SPECIAL BULLETIN COVID-19 #226: Permanent Changes Made for Public Health Emergency Flexibilities and Plan for Sunsetting of Temporary Policies – Jan. 31, 2022

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end at the earlier of the cancellation of the North Carolina State of Emergency or when the policy modification was rescinded by NC Medicaid.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 While the NC State of Emergency has not been rescinded, NC Medicaid has decided to rescind some of the temporary COVID-19 flexibilities, effective April 1, 2022.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 details in the remaining pages 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., sunsetting on March 31, 2022).
- Temporary Flexibilities that will end at the end of the federal PHE.

Please find this information for your reference in the pages below.

Contact

Medicaid.COVID19@dhhs.nc.gov

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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
Services may be provided by telehealth or telephonically, audio-only communication but limited to 20% or less of total service time provided per beneficiary per fiscal year.	X			Policy 8G
Service may be covered up to 45 days in a 12-month period (or may exceed with medical necessity).	X			Policy 8A-2
Psychiatrist shall conduct a psychiatric assessment of each beneficiary in person or by telehealth within 24 hours of admission.	X			Policy 8A-2
Allow psychiatric evaluation to be completed by telehealth instead of on-site at the facility and billed separately.	X			Policy 8A-2
(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			
(b)(3) Individual Support: Service may be provided by two-way, real-time audio and video as well as telephonically.	X			

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
(b)(3) Transitional Living Skills: Service may be provided by two-way, real-time audio and video as well as telephonically	X			
(b)(3) In-Home Skill Building: Service may be provided by two-way, real-time audio and video.	X			
Diagnostic Assessment: Diagnostic Assessment can be provided by telehealth per NC Medicaid Clinical Coverage Policy 1-H.	X			Policy 8A-5
Research Based – Behavioral Health Treatment (RB-BHT): CPT codes 97151, 97152, 97153, 97154, 97155, 97156, 97157, were made telehealth-eligible.	X			Policy 8F
Research-Based – Behavioral Health Treatment (RB-BHT): If two-way audio-visual options are not accessible to the beneficiary, the following services may be offered by telephonic modality: 972156 and 97157	X			Policy 8F
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 Appendix K or a simple waiver amendment.	X			Policy 8P and NC TBI Waiver
Substance Abuse Non-Medical Community Residential Treatment: Service may be billed for 45 days in a 12-month period	--			*This is in review for permanent placement in policy (8A).*

