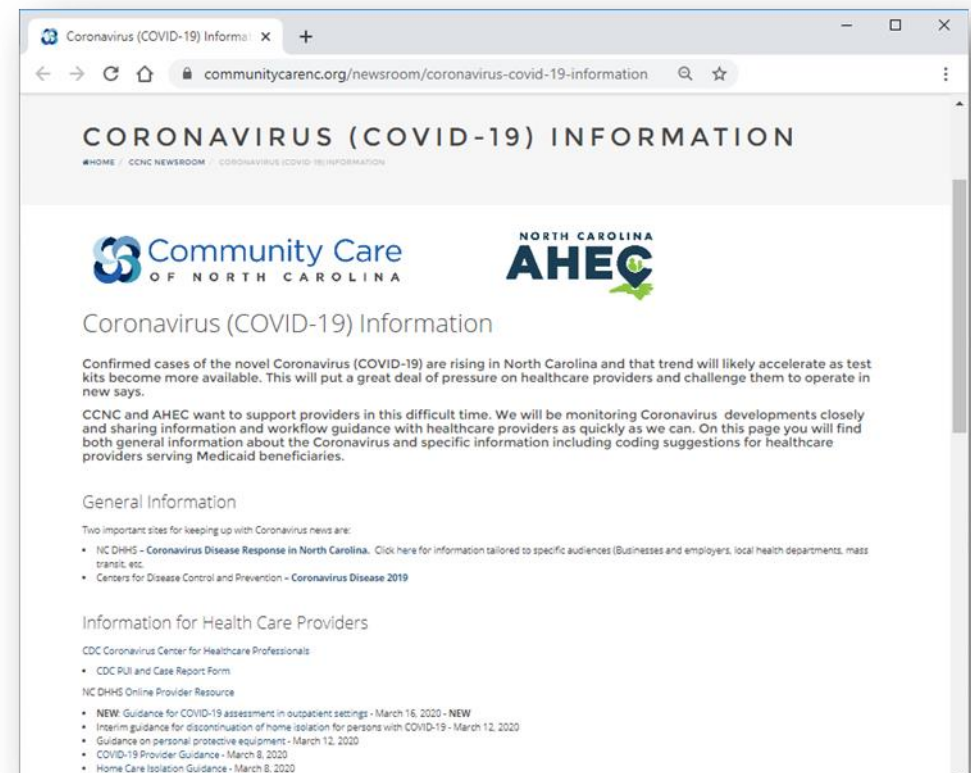
Email for Medicaid-specific questions or concerns:
medicaid.covid19@dhhs.nc.gov

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
- Financial assistance
- Webinar recordings



Additional COVID-19 Webinars

NC AHEC/Office of Rural Health Telehealth Webinars

Addressing the role of virtual visits in responding to COVID-19

Mondays from 12-1pm

<https://zoom.us/j/985104650>

Navigating COVID-19: Financial Resources for Practices in the CARES Act

Information for providers on available financial resources

Tuesdays from 6-7pm

<https://zoom.us/j/131899801>

DPH/NC AHEC Webinars

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

Fridays from 12:30-1pm

<https://zoom.us/j/705979628>