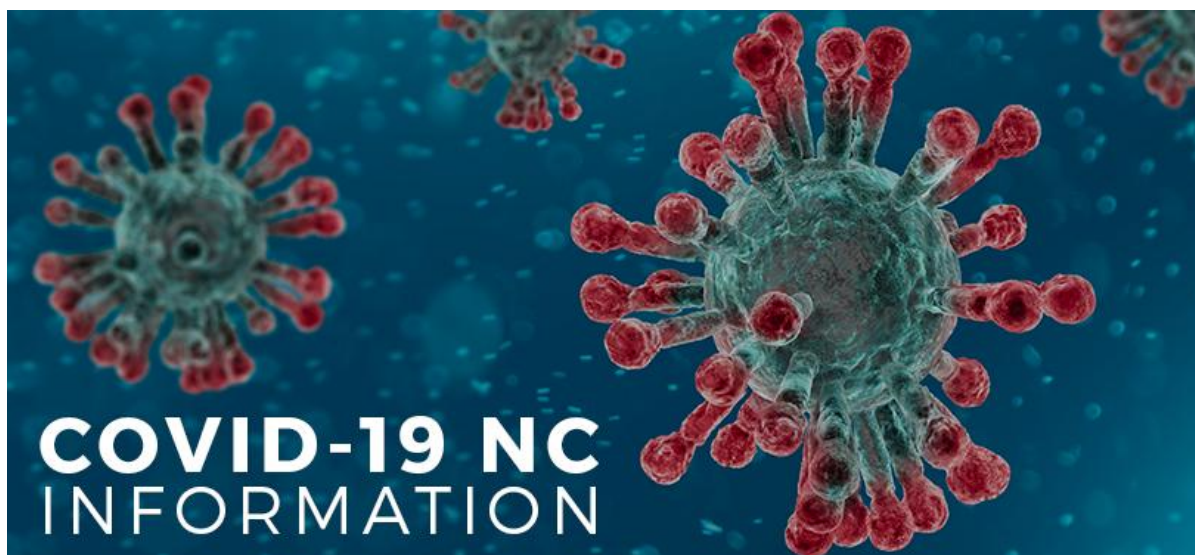


MARCH 16, 2020



On Friday, March 13, 2020, the Division of Health Benefits (NC Medicaid) of the N.C. Department of Health and Human Services (DHHS) released [SPECIAL BULLETIN COVID-19 #2: General Guidance and Policy Modifications](#) addressing temporary flexibilities for virtual patient communications:

Effective Friday, March 13, 2020, NC Medicaid is offering reimbursement for virtual patient communication and telephonic evaluation and management for the following beneficiaries seeking care where they are already an **established** patient:

- Beneficiaries who are actively experiencing mild symptoms of COVID-19 (fever, cough, shortness of breath) prior to going to the emergency department, urgent care or other health care facility.
- Beneficiaries who need routine, uncomplicated follow up and who are not currently experiencing symptoms of COVID-19.
- Beneficiaries requiring behavioral health assessment and management.

## **PRESCRIBER BILLABLE CODES**

The following virtual patient communication codes will be used to report telephonic evaluation and management for beneficiaries who need routine, uncomplicated follow up for chronic disease or routine primary care and who are not currently experiencing symptoms of COVID-19:

- **99441:** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management (E/M) services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **99442:** Telephone evaluation and management service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
- **99443:** Telephone evaluation and management service by a physician or other qualified health care professional who may report E/M services provided to an

established patient, parent or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

## BEHAVIORAL HEALTH BILLABLE CODES

The following codes will be used to report behavioral health telephonic assessment and management by a licensed non-physician behavioral health professional (licensed clinical social worker (LCSW); licensed clinical social worker associate (LCSW-A); licensed professional counselor (LPC); licensed professional counselor associate (LPC-A); licensed marriage and family therapist (LMFT); licensed marriage and family therapist associate (LMFT-A); licensed clinical addiction specialist (LCAS); licensed clinical addiction specialist associate (LCAS-A); psychologist and licensed psychological associate (LPA):

- **98966:** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- **98967:** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
- **98968:** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

**Note:** Modifier CR should be used with CPT or HCPCS codes. The use of modifier CR will bypass time limitations (7 day and 24 hour) and editing on these codes related to COVID-19.