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Substance Abuse Medically Monitored Community Residential Treatment: Service may not be billed for more than 45 days in a 12-month period	--			*This is in review for permanent placement in policy (8A).*
Ambulatory Detoxification: Physician assessments must be conducted within 24 hours of admission in-person or by telehealth	--			*This is in review for permanent placement in policy (8A).*
Non-Hospital Medical Detoxification: Service may be covered up to 45 days in a 12-month period (or may exceed with medical necessity).	--			*This is in review for permanent placement in policy (8A).*
Non-Hospital Medical Detoxification: Physician assessments may be conducted in-person or by telehealth.	--			*This is in review for permanent placement in policy (8A).*
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.	--			*This is in review for permanent placement in policy (8P am NC TBI Wavier).*
NC Innovations and NC TBI Waiver: Home Delivered Meals	--			*This is in review for permanent placement in policy (8P am NC TBI Wavier).*
Mobile Crisis Management: Waive requirement that 80% of the service must be provided face-to-face.		X		Policy 8A
Mobile Crisis Management: Allow for supervision by any licensed professional on the team or employed by the agency if team lead is sick or unavailable.		X		Policy 8A
Intensive In-Home: Allow supervision by team lead, or designee as noted above, to occur virtually.		X		Policy 8A
Intensive In-Home: Waive requirement that staff must be dedicated to the team.		X		Policy 8A
Intensive In-Home: Waive requirements that 60% of contacts should be face-to-face and 60% of staff time should be spent outside of facility.		X		Policy 8A
Intensive In-Home: Waive team-to-family ratio of 1:12.		X		Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Intensive In-Home: 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.		X		Policy 8A
Multisystemic Therapy: Waive requirement that staff must be dedicated to the team.		X		Policy 8A
Multisystemic Therapy: Waive requirements that 50% of face-to-face contact with beneficiary and family and 60% of staff time should occur outside of facility.		X		Policy 8A
Multisystemic Therapy: Waive maximum of 480 units per three months.		X		Policy 8A
Outpatient Opioid Treatment: Allow seven days of take-home, reduced from policy flexibility of 28 days take-home.		X		Policy 8A
Child and Adolescent Day Treatment: Waive requirement that staff must be dedicated to the team.		X		Policy 8A
Child and Adolescent Day Treatment: Waive requirement that a maximum of 25% of treatment services may be provided outside of the day treatment facility. Waive staff-to-beneficiary ratio if provided outside of the facility.		X		Policy 8A
Child and Adolescent Day Treatment: 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.		X		Policy 8A
Child and Adolescent Day Treatment: Allow for supervision by any licensed professional, within scope, employed by the provider agency if team lead is sick or unavailable.		X		Policy 8A
Child and Adolescent Day Treatment: Allow service when school is not in operation.		X		Policy 8A
Substance Abuse Intensive Outpatient Program: Waive reauthorization after the initial 30-day pass through.		X		Policy 8A
Substance Abuse Intensive Outpatient Program: Waive requirement that the CCS or LCAS be on-site 50% of the hours open; but must be available virtually.		X		Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Substance Abuse Comprehensive Outpatient Treatment: Waive reauthorization after the initial 60-day pass through.		X		Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: Waive beneficiary-to-staff ratio if provided outside of the facility.		X		Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: Waive requirement that CCS or LCAS must be on-site but must be available virtually a minimum of 90% of the hours the service is in operation.		X		Policy 8A
Ambulatory Detoxification: Allow supervision of LCAS or CCS to occur virtually.		X		Policy 8A
Substance Abuse Non-Medical Community Residential Treatment: Allow supervision of QP, AP to occur virtually.		X		Policy 8A
Substance Abuse Medically Monitored Community Residential Treatment: Allow supervision of QP, AP to occur virtually.		X		Policy 8A
Non-Hospital Medical Detoxification: Allow supervision of QP, AP and paraprofessionals to occur virtually.		X		Policy 8A
Community Support Team: Allow team meetings to occur virtually.		X		Policy 8A-6
Community Support Team: Waive Comprehensive Clinical Assessment beyond six months of treatment.		X		Policy 8A-6
Community Support Team: Waive staff to beneficiary ratio of 1:12.		X		Policy 8A-6
Community Support Team: Waive monitoring of delivery of service by team leader.		X		Policy 8A-6
Community Support Team: Waive staff training requirements within 30 and 90 days of employment, if unable to be obtained during the state of emergency.		X		Policy 8A-6
Community Support Team: Waive requirement that 75% of the service must be delivered face-to-face and outside of agency.		X		Policy 8A-6
Community Support Team: Allow functional assessments and crisis interventions to be completed by telehealth or telephonic modalities, as clinically appropriate.		X		Policy 8A-6

