

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



## COVID-19 Webinar for Medicaid Providers

*March 26<sup>th</sup>, 2020*

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# Agenda

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- Welcome
- Webinar logistics
- Medicaid policy changes in response to COVID-19
- Telehealth 101
- Case Examples
- Where to Get Information and Help
- Questions



# Webinar Logistics

## **RCC (Relay Conference Captioning)**

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webinar here:

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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)**
  - **Established 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<br>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.**

+ denotes coding specifically for FQHC/RHC locations

Can be used for OBOT services!



| 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 and visual communication to support care when the patient and provider are in two separate locations
  - Audio only is not 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 teletherapy, 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          | 97112                |           |
| 97533            | (feeding only) | 97116                |           |
| 97535            | 92609          | 97530                |           |
| 97542            | 92630          | 97533                |           |
| 97763            | 92633          | 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

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## 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](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

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## **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

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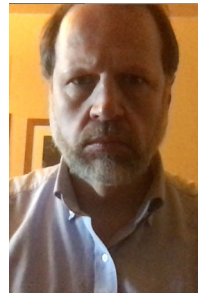
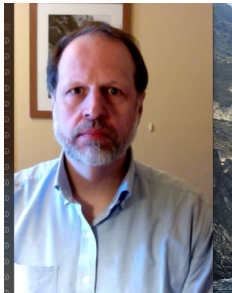
*Office of Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide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

# Providing Patient Care via Telehealth

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## **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

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## **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

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## **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

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## 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 98966, 98967, 98968 (as relevant) for assessment/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 98966, 98967, 98968 (as relevant) for assessment/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 sx's of anxiety with COVID situation

PHQ and GAD 7 increased from last visit and indicate moderate depression and anxiety sx's

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 sx's

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: 85 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 and 10 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

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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

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**Input, Questions, Concerns:** [medicaid.covid19@dhhs.nc.gov](mailto:medicaid.covid19@dhhs.nc.gov)

**Medicaid COVID-19 website:** [medicaid.ncdhhs.gov/coronavirus](https://medicaid.ncdhhs.gov/coronavirus)

**Medicaid Bulletins:** [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://medicaid.ncdhhs.gov/providers/medicaid-bulletin)  
(search for “COVID” to retrieve all related bulletins)

**Rates:** [medicaid.ncdhhs.gov/providers/fee-schedules](https://medicaid.ncdhhs.gov/providers/fee-schedules)

**State COVID-19 website:** [www.ncdhhs.gov/coronavirus](https://www.ncdhhs.gov/coronavirus)



# Summary of Medicaid Billing Changes

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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>

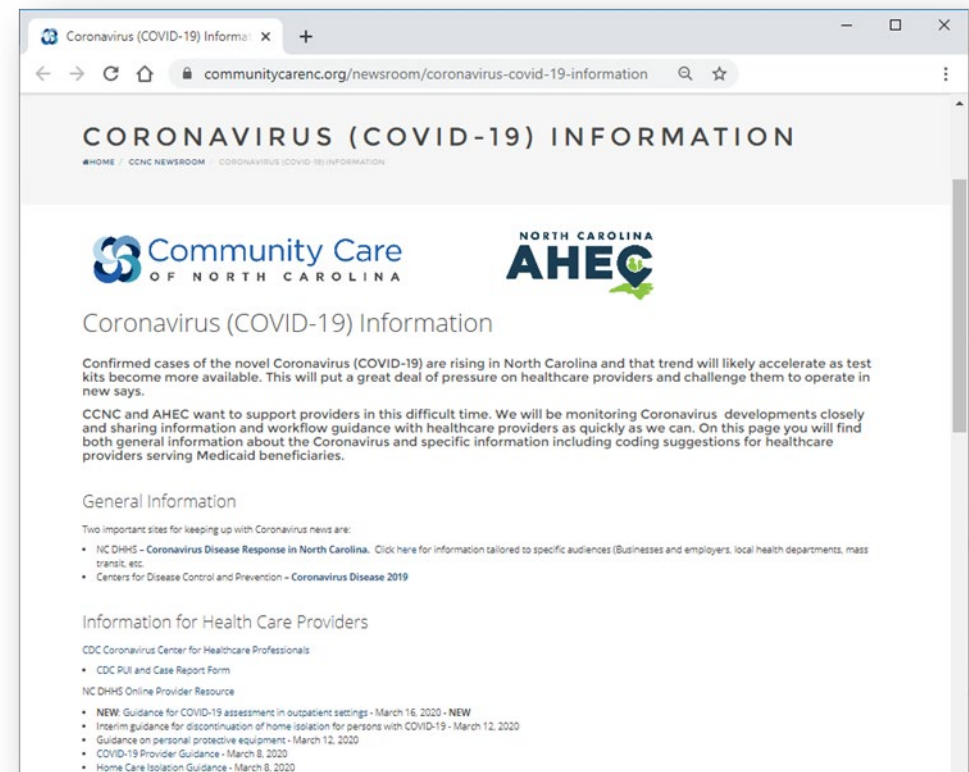


# CCNC/AHEC Website

<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

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## **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](https://zoom.us/webinar/register/WN_-B1t8DJXRoOfmZOrOR5LEw)



# Questions?

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# 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

# Audiology 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.**

|                                     |       |                        |
|-------------------------------------|-------|------------------------|
| 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):

| <b>Behavioral Health<br/>Facility Based</b> | <b>Child MH Residential<br/>Treatment</b> | <b>Substance Use<br/>Disorder/Licensed Facility</b> |
|---|---|---|
| <b>Psychosocial<br/>Rehabilitation</b>      | <b>Therapeutic Foster Care</b>            | <b>SUD Residential</b>                              |
| <b>Facility Based Crisis-<br/>Child</b>     | <b>Level 3</b>                            | <b>SAIOP</b>  |
| <b>Facility Based Crisis-<br/>Adult</b>     | <b>Level 4</b>                            | <b>SACOT</b>  |
| <b>Day Treatment</b>                        | <b>PRTF</b>                               | <b>Opioid Treatment<br/>Program</b>                 |
| <b>Partial Hospitalization</b>              |   | <b>Detox Services</b>                               |

# **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**