

To: All Providers of Medicaid and State-Funded Enhanced and Innovations Waiver Services
From: Cindy Ehlers, Executive Vice President
Date: **March 30, 2020**
Subject: IMPORTANT BILLING GUIDANCE: Use of New GT and CR Modifiers, Contract updates, and waiver of prior authorization requirements

Trillium is working to offer providers the maximum allowable amount of flexibility in service delivery that both protects the public while ensuring our most vulnerable citizens are able to continue to receive support for their Behavioral Health and I/DD needs and that you are able to maintain the cash flow necessary to operate. To that end, we know that most of you need to maintain your cash flow while Trillium constructs all these new codes. Therefore, please continue to bill as you normally would on your current unmanaged or authorized services using the regular billing codes in your contract. Please make note of the services events that you are doing via the telemedicine or that are done a different way in response specifically to the COVID-19 disaster declaration. Trillium is working around the clock to get the new codes and modifiers provided by DHHS added to our platform for billing. Once those codes and modifiers are added in appropriate contracts, we will waive all prior authorization requirements for Medicaid (Including Innovations) and State-Funded services, excluding PRTF and Inpatient services.. We will communicate with you when we are ready to start using the new codes that contain the GT and/or CR modifiers the state has published. We anticipate that work will be done no later than April 10, 2020 for most providers. We will provide communication at that time how to bill the new codes from that date forward when using telemedicine (using the GT modifier) or providing services in a different way (using the CR modifier) or to bill the regular service codes because nothing needed to change for service delivery to happen in the business as usual way under the current authorization.

We understand that this is all very confusing and that you may be overwhelmed with communication at this time. We appreciate your patience with us and the state as we try to make all the adjustments to all the billing systems that are needed at the state and LME MCO level to maintain services for people and payment available at the time you need it most.

This guidance is retroactive to March 10, 2020 and will remain active for the duration of the declared state of emergency or until further notice or amendment. Providers are cautioned that medical necessity is still a requirement for services to be delivered under both State funds and Medicaid. At some point after the COVID-19 emergency is over, Trillium may perform post-payment reviews to ensure compliance with State and Medicaid regulations.

This guidance covers all services in Clinical Coverage Policies:

- 🌱 8A, Enhanced Mental Health and Substance Use Disorder Services
- 🌱 8A-1, Assertive Community Treatment Team
- 🌱 8A-6, Community Support Team
- 🌱 8D-2, Residential Treatment Services
- 🌱 8F, Research-Based Behavioral Health Treatment for ASD
- 🌱 8G-1, Peer Support Services
- 🌱 8-P, NC Innovations Services

Please send any questions about this bulletin to Cindy Ehlers at Cindy.Ehlers@TrilliumNC.org