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Assertive Community Treatment: Waive staff training requirements within 120 days of employment, if unable to be obtained during the state of emergency.		X		Policy 8A-1
Assertive Community Treatment: Allow any agency-employed, licensed staff to provide supervision within scope if team lead is sick or unavailable.		X		Policy 8A-1
Assertive Community Treatment: Allow Associate licensed professional to have more than 30 months to become fully licensed.		X		Policy 8A-1
Assertive Community Treatment: Allow supervision to occur virtually.		X		Policy 8A-1
Assertive Community Treatment: Waive requirement that staff must be dedicated to the team.		X		Policy 8A-1
Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers: Waive initial and reauthorization.		X		Policy 8C
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 service time 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
Mobile Crisis Management: Waive prior authorization after the initial unmanaged 32 units of service.			X	Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Mobile Crisis Management: Waive 24 hours as the maximum length of service.			X	Policy 8A
Mobile Crisis Management: Waive staff training requirements within 90 days of employment, if unable to be obtained during the state of emergency.			X	Policy 8A
Diagnostic Assessment: Waive prior authorization for additional units beyond one unmanaged Diagnostic Assessment per state fiscal year.			X	Policy 8A-5
Intensive In-Home: Waive reauthorization.			X	Policy 8A
Intensive In-Home: Waive staff training requirements within 30 and 90 day of employment, if unable to be obtained during the state of emergency.			X	Policy 8A
Intensive In-Home: Waive the two-hour per day minimum service provision and reduce to one-hour per day in order to bill.			X	Policy 8A
Multisystemic Therapy: Waive reauthorization.			X	Policy 8A
Multisystemic Therapy: Waive staff introductory and quarterly training requirements if unable to be obtained during the state of emergency.			X	Policy 8A
Multisystemic Therapy: 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.			X	Policy 8A
Multisystemic Therapy: Waive the three to five-month maximum duration of service.			X	Policy 8A
Multisystemic Therapy: Allow supervision by another master's level qualified professional (QP) employed by the provider agency if team lead is sick or unavailable.			X	Policy 8A
Psychosocial Rehabilitation: Waive initial prior authorization and reauthorization.			X	Policy 8A
Psychosocial Rehabilitation: Waive requirement for a minimum of five hours per day, five days a week of service availability. Service must be available a minimum of 10 hours per week.			X	Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Psychosocial Rehabilitation: Waive staff ratio of 1:8 only if provided by telehealth or telephonic modalities.			X	Policy 8A
Psychosocial Rehabilitation: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.			X	Policy 8A
Child and Adolescent Day Treatment: Waive reauthorization.			X	Policy 8A
Child and Adolescent Day Treatment: Waive minimum of three hours of service per day.			X	Policy 8A
Child and Adolescent Day Treatment: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.			X	Policy 8A
Partial Hospitalization: Waive reauthorization.			X	Policy 8A
Partial Hospitalization: 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.			X	Policy 8A
Partial Hospitalization: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.			X	Policy 8A
Professional Treatment Services in Facility-Based Crisis Program: Waive per person maximum of 30 days of treatment per calendar year.			X	Policy 8A
Substance Abuse Intensive Outpatient Program: 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.			X	Policy 8A
Substance Abuse Intensive Outpatient Program: Waive beneficiary to staff ratio if provided outside of the facility.			X	Policy 8A
Substance Abuse Intensive Outpatient Program: Waive Urine Drug Screening requirements.			X	Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Substance Abuse Intensive Outpatient Program: Waive requirement for family counseling if the family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.			X	Policy 8A
Substance Abuse Intensive Outpatient Program: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.			X	Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: 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.			X	Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: Waive Urine Drug Screening requirements.			X	Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: Waive requirement for family counseling if family is unavailable, sick or unwilling to participate in telehealth or telephonic interventions.			X	Policy 8A
Substance Abuse Comprehensive Outpatient Treatment: Allow service to be provided outside of the facility by telehealth, telephonically or in-person, including in the person's residence.			X	Policy 8A
Ambulatory Detoxification: Waive initial authorization and reauthorization.			X	Policy 8A
Substance Abuse Non-Medical Community Residential Treatment: Waive initial authorization and reauthorization			X	Policy 8A
Substance Abuse Non-Medical Community Residential Treatment: Allow LCAS and CCS to provide services by telehealth or telephonically interventions in lieu of being provided in-person at the facility.			X	Policy 8A
Substance Abuse Medically Monitored Community Residential Treatment: Waive initial authorization and reauthorization.			X	Policy 8A
Substance Abuse Medically Monitored Community Residential Treatment: Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility.			X	Policy 8A
Non-Hospital Medical Detoxification: Waive initial authorization and reauthorization.			X	Policy 8A

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Non-Hospital Medical Detoxification: Allow LCAS and CCS to provide services by telehealth or telephonically in lieu of being provided in-person at the facility.			X	Policy 8A
Outpatient Opioid Treatment: Waive initial authorization and reauthorization.			X	Policy 8A
Medically Supervised or ADATC Detoxification Crisis Stabilization: Waive reauthorization.			X	Policy 8A
Medically Supervised or ADATC Detoxification Crisis Stabilization: Waive maximum of 30-days of treatment within 12 months.			X	Policy 8A
Community Support Team: Waive reauthorization.			X	Policy 8A-6
Community Support Team: Waive requirement that staff must be dedicated to the team			X	Policy 8A-6
Community Support Team: Waive requirement that associate licensed professional team lead be fully licensed within 30 months.			X	Policy 8A-6
Community Support Team: 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.			X	Policy 8A-6
Assertive Community Treatment: Waive reauthorization.			X	Policy 8A-1
Assertive Community Treatment: Waive staff to beneficiary ratio of 1:8 for small teams and 1:9 for medium and large teams.			X	Policy 8A-1
Assertive Community Treatment: Waive requirement that team must demonstrate fidelity to the latest tool for Measurement of ACT (TMACT) model of care.			X	Policy 8A-1
Assertive Community Treatment: Waive median rate of service frequency and median rate of service intensity.			X	Policy 8A-1
Facility-Based Crisis Services for Children and Adolescents: Waive staff training requirements if unable to be obtained during the state of emergency.			X	Policy 8A-2

