COVID-19 Response: Provider Frequently Asked Questions

General COVID-19 FAQs [March 23, 2020]

How do we implement, utilize and bill telemedicine for our patients receiving outpatient therapy?

Following federal and DHHS guidance, a covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. Covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR (Office of Civil Rights) might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

This applies to all licensed clinical staff that are typically able to bill any of the outpatient codes including Current Procedural Terminology (CPT) codes for assessments, individual or family therapy, or evaluation and management (E/M) codes and does not require site-to-site service provision. The mapping for these additional clinicians such as provisionally licensed staff has already been set up in the Cardinal Innovations system so billing can begin.

To ease the burden on providers, we are also allowing:

- An increase from the current unmanaged session limits to 48 sessions per member for this fiscal year (we are in the process of updating the system and will update the communication as soon as this is complete)
- Use of these/other appropriate outpatient therapy codes for members who are authorized for enhanced services such as Intensive In-Home, Day Treatment, Community Support Team where typically therapy is embedded in the service, as we understand many of those services may have delivery limitations due to face to face or site requirements
- Automatic addition of the tele-health codes to all providers' contracts that have the standard outpatient therapy CPT codes or the E/M codes (this is in process and we will confirm once complete)
- The rates for these codes to remain the same as if delivered in the office

For billing:

- Add the modifier GT to the standard billing code
- Use the tele-health place of service code POS (02) on the claim

Reference: Communication Bulletin FY 1920 UM 12 Virtual Patient Communications including Telephonic Codes

How can we utilize telemedicine for services other than outpatient?

In an effort to best support our members and simplify how different types of support are provided, we have established a Case Support service. This can be billed for members established in care with providers for all covered populations: mental health, substance use, and intellectual and developmental disabilities who receive Medicaid B waiver services or state-funded services.

This service should be tracked/documented in 15-minute units but can include the following types of activities:

- Calls or other technology related outreach to members by qualified professionals or other staff that are not able to bill the newly established telephonic codes or bill tele-health
- Delivery of medication, food, or other supplies to a member at their current place of residence

- Coordination activities to link them to needed resources, assist in benefit applications, unemployment applications
- Skill building with individuals done virtually or in a member's home (when appropriate to do so)
- Coaching or training with members and their families

Note: This is not intended to duplicate billing for services that providers continue to be able to deliver directly to members. As the situation continues to evolve, we anticipate more difficulty in face-to-face service delivery or meeting the service definition requirements and know that some site-based programs have already had to suspend operations.

We are working closely with the state to evaluate all enhanced services and determine where there can be additional flexibility on the service definition requirements, including:

- Face-to-face contact
- Number of required hours
- What can be delivered through technology (when staff can't bill the tele-health codes)

This gives providers a more immediate way to submit billing and receive payment for the activities that they are actively doing to support our members.

Cardinal Innovations is working to get coding finalized and set in contracts and will communicate those once they are complete. Those include the following:

- Providers delivering services to state-funded members – use the YP215 code
    - Providers delivering services to Medicaid members – we are working to finalize the billing codes and communicate them within the next week
    - Providers can begin documenting and tracking the units to prepare for submission on the services are loaded

The rate for this service will be $15 per 15-minute unit. The working definition can be found on the Communication Bulletin UM FY1920 UM 13 Case Support Service Established to Help Providers with COVID-19 Pandemic.

What are the alternative options for authorizations that currently require signatures?

Cardinal Innovations understands that during this time providers may not be able to provide written consent, obtain signatures on written documents from members or their guardians, or complete other required treatment forms. We do not want this to be a barrier to a member's ability to obtain care or be able to continue in treatment.

At this time, Cardinal Innovations will allow provider submissions to consist of verbal consent on required documents such as the Person-Centered Plan. Providers must notate this in the respective areas on the signature page and keep documentation of the verbal contract with the member or legal guardian in their records. Once it is possible to safely obtain the required signatures for each member, Cardinal Innovations expects that the signatures to be obtained and kept on file with their provider(s).

If providers have access to technology through their electronic health records or other technology that meet the Health Insurance Portability and Accountability Act (HIPAA) requirements for e-signatures, we continue to encourage this be used when it is available.

Reference: Communication Bulletin FY 1920 UM 14 Documentation for Signatures during COVID-19

Will Cardinal Innovations support providers who are unable to do in-person visits at facilities due to increased restrictions?

We understand and support the continued restrictions on visits to facilities, and encourage all providers to follow both CDC recommendations and state mandates. Please utilize a telehealth option to conduct monitoring of those members if and where and applicable, following the guidance above.

Has there been guidance from DHHS regarding closing Day Programs for any length of time to help reduce the spread of COVID-19?

Providers are encouraged to make decisions about their programs based on what they feel is best for their members and staff, and to follow any declarations made by the CDC or DHHS. Please let Cardinal Innovations know in advance of any planned closure to change in programming so that we can help support our members.

