

To: All Providers of Medicaid and State-Funded Enhanced and Innovations Waiver Services
From: Cindy Ehlers, Executive Vice President
Date: **April 9, 2020**
Subject: **IMPORTANT BILLING GUIDANCE:** Use of New GT and CR Modifiers, Contract updates, and waiver of prior authorization requirements

Follow up of [Network Communication Bulletin #64](#)

Trillium has completed 95% of the updates of the addition of all new codes and modifiers provided by DHHS as approved flexible services to our platform for billing. We expect to complete all additions and updates for 100% of contracts no later than Thursday, April 16th. This includes adding the new codes with modifiers of GT CR or CR being added to provider's contracts. These approved services with disaster modifiers will not require an initial or concurrent authorizations for Medicaid B and Medicaid C (Innovations services). Enhanced State services will continue to require authorizations at this time due to the limited availability of State funds

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 State, Medicaid B and Medicaid C. After the declared state of emergency, Trillium may perform post-payment reviews on services with no authorization required to ensure compliance with State and Medicaid regulations.

Below is information on how to bill with the new modifiers

MODIFIERS

- 🌱 Provider(s) shall follow applicable modifier guidelines.
- 🌱 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.

For providers with enhanced rates due to COVID-19 that have continued to bill regular service codes included in your contract, while system updates were being made, replacement claims may be submitted when the new codes and rates are in your contract next week. If you can view the new codes and rates in your contract, you may begin immediately.

BILLING UNIT

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

PLACE OF SERVICE

Telemedicine and tele psychiatry claims related to COVID-19 should be filed with the provider's usual place of service.

Please send any UM or service code questions about this bulletin to UM@TrilliumNC.org or claims questions to claims2@trilliumnc.org or rate questions to this address RATESFinance@trilliumnc.org