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MODIFICATIONS TO BEHAVIORAL HEALTH AND INTELLECTUAL AND DEVELOPMENTAL DISABILITY CLINICAL COVERAGE POLICIES

Effective April 16, 2020, NC Medicaid, in partnership with the DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS), is temporarily modifying its Behavioral Health and Intellectual and Developmental Disability Clinical Coverage Policies to better enable the delivery of care to NC Medicaid, NC Health Choice and State-funded individuals in response to the COVID-19 Pandemic.

These temporary changes are retroactive to March 10, 2020, AND will end with the cancellation of the North Carolina state of emergency declaration or when the policy modification is rescinded, whichever occurs first. When the temporary modifications end, all prior service requirements will resume.

During the North Carolina declared state of emergency, services must continue to be provided at an intensity and quality that meet the needs of the individual, consistent with the individual’s goals and the intended outcomes of the service. In addition, the service must be provided by staff at a ratio (as relevant) and with the expertise and scope necessary to meet the needs of each individual.

Throughout this bulletin, “telehealth” means two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. Telehealth does not include telephonic provision of services; when telephonic provision is permitted, it is specifically noted below.

- ▲ Providers must ensure that services outlined in this bulletin can be safely and effectively delivered using telehealth or telephonic modalities.
- ▲ Providers must consider an individual’s behavioral, physical and cognitive abilities to participate in services provided using telehealth or telephonic interventions.
- ▲ The individual’s safety must be carefully considered for the complexity of the services provided. In situations where caregivers or facilitators are necessary to assist with the delivery of telehealth or telephonic services, their ability to assist and their safety should also be considered when the individual needs physical assistance.
- ▲ Delivery of services using telehealth or telephonic interventions must conform to professional standards including but not limited to ethical practice, scope of practice, and other relevant federal, state and institutional policies and requirements including relevant Practice Acts and Licensing Board rules.

Supervision must continue to be provided per the applicable Clinical Coverage Policy but may be provided virtually as indicated below; virtual supervision includes real-time interactive two-way audio and video, as well as telephonic modes of communication. Supervision should be increased accordingly when provider staff do not receive relevant trainings that have been temporarily waived. Please note, staff trainings are only waived (as indicated below) if there are not opportunities to receive the specific training(s) virtually.

The following tables outline the allowed service flexibilities during this declared state of emergency.

Additional Flexibilities provided by Trillium are highlighted in RED.

Table 1: Enhanced Behavioral Health Emergency Flexibilities by Policy

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
H2011	8A Mobile Crisis Management	<ul style="list-style-type: none"> ▲ No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY ▲ Waive prior authorization after the initial unmanaged 32 units of service. (For state-funded recipients, check with your LME-MCO to determine if prior authorization is waived). ▲ Waive 24 hours as the maximum length of service. ▲ Waive staff training requirements within 90 days of employment, if unable to be obtained during the state of emergency. ▲ Waive 80 percent of the service must be provided face-to-face. ▲ Allow for supervision by any licensed professional on the team or employed by the agency if Team Lead is sick or unavailable.
T1023	8A Diagnostic Assessment	<ul style="list-style-type: none"> ▲ No prior authorization required for initial or continued stay for MEDICAID B and State Funded with Disaster Modifiers ONLY ▲ Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year. (For state-funded recipients, check with your LME-MCO to determine if Prior Authorization is waived).

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
		<ul style="list-style-type: none"> 🌱 Diagnostic Assessment can be provided via telehealth per NC Medicaid Clinical Coverage Policy 1-H.
H2022	8A Intensive In-Home	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌱 Waive staff training requirements within 30 and 90 day of employment, if unable to be obtained during the state of emergency. 🌱 Waive the two hour per day minimum service provision and reduce to one hour per day in order to bill. 🌱 Waive requirement that staff must be dedicated to the team. 🌱 Waive requirements that 60 percent of contacts should be face to face and 60 percent of staff time should be spent outside of facility. 🌱 Waive team to family ratio of 1:12. 🌱 Allow for supervision by any licensed professional on the team or employed by the provider agency, within scope and training, if Team Lead is sick or unavailable. 🌱 Allow supervision by Team Lead, or designee as noted above, to occur virtually.
H2033	8A Multisystemic Therapy	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌱 Waive staff introductory and quarterly training requirements if unable to be obtained during the state of emergency. 🌱 Waive requirement that staff must be dedicated to the team. 🌱 Waive minimum monthly contacts of 12 in the first month and six contacts in the second and third month must be met unless individual or family member becomes ill during month and cannot receive services. 🌱 Waive the three to five-month maximum duration of service. 🌱 Waive requirements that 50 percent of face-to-face contact with beneficiary and family and 60 percent of staff time should occur outside of facility. 🌱 Waive maximum of 480 units per three months. 🌱 Allow supervision by another master's level qualified professional (QP) employed by the provider agency if team lead is sick or unavailable.
H2015 HT, HO/HF/HN/U1/HM	8A-6 Community Support Team	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌱 Waive requirement that staff must be dedicated to the team. 🌱 Waive requirement that associate licensed professional team lead be fully licensed within 30 months. 🌱 Waive maximum of eight units for first and last 30-day period for individuals transitioning to and from other services and allow for 40 units of service overlap. 🌱 Waive Comprehensive Clinical Assessment for beyond six months of treatment. 🌱 Waive staff to beneficiary ratio of 1:12.