What precautions should we take for teams rendering Intensive-In Home?

If your staff is visiting a member in person, follow CDC guidelines for conducting a risk assessment prior to a home visit. If you become unable to deliver the full Intensive In Home services, providers can use Case Support and therapy via technology to continue to provide support to their members.

Reference:

- Communication Bulletin UM FY1920 UM 12 Virtual Patient Communications including Telephonic Codes
- Communication Bulletin UM FY1920 UM 13 Case Support Service Established to Help Providers with COVID-19
- Communication Bulletin UM FY1920 UM 15 Telehealth and Outpatient Services

If my facility decides to close, am I able to work from home and continue to see members via telehealth options?

Yes, please use the telephonic codes or the tele-health code option described in this document for the appropriate service and use the existing office or facility as the location. If you are not a clinician that is able to utilize these codes you are also able to use Case Support for your contact with members and their families.

What is Cardinal Innovations' plan to proactively communicate with providers?

Rather than taking your valuable time with a webinar or call that will reiterate much of what is encompassed here and/or through communication bulletins, Cardinal Innovations will begin hosting Provider Huddles to provide a communication outlet for our providers to address COVID-19 questions. The huddles will be led by Network Management and last 45 minutes per day Monday-Thursday of each week. Subject Matter Experts such as Care Coordination, Utilization Management, Medical, Quality Management, Communication and Community Operations will attend the huddles as well to share information relative to their unique focus. We will be sending out invites to these huddles in the next several days, and pre-registration will be available to providers with the opportunity to submit questions in advance for response by each area across the organization.

In addition, Network Management will be in direct contact at least once per week with our high-intensity providers, and all other questions will be fielded by staff either through the Dedicated Provider Line (855-270-3327) or through a new email launching March 23: covid19@cardinalinnovations.org.

How can providers of facility-based opioid treatment continue to provide medication for members during restricted access to facilities?

In an effort to help alleviate financial burden and allow greater precautionary measures at this time, Cardinal Innovations Healthcare will temporarily allow reimbursement for additional take-home doses of Methadone and Buprenorphine for members receiving Opioid Treatment (H0020). This will allow reimbursement of doses typically received on site to be provided off site via take-home doses if there is no other method for reimbursement of the medication costs. To simplify this and not require additional coding changes at this time, providers can bill the number of units per day equivalent to the number of doses.

Example: If a member is seen and given 14 days of take-home doses, the provider will bill 15 units on that date of service. One unit to account for the onsite dosing and 14 for the medication given to take home.

Although members may be allowed increased amount of take-home doses at this time, it still is important to ensure quality care and close oversight as they relate to member progress, appropriate crisis planning, and member appropriateness for increased off-site dosing as determined by the provider's medical staff. We encourage the clinical staff to the use the approved telephonic codes or tele-health codes to provide ongoing clinical support for the members as appropriate.

Reference: Communication Bulletin FY 1920 UM 16 Facility-Based Opioid Treatment and COVID-19

Provider Huddle FAQs: CCM and MCM Providers [March 31, 2020]

When new patients do not have video ability, we have to provide services telephonically. How can these be reimbursed?

Per NC Medicaid SPECIAL BULLETIN COVID-19 #28: Telehealth Provisions for Enhanced Behavioral Health Services, providers can utilize "Virtual Patient Communication". Virtual Patient Communication is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation). Please note that you may only bill tele-health at this time and Cardinal is working with the state for a plan for members currently in treatment.

Reference: Medicaid Special Bulletin COVID-19 #28

When using the GT and CT Modifiers is the CR to be included on all services, or just the Telephonic? What about enhanced?

Per NC Medicaid "Provider(s) shall follow applicable modifier guidelines", which indicate that the modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. This modifier is not appropriate for services performed telephonically or through email or patient portal. Modifier CR (catastrophe/disaster related) must be appended to all claims for CPT and HCPCS codes listed in this policy to relax frequency limitations defined in code definitions. You would use the same modifiers with the service code. GT and CR are to be used for telehealth and CR for telephonic. Once we received the final code list from the state, we will load all codes that have been approved for enhanced services and will publish a bulletin specific to Outpatient codes.

Can the telephonic services be stacked to accommodate longer service time?

Yes; however, be mindful of the daily, weekly and monthly limits which are posted on our website.

Reference: The NC Medicaid Bulletin SPECIAL BULLETIN COVID-19 #2: General Guidance and Policy Modifications lists specifications for billing Virtual Patient Communications (telephonic services)

Are there plans to provide members with internet or video equipment?

We are currently working with the state to obtain equipment for those members that do not currently have access to this technology. We encourage providers to assess their current members to determine who is in need so that when equipment becomes available we can deploy efficiently.

