

SPECIAL BULLETIN COVID-19 #226: Permanent Changes Made for Public Health Emergency Flexibilities and Plan for Sunsetting of Temporary Policies

Certain COVID-19 Flexibilities implemented by NC Medicaid under State Authority will be end-dated as of March 31, 2022

Based on the NC State of Emergency established through [Executive Order \(EO\) 116](#), NC Medicaid implemented temporary changes to clinical policy to support providers and beneficiaries during the COVID-19 State of Emergency. Policy changes were announced by bulletin which indicated that certain flexibilities would end at the earlier of the cancellation of the North Carolina State of Emergency or when the policy modification was rescinded by NC Medicaid.

NC Medicaid has evaluated data from the use of COVID-19 public health emergency (PHE) flexibilities implemented during the state's pandemic response as well as considered stakeholder feedback over the past two years of these flexibilities. Based on this review, many of the policy flexibilities implemented during the NC State of Emergency and federal PHE have been made into permanent NC Medicaid Clinical Coverage. NC Medicaid added these flexibilities because they have been shown to be beneficial for both providers and members and additionally, they improve the access and/or quality of care provided to NC Medicaid beneficiaries.

NC Medicaid is choosing *not* to add certain temporary flexibilities into permanent policy based on several factors including:

- The flexibility was not used by the field broadly (or NC Medicaid did not have evidence that a given flexibility was used by the field).
- NC Medicaid does not have the authority to keep the flexibility outside of the COVID-19 PHE.
- The flexibility was evaluated through feedback from a multidisciplinary stakeholder group, and it was determined that certain flexibilities did not strengthen and/or add to the NC Medicaid program from a quality, cost and/or safety perspective.

NC Medicaid continues to be committed to providing as much advance notice as possible to the provider community as temporary COVID-19 flexibilities end. While the NC State of Emergency has not been rescinded, NC Medicaid has decided to rescind some of the temporary COVID-19 flexibilities, effective April 1, 2022. Please see the [detailed PDF of this bulletin](#) for more information on which flexibilities will be sunsetting as of March 31, 2022.

Many Clinical Policy provisions were enacted to support the COVID-19 response and do not require new federal authorities. These changes are in the process of becoming permanent policy and NC Medicaid is seeking federal authority where appropriate. For permanent policy changes to the Medicaid program, NC Medicaid will post changes publicly. All stakeholders are encouraged to provide feedback. Temporary flexibilities tied directly to the federal public health emergency remain in effect until the termination.

At the time of this bulletin, the federal PHE is still in effect. Please refer to the federal [Public Health Emergency website](#) for more information and updates.

To support providers and the NC Medicaid community, the NC Medicaid team has pulled together a comprehensive list of all the clinical policy flexibilities. You can find information about:

- Flexibilities that have been or are being incorporated into permanent policy.
- Temporary Flexibilities that will end on April 1, 2022 (i.e., sunseting on March 31, 2022).
- Temporary Flexibilities that will end at the end of the federal PHE.

Please find that information in the document below for your reference.

[COVID-19 Bulletin226 Permanent Changes Made for PHE Flexibilities](#)

Contact

Medicaid.COVID19@dhhs.nc.gov

Please find the COVID Flexibilities and Changes for the Following Areas on the Following Pages:

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Behavioral Health Services

All temporary behavioral health *policy* flexibilities outlined in [COVID-19 Special Bulletins](#) that have not been made permanent will be end-dated March 31, 2022. Flexibilities to the State Plan Amendment (SPA) that were done through the Disaster SPA will continue until the end of the federal public health emergency.

Temporary Behavioral health COVID-19 policy flexibilities found in the following COVID-19 Special Bulletins [#9](#), [#19](#), [#20](#), [#35](#), [#46](#), [#59](#), [#60](#), [#76](#), and [#108](#) will be end-dated March 31, 2022.