The Vaya Provider Network Operations Department has verified that these codes are set up in NCTracks as payable with the CR modifier effective March 13, 2020, for Medicaid.

## WHAT DO NETWORK PROVIDERS NEED TO DO TO ADD THESE CODES?

Network providers do not need to submit requests to add these codes to their contracts. All billable codes will be added to sites that are currently contracted for the prescriber codes and the outpatient therapy codes. These codes are effective **March 13** for Medicaid but will not be added to provider contracts to bill until **March 22**. These codes will be **unmanaged and will not require authorization** but are subject to post-payment review.

## SERVICES FOR UNINSURED MEMBERS

We are working with DHHS to identify and recommend options for supporting providers around billing for uninsured members. A future communication will be released providing details on how to continue to provide services for members who are uninsured. Any immediate questions prior to that release can be sent to [provider.info@vayahealth.com](mailto:provider.info@vayahealth.com).

## ENHANCED SERVICE DELIVERY

We are exploring every alternative option to support providers in continuing to provide enhanced-level services to Vaya members during this emergency period. For example, Vaya is working with other LME/MCOs and DHHS to modify Clinical Coverage Policy 1H

to support additional services through telehealth.

We understand this will not address all service delivery provision, and we will be working closely with our provider network to ensure members receive needed services and providers are reimbursed for care. We will include additional information in future Provider Communication Bulletins upon DHHS approval.

---

## EXECUTIVE ORDER #117: NORTH CAROLINA PUBLIC SCHOOL CLOSING

On Saturday, March 14, Gov. Roy Cooper issued [Executive Order #117](#) ordering all K-12 public schools in North Carolina to close for a minimum of two weeks in response to COVID-19. The Executive Order also bans gatherings of more than 100 people.

On Sunday, March 15, DHHS Deputy Secretary Kody Kinsley shared guidance via email to state and local CFACs, MH/DD/SAS Commission members, the Brian Injury Advisory Council, BH/IDD Provider Partners and LME/MCOs. Kinsley stated:

**"We know [the Executive Order] has a massive impact on BH/IDD provider operations.** The Department is working aggressively to identify every flexibility possible to help sustain provider operations and refocus their work in this time to be of best use in the midst of this pandemic response. A team is working through changes of regulatory, contractual, and payment rules in an effort to maximize our ability to support those that currently need our care and those that will need our care even more as a result of this event."

DHHS has established a new email address for provider questions: [BHIDD.COVID.Qs@dhhs.nc.gov](mailto:BHIDD.COVID.Qs@dhhs.nc.gov). As issues are resolved, DHHS will send updated information and alert providers who have emailed.

---

## STAYING UPDATED

Things are evolving rapidly. Here are ways to stay updated:

- Follow DHHS on Twitter: [@NCDHHS](#); [@KodyKinsley](#)
  - Bookmark this website: [www.ncdhhs.gov/coronavirus](http://www.ncdhhs.gov/coronavirus). You can always find the most recent updates [here](#).
  - If you have specific questions or concerns related to COVID-19, call DHHS at 866-462-3821. In an emergency, call 911.
- 

## MORE TO COME

Vaya will continue to share updates, as we receive them, with our network providers and stakeholders through Provider Communication Bulletins and on our [website](#).

### Wednesday, March 18, 1-2:30 p.m.:

Network providers are encouraged to attend the Provider Advisory Council Monthly Meeting (Webex) for additional information. If you have questions about attending the meeting, email [provideradvisorycouncil@vayahealth.com](mailto:provideradvisorycouncil@vayahealth.com).

### Friday, March 20:

We will host an additional Webex meeting for network providers and stakeholders to address provider concerns and DHHS updates. Details will be announced later this week.

STAY CONNECTED