How was the $20,000 grant limit for the COVID-19 Relief fund determined?

The COVID-19 relief fund is for organizations seeking to address immediate needs for vulnerable populations throughout our twenty counties. The limit helps us spread the $1M as broadly as possible, and for providers, is limited to new initiatives not currently in place. We expect that providers will predominantly be served through our ongoing

partnership with DHHS and within the scope of our network operations team to stabilize providers and maintain services for our members.

While the state has added GT for group therapy (90853), they have not directly addressed group in the form of SAIOP (H0015). Some LME/MCO's have made accommodations for this. What is Cardinal's plan?

The state has requested that enhanced providers adhere to a specific hierarchy of screening members and assessing to conduct face-to-face or telehealth. At this juncture, this does not yet extend to SAIOP/SACOT. Many of the SAIOP/SACOT providers have ceased groups and are doing individual sessions in lieu of this since Cardinal's recent telehealth bulletin and increase of OPT unmanaged sessions has been released.

For members that have Medicare/Medicaid, will sending in claims with the GT modifier, especially group therapy, bypass the Medicare COB edits and pay via Medicaid?

Yes, we are bypassing COB for telehealth and telephonic codes.

I am an outpatient provider and I would like to know the rate for doing telehealth therapy sessions?

Rates are published on our rate table on the external website. The rates have not changed for telehealth. However, please allow some time to load the codes if you did not have this in contract prior or else you will receive denied claims. We are working as fast as possible to upload all codes and modifiers approved by the state.

Is Cardinal considering actions to stabilize the support professional workforce? Who can we reach out to engage in this dialogue?

We are working on increasing residential rates to assist providers in paying their staff higher rates. We are also evaluating other service groups that may have seen changes in utilization or had to adjust the service delivery method to determine a standard methodology to be able to provide some additional financial support to these groups.

Reference: Provider Announcement Increased Residential Rates during COVID-19

What about rate increases for IDD services?

We are evaluating rate increases and other financial stability payment methodology across our Network and different services areas. We understand that different types of providers are impacted differently and have made different decisions on their operations.

Provider Huddle FAQs: OPT & MM Providers [April 1, 2020]

Regarding Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) clients: Will those sessions be reimbursed at the enhanced rate if provided virtually? What about Trauma Informed Comprehensive Clinical Assessments (TICCAs)?

If needed to continue these services, TF-CBT providers can use the standard telehealth codes without the specialty modifier typically used for TF-CBT. We understand that this does not align with the current enhanced rate for these specialty services, and we are looking at several options for additional reimbursement and hope to have more communication on this soon. The state has not provided guidance on TICCA at this time however if you can complete any part of it through telehealth using the codes being added we would urge you to do so.

Have the T1016 CR codes (Case Support codes for Medicaid) for the alternative service been added to provider contracts?

We are diligently working to add all codes to provider contracts and will send out communication as soon as these are ready in the system. We encourage providers to keep documentation in their records so claims can easily be submitted when the final set up is complete.

We have a provider that is wondering if the clinician must be credentialed with us if they are licensed to provide Case Support?

Case Support does not require licensure, however can be provided by a clinicians if this does not align with the Tele-Health CPT codes or the clinician based telephonic codes. However, Case Support is not intended to replace other available treatment services and should be utilized when the typical services or available services with modifiers are not able to be delivered. The provider's records should reflect why the typical services were unable to be provided.

Can we bill a 98968 and 98967 in the same day?

Yes as long as the clinical record supports that this was necessary to meet the needs of the member.

Can we bill two telephone codes on the same day for the same call?

Yes. If this is one call with a member, it would require one full note for the entire treatment event. Afterwards, two different codes can be submitted on the billing to account for the full event, similarly to how CPT add-on codes are utilized.

Please explain signature requirements for adding services like Case Support to PCP's, and how to provide sufficient evidence of verbal consent to sign treatment plans?

Although signatures are a requirement, Cardinal Innovations Healthcare is not asking that you have signatures in place immediately after or prior to beginning services. We will accept this requirement retroactively. Indicate at the signature line that you have received verbal consent, including who gave consent and what date consent was given; afterwards, sign and date. **Also note the reason why only verbal consent could be obtained**. Once possible, a written signature,

which includes approved electronic signatures such as DocuSign or other HIPPA-compliant methods, should be obtained and documented on the date it is obtained. All signatures should be dated when they actually occurred with notation of why these were completed retroactively. Please see bulletin regarding signatures during COVID-19.

Reference: Communication Bulletin UM FY1920 UM 14 Documentation for Signatures during COVID-19

I am an outpatient therapist provider only. Will the telephone sessions be the same as when they were seen at the office?

No. They are unique codes to be billed as a telephonic session. However, we prefer the Telehealth options be utilized, if possible as these provide a more comprehensive interaction with the member. The Telehealth codes align with typical office-based codes with a unique modifier. See the published bulletin.