Please see the table below for a summary of the flexibilities that were made permanent and/or will end effective March 31, 2022, or at/after the end of the federal PHE:

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
CPT codes 90785, 90832, 90834, 90837, 90839, 90840, 90846, 90847, 90849, and 90853 were made telehealth- and telephonic- eligible.	X			Policy 8C
CPT codes 90791, 90792, 90833, 90836, and 90838 were made telehealth-eligible.	X			Policy 8C
Evaluation and Management CPT codes 99202-99205, 99304-99337, 99341-99350 and 99417 were made telehealth-eligible.	X			Policy 8C
(b)(3) Supported Employment (Initial and Maintenance): For Supported Employment for individuals with mental health needs, service may be provided by two-way, real-time audio and video, as well as telephonically.	X			
Diagnostic Assessment: Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year.			X	Policy 8A-5

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Peer Support Services (PSS): Waive staff-to-beneficiary ratio.		X		Policy 8G
Peer Support Services (PSS): Waive requirement that telephone time be 20% or less of total servicetime per individual per year.		X		Policy 8G
Peer Support Services (PSS): Waive staff training requirements unable to be obtained during the state of emergency within 30 and 90 days of employment.		X		Policy 8G

Peer Support Services (PSS): Allow supervision to occur virtually.		X		Policy 8G
Peer Support Services (PSS): Waive initial authorization and reauthorization.		X		Policy 8G
Peer Support Services (PSS): Allow for Peer Support Services Program Supervisor to fulfill 90-day face-to-face contact through telehealth or telephonically.		X		Policy 8G
Peer Support Services (PSS): Peers must still be North Carolina Certified Peer Support Specialists.			X	Policy 8G

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
NC Innovation and NC TBI Waiver: Waive \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services. A new waiver limit will not be established.	--			<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>
NC Innovations and NC TBI Waiver: Home Delivered Meals	--			<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>
NC Innovations and NC TBI Waiver: Waive requirement for beneficiary to attend the Day Supports provider once per week.	X			Policy 8P and NC TBI Waiver
NC Innovations: Real-time, two-way interactive audio and video telehealth for the following services: Community living supports, day supports, supported employment, life skills training, supported living and community networking.	X			Policy 8P
NC Innovation and NC TBI Waiver: Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19-related issues.	X			Policy 8P and NC TBI Waiver
NC Innovations and NC TBI Waiver: Allow for additional 90-day periods for existing staff to continue providing services when staff are unable to complete the hands-on portion of the Crisis Prevention/De-Escalation training or the hands-on portion of the Cardiopulmonary Resuscitation training. Where the extension of the waiver of provider determinations falls outside of the expiration date of the Appendix K, the state will submit either an amended	X			Policy 8P and NC TBI Waiver

Appendix K or a simple waiver amendment.				
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Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
NC Innovations and NC TBI Waiver: Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.			X	Policy 8P and NC TBI Waiver
NC Innovations and NC TBI Waiver: Respite may be provided when family is out of state due to evacuation/displacement until they return home.			X	Policy 8P and NC TBI Waiver
NC Innovations: Direct care services may be provided in a hotel, shelter, church or alternative facility-based setting, or the home of a direct care worker because of COVID-19-related issues.			X	Policy 8P
NC Innovations: Allow Day Supports, Community Living and Supports, Supported Employment and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting. Residential setting refers to the setting types listed in the Residential Service definition in the approved NC Innovations Waiver.			X	Policy 8P
NC Innovations and NC TBI Waiver: Waive prior approval for individuals who are displaced and allow Respite to be provided out of state.			X	Policy 8P and NC TBI Waiver
NC Innovations and NC TBI Waiver: Annual reassessments of level of care that exceeds the 60-calendar-day approval requirement beginning on March 13, 2020, will remain open, and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impede this process. Annual reassessments of level of care may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.			X	Policy 8P and NC TBI Waiver

NC Innovations: Community Living and Supports may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.			X	Policy 8P
NC Innovations and NC TBI Waiver: Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge.			X	Policy 8P and NC TBI Waiver
NC Innovations and NC TBI Waiver: Waive the face-to-face requirements for monthly and quarterly care coordination/beneficiary meetings for individuals receiving residential supports, new to waiver or relative-as-provider during this amendment. Waive the face-to-face requirements for quarterly care coordinator/beneficiary meetings. Individuals who do not receive at least one service per month will receive monthly monitoring (which can be telephonic) as quarterly meetings are not sufficient for such individuals. Monthly and quarterly monitoring will occur telephonically. This telephonic assessment/monitoring will be conducted in accordance with HIPAA requirements.			X	Policy 8P and NC TBI Waiver
NC Innovations and NC TBI Waiver Temporarily include retainer payments to address emergency- related issues.			X	Policy 8P and NC TBI Waiver
NC Innovations: Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.			X	Policy 8P
NC Innovations: Respite may be utilized during school hours for sickness or injury, when a student is suspended or expelled, or school hours during the public health emergency necessitates remote learning.			X	Policy 8P
NC Innovations and NC TBI Waiver: Allow for existing staff to continue to provide service for 90 days when CPR and NCI re-certification has lapsed.			X	Policy 8P and NC TBI Waiver