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
		<ul style="list-style-type: none"> 🌱 Waive monitoring of delivery of service by Team Leader. 🌱 Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency. 🌱 Waive requirement that 75 percent of the service must be delivered face-to-face and outside of agency. 🌱 Allow functional assessments and crisis interventions to be completed via telehealth or telephonic modalities, as clinically appropriate. 🌱 Allow team meetings to occur virtually.
H0040	8A-1 Assertive Community Treatment	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌱 Waive requirement that staff must be dedicated to the team. 🌱 Waive staff to beneficiary ratio of 1:8 for small teams and 1:9 for medium and large teams. 🌱 Waive requirement that team must demonstrate fidelity to the latest tool for Measurement of ACT (TMACT) model of care. 🌱 Waive staff training requirements within 120 days of employment, if unable to be obtained during the state of emergency. 🌱 Waive medium rate of service frequency and median rate of service intensity. 🌱 Allow any agency employed licensed staff, to provide supervision within scope if team lead is sick or unavailable. 🌱 Allow Associate licensed professional to have more than 30 months to become fully licensed. 🌱 Allow supervision to occur virtually.
H2012HA	8A Child and Adolescent Day Treatment	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌱 Waive requirement that staff must be dedicated to the team. 🌱 Waive requirement that a maximum of 25 percent of treatment services may be provided outside of the day treatment facility. 🌱 Waive staff to beneficiary ratio if provided outside of the facility. 🌱 Waive minimum of three hours of service per day. 🌱 Waive requirements for staff training within 30 and 90 days of employment and follow up and ongoing continuing education requirements for fidelity of clinical models, if unable to be obtained during the state of emergency. 🌱 Allow for supervision by any licensed professional, within scope, employed by the provider agency if team lead is sick or unavailable. 🌱 Allow service when school is not in operation. 🌱 Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.
H0035	8A Partial Hospitalization	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients check with your LME-MCO to determine if reauthorization is waived).

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
		<ul style="list-style-type: none"> 🌿 Waive requirement of minimum service availability of four hours a day five days per week; but, must provide 10 hours of treatment per week in order to bill. 🌿 Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence
H0015	8A Substance Abuse Intensive Outpatient Program	<ul style="list-style-type: none"> 🌿 No prior authorization required for initial or continued stay for MEDICAID B and STATE Funded with Disaster Modifiers ONLY 🌿 All service notes during this time must include the following statement: This service was delivered during the COVID-19 State of Emergency requiring social distancing. 🌿 Waive reauthorization after the initial 30-day pass through. (For state-funded recipients, check with your LME- MCO to determine if reauthorization is waived). 🌿 Waive the required minimum service availability of three hours per day three days per week; but, must provide 1.5 hours of treatment per day, three days per week to bill. 🌿 Waive beneficiary to staff ratio if provided outside of the facility. 🌿 Waive requirement that the CCS or LCAS be on-site 50 percent of the hours open; but, must be available virtually. 🌿 Waive Urine Drug Screening requirements. 🌿 Waive requirement for family counseling if the family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions. 🌿 Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.
H2035	8A Substance Abuse Comprehensive Outpatient Treatment	<ul style="list-style-type: none"> 🌿 No prior authorization required for initial or continued stay for MEDICAID B and STATE Funded with Disaster Modifiers ONLY 🌿 All service notes during this time must include the following statement: This service was delivered during the COVID-19 State of Emergency requiring social distancing. 🌿 Waive reauthorization after the initial 60-day pass through. (For state-funded recipients, check with your LME-MCO to determine if reauthorization is waived). 🌿 Waive the required for minimum service availability of four hours per day, five days per week; but, must provide two hours per day, five days per week to bill. 🌿 Waive beneficiary to staff ratio if provided outside of the facility. 🌿 Waive requirement that CCS or LCAS must be on-site but must be available virtually a minimum of 90 percent of the hours the service is in operation. 🌿 Waive Urine Drug Screening requirements. 🌿 Waive requirement for family counseling if family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions. 🌿 Allow service to be provided outside of the facility via telehealth, telephonically, or in-person, including in the person's residence.
H0014	8A Ambulatory Detoxification	<ul style="list-style-type: none"> 🌿 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌿 Waive initial authorization and reauthorization. (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌿 Allow supervision of LCAS or CCS to occur virtually.