Reference: Communication Bulletin UM FY1920 UM 15 Telehealth and Outpatient Services

What telephonic services have been approved?

Please see the published bulletins regarding which services have been approved to be provided via telephone if no other methods are possible. If there is a question about a specific service, providers can email the COVID19@cardinalinnovations.org box for additional clarification.

Reference: Communication Bulletin UM FY1920 UM 15 Telehealth and Outpatient Services

Can you clarify how the GT and CR modifiers are applied?

The GT modifier is used when the service is provided through two-way real-time audio and visual communication between the provider and beneficiary. When the service is provided telephonically (no visual communication), the GT modifier is not used.

The CR modifier (catastrophe/disaster related) is used to indicate the service is provided during a disaster and to relax limitations defined in the code definitions. It is used for both two-way audio and visual communication and telephonic communication between the provider and the beneficiary when it is not the typical way the service is provided.

Can you provide examples of modifier use?

Example: Intensive In Home is being provided via two-way audio and visual communication, which is typically a face-to-face service. The service will be billed as H2022 GT CR.

Example: ACT is being billed telephonically, which is typically a community-based face-to-face service. The service will be billed as H0040 CR.

What happens with services already billed without the CR code?

If they are denied, it will show in Provider Direct, and you can resubmit. We are actively reaching out to providers who have denied claims because we have not yet loaded the code, the place of service (POS) is incorrect, or the modifier is not attached.

If a service is provided face to face as normal, no modifier would be used?

Correct, in these cases please continue to submit claims as you normally would.

Is there any guidance for In Home Therapy Services (IHTS services)?

At this time, we have not obtained approval for In-Lieu Of or Alternative Services. However, we have telehealth and telephonic codes that can be billed by a licensed clinician for this portion of the service. We also have Case Support codes for the case management functions if a provider cannot provide IHTS as currently defined.

Reference: Communication Bulletin FY 1920 UM 12 Virtual Patient Communications including Telephonic Codes

If claims have already been submitted with location code 11 rather than 02 for telehealth, do they need to be resubmitted?

If they were denied for the place of service codes being incorrect, then yes these should be resubmitted with the correction.

If there is an OPT authorization in place, will the GT or CR codes count against that authorization? Or does a new authorization for those codes need to be submitted?

No new authorization is required. If you are providing treatment face to face, you will bill normal OPT codes against current authorization. If utilizing Telehealth, you will bill those codes appropriately.

Please go over the location codes for GT Audio and Video) and CR (Phone) codes. I thought we were told to use code 11 for location code for GT modifiers.

See above for modifier information. Place of service (POS) for Telehealth (Tele-medicine/Tele-psychiatry) should be 02 when services were delivered with full audio + visual technology. For telephone-specific codes, these would typically use the 11 code (office), even if provided from a staff member's home as this is serving temporarily as their virtual office. For more information, click here.

Will outpatient providers be able to provide Case Support or is this just for enhanced services?

Case Support is for providers of enhanced services when those providers cannot deliver the authorized services to the member.

If a licensed clinician is solely linking and referring a member to another service, is this Case Support? Can they provide this service?

Case Support is not intended to replace activities such as referral and linkage that should already be occurring as a part of service activities. (Example: While performing a comprehensive clinical assessment or treating a member in outpatient service, a provider links the member to another provided service. This is already expected as part of the assessment/treatment process and Case Support would not be appropriate.)

A licensed clinician could bill the Case Support if:

- There were no other applicable services to bill, AND
- A provider has enhanced services in their contract, AND
- They are limited in their ability to deliver these because of service specific requirements, AND
- The Case Support code was provided in the contract, AND
- The agency will be able to deliver Case Support.

However, while clinicians can bill both therapy codes (Telehealth) and telephonic codes, it is rare that clinicians would be using the Case Support.

Does Case Support Services allow for services to be delivered to members in group sessions using virtual patient communication platforms, i.e. Zoom, Apple FaceTime? Is this considered an individually billed service to the member?

Case Support is a 1:1 service and can be completed with the member or on behalf of a member. In addition, the service should be delivered by a licensed clinician. Case Support does not apply to group sessions, and if those are delivered via telehealth, you should bill the 98053-GT-CR code.

What if we have a patient with schizophrenia in one of our group homes on Clozaril who develops a fever and cough? Should we take them to the ED?

If the member were not on Clozaril, the CDC guidance would be to screen them telephonically. If there are no indicators of medical instability, the current guidance is to monitor the patient at home unless they become medically unstable. This online tool from Apple and the CDC will walk you through the process. We have also developed a training module on how to use it.

Fever in an individual on Clozaril can be a medical emergency because of their white blood cell count. It is critical to reach out to their prescriber and receive guidance on how to safely obtain bloodwork and an assessment.