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Facility-Based Crisis Services for Children and Adolescents: Allow behavioral assessment to be completed by telehealth by the psychologist.			X	Policy 8A-2
Residential Treatment Services Level I and II – Family Type: Allow sex offender training to occur virtually.			X	Policy 8D-2
Residential Treatment Services Level I and II – Family Type: Allow QP, licensed professional, psychologist, psychiatrist to provide treatment and consultation by 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.			X	Policy 8D-2
Level II –- Program Type Residential Treatment Services Waive staff training requirements if unable to be obtained during the state of emergency, except for sex offender specific training.			X	Policy 8D-2
Level II –- Program Type Residential Treatment Services Allow Sex Offender training to occur virtually.			X	Policy 8D-2
Level II –- Program Type Residential Treatment Services Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation by telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.			X	Policy 8D-2
Residential Treatment Services Level III: Allow sex offender specific training to occur virtually.			X	Policy 8D-2
Residential Treatment Services Level III: Allow QP, social worker, psychologist or psychiatrist to provide treatment, services and consultation by telehealth and telephonically, as clinically indicated and based on level of expertise, instead of providing on-site at the facility.			X	Policy 8D-2
Residential Treatment Services Level IV: Waive staff training requirement if unable to be obtained during the state of emergency except for sex offender specific training.			X	Policy 8D-2
Residential Treatment Services Level IV: Allow sex offender training to occur virtually.			X	Policy 8D-2
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
Research Based – Behavioral Health Treatment (RB-BHT): Waive concurrent authorization under Medicare authorities.			X	Policy 8F
Research Based – Behavioral Health Treatment (RB-BHT): If two-way audiovisual options are not accessible to the beneficiary, the following services may be offered by telephonic modality: 97151, 97152, 97153, 97154, and 97155.			X	Policy 8F
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 impedes 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

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
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 necessitate 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

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
NC TBI Waiver: Life Skills Training (for behavioral intervention) and Personal Care 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	NC TBI Waiver

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.

Children's Development Services Agencies

All temporary Children's Developmental Service Agencies (CDSAs) policy flexibilities outlined in COVID-19 Special Bulletins that have not been made permanent will be end-dated effective March 31, 2022.

Except where indicated below, all CDSA COVID-19 policy flexibilities documented in COVID-19 Special Bulletin #34 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
For CDSAs and applicable independent practitioners who provide individualized family service plan (IFSP) services on behalf of a CDSA, CPT codes +90785, 90791, 90832, 90834, 90837, 90839, +90840, 90846, 90847, 92507, 92521, 92522, 92523, 92524, 92526, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245 and T1023 were made permanent CDSAs and applicable independent practitioners who provide individualized family service plan (IFSP) services on behalf of a CDSA.	X			Policy 8J See NC Medicaid Telehealth Billing Code Summary for applicable provider details
For CDSAs and applicable independent practitioners who provide individualized family service plan (IFSP) services on behalf of a CDSA, CPT/HCPCS codes 92630, 92633, 96110, 96112, 96113, 96116, 96121, 96130, 96132, 96133, 97110, 97112, 97116, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 97533, 97535, 97542, 97750, 97763, 97802, 97803, 92526, H0031, H0036, H0036-HI, H0035-HM, H0036-HQ, H0036-TL, H0036-UI, and T1017 telehealth flexibilities will end on March 31, 2022.		X		Policy 8J See NC Medicaid Telehealth Billing Code Summary for applicable provider details

For additional guidance, see Medicaid Bulletin and updates to the following NC Medicaid clinical coverage policies:

- Clinical Coverage Policy 8J, Children's Developmental Service Agencies (amended Jan. 1, 2021).
- Clinical Coverage Policy 10A, Outpatient Specialized Therapies (amended Jan. 12, 2020).
- Clinical Coverage Policy 10B, Outpatient Specialized Therapies, Independent Practitioners (amended July 1, 2021)
- Clinical Coverage Policy 8C, Outpatient Behavioral Health Services by Direct-Enrolled Providers (amended Sept. 01, 2021)

For questions, please contact the Behavioral Health Section at 919 527-7630.

Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA)

All temporary Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) Policy flexibilities outlined in Medicaid Bulletin #143 and #22 have ***not*** been made permanent for the CAP waiver programs by this publication. A waiver amendment and policy revision are in progress.

All temporary Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) flexibilities that have not been made permanent that were listed in the special bulletins will be end-dated within six months after the end of the federal PHE.

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:

Community Alternatives Programs for Children and Disabled Adults Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Waiver cost limits. Service and utilization limits may be exceeded when determined service needs are directly related to PHE.	X			
Retroactive approval dates. Allows retroactive approval dates to the effective date of the Appendix K when services are needed and the waiver beneficiary, caregiver or provider is impacted by COVID-19 and cannot complete the service plan within up to 30 calendar days of the request.	X			The CAP Clinical Coverage policies (3K-1 and 3K-2) have a retroactive approval process in place. However, the COVID flexibilities, permit the service plan to be approved without a signature within up to 30 calendar days of the request.
Purchase Order. The coverage of a one-time purchase order process for each approved service to promote an on-demand quick procurement when the goods and service items listed in the Appendix K are readily available in retail.	--			*This is in review for permanent placement in policy 3K-1 and 3K-2.*
Participant goods and services. Covers disinfectant wipes, hand sanitizer and disinfectant spray for certified nursing assistants or personal assistants who can continue to render in-home, pediatric and/or nurse care to a waiver participant. Covers cloth face mask, smart devices, facial tissue, thermometer, and specific colored trash liners to distinguish dirty linen of infected household member(s) to prevent spread. Also, coverage includes non-medical transportation to Adult Day Health programs when transportation is needed and not available through the Adult Day Health program.	--			*This is in review for permanent placement in policy, 3K-1 and 3K-2.*

Community Alternatives Programs for Children and Disabled Adults Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Training/Education/Consultative Services. Covers training for the paid worker on the use of personal protective equipment (PPE) and other identified training needs specific to the care needs of waiver participants to prevent the spread of COVID-19.	--			*This is in review for permanent placement in policy, 3K-1 and 3K-2.*
Community transition. Covers a less than 90-day institutionalized Medicaid beneficiary experiencing COVID-19 symptoms who can safely transition to home and community-based placement using HCBS services.	--			*This is in review for permanent placement in policy, 3K-1 and 3K-2.*
Meals. Covers one lunch meal per day for aged and disabled adults participating in CAP/DA who are approved to receive meal preparation and delivery and their meal delivery services are suspended due to COVID-19. This service may cover one food delivery meal (e.g., Uber Eats, DoorDash, Grub Hub, frozen meal, or similar service) per day.	--			*This is in review for permanent placement in policy, 3K-1 and 3K-2.*
Home accessibility and adaptation. Covers germicidal air filters.	--			*This is in review for permanent placement in policy, 3K-1 and 3K-2.*
Case management. Cover quarterly telephonic contact with waiver participant and quarterly telephonic contact with service providers to monitor COVID-19 service plan, other essential case management needs and initial and annual telephonic assessments of level of care and reasonable indication of need.			X	Two face-to-face quarterly contacts will be required after the transition from the Appendix K flexibility.
In-home care, pediatric nurse aide, personal care assistance and congregate care. Services are not required to be used on a monthly basis. Services approved in the service plan may be rendered in various amounts, frequencies, durations, and settings, but no less than what has been approved in the service plan. Covers payment to in-home care, pediatric nurse aide, personal care assistance and congregate care to a non-live-in close relative or legally responsible person for waiver participant whose hired worker is not able to render the service because of impact from COVID-19.			X	

Community Alternatives Programs for Children and Disabled Adults Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Reassessment of need. Allows extended date for annual reassessment of need (or level of care [LOC]) when the assessment cannot be conducted due to the waiver beneficiary, caregiver or provider being directly impacted by COVID-19. Permits the waiving of the annual LOC assessment to maintain continuous enrollment in the waiver through the duration of the public health emergency.			X	
Retainer payments. Allows the authorization of retainer payments to a direct worker in the amount, frequency and duration as listed on the currently approved service plan when a waiver participant or hired worker is directly impacted by COVID-19.			X	

For questions, please contact the CAP/C or CAP/DA Section at 919-855-4340.