<p>NC TBI Waiver: Life Skills Training (for behavioral intervention) and Personal Care maybe provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports or communication supports on a continuous and ongoing basis and such supports are otherwise notavailable in these settings.</p>			X	NC TBI Waiver
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For additional details, please see:

- [CCP 8C Outpatient Behavioral Health Services](#) (amended Sept. 1, 2021).
- [CCP 8G Peer Support Services](#) (amended Dec. 2, 2020).
- CCP 8A-2 Facility-Based Crisis Services for [Children and Adolescents](#) (amended Aug. 1, 2021).
- [CCP 8F – Research Based – Behavioral Health Treatment](#) (Amended Dec. 1, 2020)

For questions, please contact the Behavioral Health Section at 919 527-7630.
Section at (919) 855-4280.

Durable Medical Equipment

All temporary Durable Medical Equipment (DME) policy flexibilities outlined in [COVID-19 Special Bulletins](#) that have **not** been made permanent by this publication date will be end-dated effective March 31, 2022.

Please see the below table with a summary of the flexibilities which were made permanent and/or will end effective March 31, 2022, or at/after the end of the Federal PHE:

Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
HCPCS E0445, portable pulse oximeter for purchase was added for permanent coverage effective Oct. 1, 2020	X			Policy 5A-2
PA requirement was permanently removed for HCPCS E0575, nebulizer, ultrasonic	X			Policy 5A-2
HCPCS A4670, automatic blood pressure monitor was added for permanent coverage effective Oct. 1, 2020	X			Policy 5A-3
HCPCS E1639, scale, each was added for permanent coverage effective Oct. 1, 2020	X			Policy 5A-3
PA requirement was permanently removed for HCPCS E2100, blood glucose monitor with integrated voice synthesizer	X			Policy 5A-3
PA requirement was permanently removed for non-therapeutic continuous glucose monitors and supplies, HCPCS A9276, A9277 and A9278	X			Policy 5A-3
Except where noted above, all temporary COVID-19 DME prior authorization and quantity limit waivers		X		
HCPCS A4928, surgical mask, per 20, coverage ending March 31, 2022, unless prior approved as a non-coverage exception via EPSDT or 42CFR, part 440.70.		X		

All DME COVID-19 policy flexibilities are documented in COVID-19 Special Bulletins #[2](#), [10](#), [15](#), [29](#), [52](#) and [69](#). This section is **not** intended to summarize all DME policy updates made during calendar years 2020 and 2021. It is intended only to address temporary COVID-19 flexibilities communicated via COVID-19 Special Bulletins #[2](#), [10](#), [15](#), [29](#), [52](#) and [69](#).

For additional details, see Medicaid Bulletins:

- [Updates to Clinical Coverage Policy 5A-2, Respiratory Equipment and Supplies](#) dated 10/20/2020.
- [Updates to Clinical Coverage Policy 5A-3, Nursing Equipment and Supplies](#) dated 10/20/2021.

For questions, please contact the DME Section via e-mail at Medicaid.COVID19@dhhs.nc.gov.

Home Health

All temporary Home Health flexibilities that have not been made permanent that were listed in the [COVID-19 Special Bulletins](#) will be end-dated effective March 31, 2022.