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
H0012	8A Substance Abuse Non-Medical Community Residential Treatment	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive initial authorization and reauthorization. (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌱 Waive the per person service maximum of 30 days of treatment in 12 months. 🌱 Allow LCAS and CCS to provide services via telehealth or telephonically interventions in lieu of being provided in-person at the facility. 🌱 Allow supervision of QP, AP, and paraprofessionals to occur virtually.
H0013	8A Substance Abuse Medically Monitored Community Residential Treatment	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive initial authorization and reauthorization. (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌱 Waive the per person service maximum of no more than 30 days of treatment in 12 months. 🌱 Allow LCAS and CCS to provide services via telehealth or telephonically in lieu of being provided in-person at the facility. 🌱 Allow supervision of QP, AP and paraprofessionals to occur virtually.
H0010	8A Non-Hospital Medical Detoxification	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive initial authorization and reauthorization (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌱 Waive the per person service maximum of no more than 30 days of treatment in 12 months. 🌱 Allow LCAS and CCS to provide services via telehealth or telephonically in lieu of being provided in-person at the facility. 🌱 Allow physician assessments to be completed by telehealth. 🌱 Allow supervision of QP, AP, and paraprofessionals to occur virtually.
H0020	8A Outpatient Opioid Treatment	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive initial authorization and reauthorization. (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌱 Allow for up to 28 units to be billed in one day to allow for take home dosing for clinically appropriate individuals for up to 28 days. 🌱 See Medicaid Special Bulletin COVID-19 #34, Section C.1. for information on telehealth and other CPT codes that are often billed in conjunction with H0020
H0038; H0038HQ	8G Peer Support Services: Peer Support Services (PSS)	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive initial authorization and reauthorization. (For state-funded recipients, check with your LME-MCO to determine if initial authorization and reauthorization are waived). 🌱 Waive staff to beneficiary ratio. 🌱 Waive requirement that telephone time be 20 percent or less of total service time per individual per year.

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
		<ul style="list-style-type: none"> 🌱 Waive staff training requirements unable to be obtained during the state of emergency within 30 and 90 days of employment. 🌱 Allow supervision to occur virtually. 🌱 Allow for Peer Support Services Program Supervisor to fulfill 90-day face-to-face contact through telehealth or telephonically. 🌱 Peers must still be North Carolina Certified Peer Support Specialists.
H0019	8D-2 Residential Treatment Services Level III	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training. 🌱 Allow sex offender specific training to occur virtually. 🌱 Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.
H2020	8D-2 Residential Treatment Services Level I and II – Family Type-	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine that reauthorization is waived). 🌱 Waive staff training requirements unable to be performed during the state of emergency, except sex offender specific training. 🌱 Allow sex offender training to occur virtually. 🌱 Allow QP, licensed professional, psychologist, psychiatrist to provide treatment and consultation via telehealth and/or telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility. All supervision and daily structure services must be provided in-person by the appropriate staff.
H2020	Residential Treatment Services 8D-2 Level II – Program Type	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients, check with your LME-MCO to determine that reauthorization is waived). 🌱 Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training. 🌱 Allow Sex Offender training to occur virtually. 🌱 Allow QP, social worker, psychologist or psychiatrist to provide treatment, services, and consultation via telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.
H0019	8D-2 Residential Treatment Services Level IV	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Allow social worker, psychologist or psychiatrist to provide services via telehealth instead of providing them in-person at facility. 🌱 Waive requirement that parent, and legal guardian must participate in rehabilitation plan development and implementation if unavailable due to illness. 🌱 Waive opportunity for individual inclusion in community activities.

