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
<table>
<thead>
<tr>
<th>Home Visit Code</th>
<th>Description (See 2020 CPT Code Book for Complete Details)</th>
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</thead>
</table>
| 99347           | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
|                 | - A problem focused interval history;  
|                 | - A problem focused examination; and  
|                 | - Straightforward medical decision making.  
|                 | Presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient/family. |
| 99348           | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
|                 | - An expanded problem focused interval history;  
|                 | - An expanded problem focused examination; and  
|                 | - Medical decision making of low complexity.  
|                 | Presenting problem(s) are low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient/family. |
| 99349           | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
|                 | - A detailed interval history;  
|                 | - A detailed examination; and  
|                 | - Medical decision making of moderate complexity.  
|                 | Presenting problem(s) are low to moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient/family. |
| 99350           | Home visit for the evaluation and management of an established patient, which requires at least two of these three key components:  
|                 | - A comprehensive interval history;  
|                 | - A comprehensive examination; and  
|                 | - Medical decision making of moderate to high complexity.  
|                 | 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. |
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
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
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.
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 28th, 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://www.communitycarenc.org/ncdhhs/covid19-nc-health-nc-medicaid-planning-tool and COVID-19 NC Medicaid Billing Changes 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 18, 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, the provider should document the 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 clinically appropriate.
- Providers should use their clinical judgment 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, the provider should document the 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 the vaccine by telemedicine and then administer the vaccine at a later date (i.e., at the child’s next scheduled visit).
- 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 policy vary by 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 provider.

FQHC, FQHC Look-Alikes and RHCs
- FQHCs, FQHC Look-Alikes and RHCs are now considered eligible drone 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, so they would be performed in-person. Claims should be submitted in the same manner as pre-COVID except adding CT modifier to indicate delivery via telemedicine and CR modifier to distinguish that the service was delivered during the COVID-19 pandemic.

Referral Coding Summary
- Q1855 (Telehealth Visit for Children) to Q1899 (Telehealth Visit for Adults) and Q1999 (In-Person Visit) must be used to report services provided via telehealth.
- Q1800 (In-Person Visit) must be used to report services provided in-person.
- Q1802 (Telehealth Visit for Children) and Q1806 (Telehealth Visit for Adults) must be used to report services provided via telehealth.
- Q1803 (In-Person Visit) must be used to report services provided in-person.

Telehealth Claims
- Providers should bill for telehealth services in the same manner as in-person visits.
- Providers should submit claims using CPT codes for telehealth services.
- Providers should include a modifier indicating the type of telehealth service provided.

Temporary Modifications to Clinical Policy No: 11A Attachment A: Claims-Related Information

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Medicaid Billing Code</th>
<th>Modifier NC Medicaid</th>
<th>Modifier NC Health Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Medicine Services: Under 24 Months</td>
<td>99081</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Preventive Medicine Services: 24 Months and Older</td>
<td>99083</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Evaluation and Management Codes to be Used for Follow-Up In Person Visits</td>
<td>99212</td>
<td>CR</td>
<td>CR</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>96110</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Emotional/Behavioral Screening</td>
<td>96172</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Patient-Focused Health Risk Assessment</td>
<td>96130</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Carrier-Focused Health Risk Assessment (including Maternal Depression Screening)</td>
<td>96161</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
<tr>
<td>Immunization Administration</td>
<td>95060</td>
<td>ER-CT-ER</td>
<td>TI-CT-ER</td>
</tr>
</tbody>
</table>

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

Modifiers and Place of Service
- Modifier 01 (Health Choice) or TI (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 01 (Health Choice) or TI (Health Choice) must be used to report telehealth services.
- Modifier CR (Common Procedural Terminology) must be used to report 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提供:

- 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


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

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


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

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