Please see the below table with a summary of the flexibilities which were made permanent and/or will end effective March 31, 2022, or at/after the end of the Federal PHE:

Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Coverage for weight scales HCPCS code E1639 (Bulletin# 52) Updated in HH fee schedule	X			
Coverage for automatic blood pressure monitors HCPCS code A 4670 (Bulletin #29) Updated in HH fee schedule effective March 30, 2020.	X			
Waived the Prior Authorization requirement for Home Health Skilled Nursing visits post hospitalization in order to expedite a hospital's ability to discharge patients to a lower level of care when medically appropriate. This applies to both NC Medicaid Direct and NC Medicaid Managed Care Standard Plans. Standard Plans are permitted to require notification within three calendar days of Home Health admission to facilitate care management and care transitions. Home Health providers can begin services with verbal orders from the physician or as per CMS Interim Final Rule 42 CFR 440.40, Licensed Practitioners, as defined by CMS. (Bulletin #72).	--			<i>This is in review for permanent placement in policy.</i>
Coverage for pulse oximetry monitoring device HCPCS code E0445 (Bulletin# 52)	--			<i>This is in review for permanent placement in policy.</i>
Lifting annual nursing and home health aide annual visit limits (Bulletin #5)		X		
Waived the requirement of a nurse to conduct onsite supervisory visits every 2 weeks. Allowing them to be conducted utilizing eligible technologies that allow supervising Registered Nurses to remotely communicate and evaluate services rendered as long as it is part of the patient's plan of care and does not replace needed in-person visits. (Bulletin #72)		X		

For questions, please contact the LTSS Section via e-mail at Medicaid.COVID19@dhhs.nc.gov.

Outpatient Specialized Therapies

All temporary Outpatient Specialized Therapies policy flexibilities outlined in [COVID-19 Special Bulletins](#) that have **not** been made permanent by this publication date will be end-dated effective March 31, 2022. Outpatient Specialized Therapies COVID-19 policy flexibilities are documented in COVID-19 Special Bulletins #[11](#), [15](#), [21](#), [34](#), [36](#), [67](#) and [69](#).

Please see the below table with a summary of the flexibilities which were made permanent and/or will end effective March 31, 2022, or at/after the end of the Federal PHE:

Outpatient Specialized Therapies Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
CPT codes 92507, 92521, 92522, 92523, 92524, 92526, 92607, 92608 and 92609 were added for permanent telehealth coverage when provided by speech-language pathologists effective July 1, 2021	X			Policy 10B
CPT codes 90832, 90834, 90837, 90847 and 90853 were added for permanent telehealth coverage when provided by school psychologists and school counseling professionals effective Jan. 1, 2021	X			Policy 10C
CPT codes 92507, 92521, 92522, 92523, 92524, 92526, 92607, 92608 and 92609 were added for permanent telehealth coverage when provided by speech-language pathologists effective June 15, 2021	X			Policy 10C
CPT codes 94664, 94760 and 99504 were added for permanent telehealth coverage when provided by respiratory therapists effective Jan. 1, 2021	X			Policy 10D
Temporary waiver of prior authorization for outpatient respiratory therapy		X		
Temporary telehealth flexibilities activated for audiology CPT codes 92630, and 92633		X		
Temporary telehealth flexibilities activated for speech-language pathology CPT codes 92630, 92633, and 96125		X		
Temporary telehealth flexibilities activated for occupational therapy CPT codes 97165, 97166, 97167, 97168, 97750, 92065, 92526, 97110, 97112, 97116, 97530, 97533, 97535, 97542, and 97763		X		
Temporary telehealth flexibilities activated for physical therapy CPT codes 97161, 97162, 97163, 97164, 97750, 97110, 97112, 97116, 97530, 97533, 97535, 97542, 97763, and 95992		X		
Temporary telehealth flexibilities activated for respiratory therapy CPT codes 94010, 94060, 94150, 94375, and 99503		X		

Outpatient Specialized Therapies Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Temporary telehealth flexibilities activated for school psychology and school counseling CPT codes 96110, 96112, 96113, 96130, and 96131		X		

For additional details, see Medicaid Bulletins:

- [Updates to Clinical Coverage Policy 10B, Outpatient Specialized Therapies, Independent Practitioners](#) dated 7/6/2021
- [Updates to Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies](#) dated 1/12/2021
- [Updates to Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies](#) dated 6/29/2021
- [Updates to Clinical Coverage Policy 10D, Respiratory Therapy Services by Independent Practitioner Provider](#) dated 1/12/2021

For questions, please contact the Outpatient Specialized Therapies Section via e-mail at Medicaid.COVID19@dhhs.nc.gov.