Procedure Code	Clinical Coverage Policy	Emergency Flexibilities
		<ul style="list-style-type: none"> 🌱 Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training. 🌱 Allow sex offender training to occur virtually.
RC 0911	8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered 🌱 Allow psychiatrist to provide services via telehealth instead of providing on-site at the facility. 🌱 Allow licensed therapist(s) to provide services via telehealth instead of providing on-site at the facility.
RC183	8D-1 and 8D-2 Therapeutic Leave for Psychiatric Residential Treatment Facilities for Children under the Age of 21 Residential Treatment Services Levels II-IV	<ul style="list-style-type: none"> 🌱 Allow an increase of Therapeutic Leave days from 45 days to 90 days. 🌱 Trillium Rate Enhancement Offered. All rates for Therapeutic Leave will be paid at same rate as Residential.
RC 183	8E Therapeutic Leave for Nursing Facilities and Intermediate Care for the Mentally Retarded (ICF-MR)	<ul style="list-style-type: none"> 🌱 Allow an increase of Therapeutic Leave days from 45 days to 90 days. 🌱 Trillium Rate Enhancement Offered. All rates for Therapeutic Leave will be paid at same rate as Residential.
S9484	8A Professional Treatment Services in Facility-Based Crisis Program	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered MEDICAID B and STATE Funded. 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive per person maximum of 30 days of treatment per calendar year.
S9484 HA	8A-2 Facility-Based Crisis Services for Children and Adolescents	<ul style="list-style-type: none"> 🌱 Trillium Rate Enhancement Offered MEDICAID B and STATE Funded. 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive maximum of 30 days of treatment per calendar year 🌱 Waive staff training requirements if unable to be obtained during the state of emergency. 🌱 Allow psychiatric evaluation to be completed via telehealth instead of on-site at the facility and billed separately. 🌱 Allow behavioral assessment to be completed via telehealth by the psychologist.
H2036	8A Medically Supervised or ADATC Detoxification Crisis Stabilization	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization. (For state-funded recipients check with your LME-MCO to determine reauthorization is waived). 🌱 Waive maximum of 30-days of treatment within 12 months.
97151, 97152, 97153, 97154, 97155, 97156, 97157	8F Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY 🌱 Waive reauthorization authorization. (This service is not covered by State funds through DMH/DD/SAS).
90846, 90847, 90849, 90853, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	<ul style="list-style-type: none"> 🌱 No prior authorization required for initial or continued stay for MEDICAID B and STATE Funded with Disaster Modifiers ONLY 🌱 Waive initial and reauthorization. (For state-funded recipients check with your LME-MCO to determine if initial and reauthorization is waived).

Table 2: Trillium Health Resources Alternative or “In Lieu of” Service Description Guidance for Medicaid

Service Name and Description	Procedure Code	Emergency Flexibilities
Home Monitoring through Virtual Supervision Systems (HMVS)	S5135 GT U5	<ul style="list-style-type: none"> ▲ Home Monitoring through Virtual Supervision provides monitoring for children and adults (ages 13 – 64) with intellectual/developmental disabilities through the use of technology. ▲ Expected outcomes: Home Monitoring through Virtual Supervision allows individuals to remain safely in their homes whether living independently or while caregivers are not physically present. Home Monitoring through Virtual Supervision helps to promote independence and maintain privacy while offering security and verbal intervention as needed. The concept of this service is to allow the flexibility of remote monitoring when hands-on/physical intervention is not needed, thus encouraging independence while still providing a safe environment for the member. ▲ Technology may include, but not be limited to: Internet based video sharing services such as FaceTime, Skype, WebEx, Zoom, or other two way live video sharing services, video monitoring, sensors, smart home technology, or a combination of different technologies. ▲ Members receiving this service must live in a non-licensed setting. ▲ Prior Authorization by the LME-MCO is required. This service requires concurrent authorization after the first 90 days. Concurrent authorizations will not be required after the first 90 days IF the State of Emergency is still active. ▲ 1 unit = 15 minutes, maximum of 24 units/6 hours a day. ▲ Direct support professional must have minimum of high school diploma and be supervised by Qualified professional. ▲ Trillium’s Care Managers will request to have this service added to a Contract on a case by case basis after it has to be determined that the member will be appropriate for remote supervision.
Disaster Outreach and Engagement for IDD	H0038 HI CR	<ul style="list-style-type: none"> ▲ Members ages 3 – 64 who are diagnosed with intellectual/developmental disability and are unable to engage in traditional services due to natural disaster or declared state of emergency. ▲ Members are expected to achieve one or more of the following outcomes: become engaged and involved in services; the use of hospital and/or crisis services decrease or avoided; medication adherence increases; continuity of care regardless of life circumstance; members need for residential services is avoided; and/or avoidance or reduction of criminal/juvenile justice. ▲ Designed to be an individual service for members with a documented IDD diagnosis who are unable to receive currently authorized services. ▲ Services can be provided in person, by telephone, and/or via telehealth platform. ▲ Service is limited to 40 hours per month per member only during natural disasters or declared states of emergency. Maximum per day is 2 hours. 1 unit = 15 minutes. ▲ This service can be provided by licensed clinicians, Qualified Professionals (QP), Associate Professionals (AP), and Paraprofessionals (PP). ▲ Prior Authorization by the LME-MCO is not required however a percentage of services will be reviewed once the declaration of the state of emergency has been lifted through a post payment review process. This service requires concurrent authorization after the first 90 days. Concurrent authorizations will not be required after the first 90 days IF the State of Emergency is still active. ▲ Providers may continue to document services based on the provider’s current documentation practices. For example, if provider is documenting services on a grid, provider can continue with the same form of documentation.

Service Name and Description	Procedure Code	Emergency Flexibilities
Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services.	H2017 CR	<ul style="list-style-type: none"> ▲ No prior authorization required for initial or continued stay for MEDICAID B with Disaster Modifiers ONLY ▲ Current recipients of services must have had an existing authorization for PSR at the time of the disaster declaration. ▲ Bill H2017 CR In Lieu of H2017. ▲ Adults age 18 and older, who have been diagnosed with a serious and persistent mental illness ("SPMI") who have experienced impairment in daily living skills and will benefit from individual coaching and assistance in in psychosocial rehabilitation, coordination and supports. ▲ Expected outcomes: afford members life experiences, extends social networks, reduces hospitalization, increase quality of life, address social determinants of health, and gains in psychosocial functioning. ▲ DIRCS must be listed on the person-centered plan, and a service order is required prior to or on the day the services are to be provided. ▲ This is a one-to-one individual support service. This service can be provided on-site, off-site, home, face to face, phone, two-way face to face video communication. ▲ This service can be provided by Qualified Professionals (QP), Associate Professionals (AP), and Paraprofessionals (PP). ▲ Service is limited to 10 hours a week. Maximum per day is 5 hours. Minimum of 1 unit per day x 5 days per week. 1 unit = 15 minutes. ▲ Daily service note required with NCDHHS requirements.

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 two-way real-time 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.
- ▲ Detailed guidance on modifiers by procedure code is included in the table below.
- ▲ There is no GT or CR modifier on Revenue Codes (RC 0911, RC 183).

Table 3: Behavioral Health Service Flexibilities Modifier Guidance

Procedure Code	Clinical Coverage Policy	Modifier Guidance
H2011	8A Mobile Crisis Management	<ul style="list-style-type: none"> ▲ No modifier when done per established policy. ▲ Modifier GT when done via two-way, real time, audio and visual communication. ▲ Modifier CR when using any of the above temporary flexibilities/waivers. ▲ Use GT and CR modifiers concurrently if both apply.
T1023	8A Diagnostic Assessment	<ul style="list-style-type: none"> ▲ No modifier when done per established policy. ▲ Modifier GT when done via two-way, real time, audio and visual communication. ▲ Modifier CR when using any of the above temporary flexibilities/waivers. ▲ Use GT and CR modifiers concurrently if both apply.
H2022	8A Intensive In-Home	<ul style="list-style-type: none"> ▲ No modifier when done per established policy. ▲ Modifier GT when done via two-way, real time, audio and visual communication. ▲ Modifier CR when using any of the above temporary flexibilities/waivers. ▲ Use GT and CR modifiers concurrently if both apply.
H2033	8A Multisystemic Therapy	<ul style="list-style-type: none"> ▲ No modifier when done per established policy. ▲ Modifier GT when done via two-way, real time, audio and visual communication. ▲ Modifier CR when using any of the above temporary flexibilities/waivers. ▲ Use GT and CR modifiers concurrently if both apply.
H2015 HT, HO/HF/HN/U1/HM	8A-6 Community Support Team	<ul style="list-style-type: none"> ▲ No additional modifier when done per established policy. ▲ Modifier GT when done via two-way, real time, audio and visual communication.

Procedure Code	Clinical Coverage Policy	Modifier Guidance
		<ul style="list-style-type: none"> 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H0040	8A-1 Assertive Community Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H2017	8A Psychosocial Rehabilitation	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H2012 HA	8A Child and Adolescent Day Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H0035	8A Partial Hospitalization	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H0015	8A Substance Abuse Intensive Outpatient Program	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H2035	8A Substance Abuse Comprehensive Outpatient Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply.
H0014	8A Ambulatory Detoxification	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0012	8A Substance Abuse Non-Medical Community Residential Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0013	8A Substance Abuse Medically Monitored Community Residential Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0010	8A Non-Hospital Medical Detoxification	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0020	8A Outpatient Opioid Treatment	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0038; H0038HQ	8G Peer Support Services: Peer Support Services (PSS)	<ul style="list-style-type: none"> 🟡 No additional modifier when done per established policy. 🟡 Modifier GT when done via two-way, real time, audio and visual communication. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers. 🟡 Use GT and CR modifiers concurrently if both apply
H0019	8D-2 Residential Treatment Services Level III	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H2020	8D-2 Residential Treatment Services Level II – Family Type-	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H2020	Residential Treatment Services 8D-2 Level II – Program Type	<ul style="list-style-type: none"> 🟡 No modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.
H0019	8D-2 Residential Treatment Services Level IV	<ul style="list-style-type: none"> 🟡 No additional modifier when done per established policy. 🟡 Modifier CR when using any of the above temporary flexibilities/waivers.

Procedure Code	Clinical Coverage Policy	Modifier Guidance
RC 0911	8D-1 Psychiatric Residential Treatment Facility for Children under the Age of 21	<ul style="list-style-type: none"> 🌱 No modifier needed on a revenue code. 🌱 Do not use the CR modifier but document in your clinical documentation when using any of the above temporary flexibilities/waivers.
RC183	8D-1 and 8D-2 Therapeutic Leave for Psychiatric Residential Treatment Facilities for Children under the Age of 21 Residential Treatment Services Levels II-IV	<ul style="list-style-type: none"> 🌱 No modifier needed on a revenue code. 🌱 Do not use the CR modifier but document in your clinical documentation when using any of the above temporary flexibilities/waivers.
RC 183	8E Therapeutic Leave for Nursing Facilities and Intermediate Care for the Mentally Retarded (ICF-MR)	<ul style="list-style-type: none"> 🌱 No modifier needed on a revenue code. 🌱 Do not use the CR modifier but document in your clinical documentation when using any of the above temporary flexibilities/waivers.
S9484	8A Professional Treatment Services in Facility-Based Crisis Program	<ul style="list-style-type: none"> 🌱 No modifier when done per established policy. 🌱 Modifier CR when using any of the above temporary flexibilities/waivers.
S9484 HA	8A-2 Facility-Based Crisis Services for Children and Adolescents	<ul style="list-style-type: none"> 🌱 No modifier when done per established policy. 🌱 Modifier CR when using any of the above temporary flexibilities/waivers.
H2036	8A Medically Supervised or ADATC Detoxification Crisis Stabilization	<ul style="list-style-type: none"> 🌱 No modifier when done per established policy. 🌱 Modifier CR when using any of the above temporary flexibilities/waivers.
97151, 97152, 97153, 97154, 97155, 97156, 97157	8F Research Based Behavioral Health Treatment for Autism Spectrum Disorder	<ul style="list-style-type: none"> 🌱 No modifier when done per established policy. 🌱 Modifier GT when done via two-way, real time, audio and visual communication. 🌱 Modifier CR when using any of the above temporary flexibilities/waivers. 🌱 Use GT and CR modifiers concurrently if both apply
90846, 90847, 90849, 90853, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 96110, 96112, 96113, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146	8C Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers	<ul style="list-style-type: none"> 🌱 No modifier when done per established policy. 🌱 Modifier GT when done via two-way, real time, audio and visual communication. 🌱 Modifier CR when using any of the above temporary flexibilities/waivers. 🌱 Use GT and CR modifiers concurrently if both apply.

Billing Unit

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

Place of Service

Telemedicine and telepsychiatry claims related to COVID-19 **shall be filed with the provider's usual place of service** for fee-for-service claims submitted to NCTracks. Claims submissions to LME-MCOs will follow the guidance of the LME-MCO.

Additional Resources from DHHS

- 🌱 NC Medicaid Telehealth Billing Code Summary Chart: <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf>
- 🌱 NC Medicaid Telehealth Resources website: <https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-telehealth>
- 🌱 NC Medicaid COVID-19 Resources website: <http://www.medicare.ncdhhs.gov/coronavirus>