Dental Services

All dental flexibilities that have not been made permanent that were listed in the COVID-19 Special Bulletins #36 and #87 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:

Dental Services Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Allow provider to provider teledentistry services (D9995 Teledentistry – synchronous, real time encounter) via synchronous, live audio and video transmission when reported with oral evaluation codes D0140 or D0170.	X			
Allow the application of silver diamine fluoride (D1354 Interim caries arresting medicament application per tooth) for all ages.	--			*This is in review for permanent placement in policy.*
Allow the application of silver diamine fluoride (D1354 Interim caries arresting medicament application per tooth) for all permanent teeth (1-32).	--			*This is in review for permanent placement in policy.*
Allow provider to provider teledentistry services (D9996 Teledentistry – asynchronous, information stored and forwarded to dentist for subsequent review) when reported with oral evaluation codes D0140 or D0170.	--			*This is in review for permanent placement in policy.*
Allow the topical application of fluoride varnish (D1206) for all ages.		X		This reverts to the original coverage for D1206 under age 21.
Allow the topical application of fluoride varnish (D1206) once per three calendar month period (approximately every 90 days) for patients at high risk for caries (active disease or previous caries related treatment).		X		This reverts to the original coverage for D1206 to every six calendar months.
Allow the application of silver diamine fluoride (D1354 Interim caries arresting medicament application per tooth) for all ages.		X		This reverts to the original coverage for D1354 for ages 1-5.
Allow the application of silver diamine fluoride (D1354 Interim caries arresting medicament application per tooth) for all primary teeth (A-T) and permanent teeth (01-32).		X		This reverts to the original coverage for D1354 for primary teeth (A-T) and permanent first molars (3-14-19-30).

Dental Services Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Allow provider to patient teledentistry services (D9995 Teledentistry – synchronous, real time encounter) via synchronous, live audio and video transmission when reported with oral evaluation codes D0140 or D0170.		X		
Allow provider to patient teledentistry services (D9996 Teledentistry – asynchronous, information stored and forwarded to dentist for subsequent review) via synchronous, live audio and video transmission when reported with oral evaluation codes D0140 or D0170.		X		
Allow provider to patient teledentistry services (D0999 telephone or audio-only encounters) that do not result in a diagnosis.		X		

For questions, please contact the Dental Program 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.

End Stage Renal Disease (ESRD) Services

End Stage Renal Disease (ESRD) service flexibilities outlined in COVID-19 Special Bulletins have been made permanent in NC Medicaid Clinical Coverage Policy, 1A-34, Dialysis Services.

Please see the below table with a summary of the flexibilities which were made permanent.

Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Provision of End Stage Renal Disease (ESRD) services, including monthly/daily capitation services and training conducted via **telemedicine interactive audio-visual communication for** new and established patients. **NC Medicaid-** CPT codes 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, and 90993 **NC Health Choice-** CPT Codes 90954, 90955, 90956, 90957, 90958, 90959, 90964, 90965, 90968, 90969, 90989, and 90993	X			Refer to NC Medicaid Clinical Coverage Policy, 1A-34, Dialysis Services.

For questions, please contact the Medical Health Section at 919-527-7660.

Family Planning

All temporary 1E-7, Family Planning Services Policy flexibilities outlined in COVID-19 Special Bulletins # 54, 86, and 156 that have ***not*** been made permanent for MAFDN Family Planning Medicaid beneficiaries by this publication date will be end-dated effective March 31, 2022, for MAFDN Family Planning Medicaid beneficiaries.

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**
Established Patient Evaluation and Management visits via telehealth (CPT codes 99212. 99213, 99214 and 99215)	X			
Office Consultations via telehealth (CPT codes 99241, 99242, 99243, 99244, 99245)	X			
Removing the Annual Comprehensive Preventive Medicine Examination requirement and replacing with an Annual Assessment requirement.	--			*This is in review for permanent placement in policy.*
Telephonic Evaluation and Management via telehealth (CPT codes 99441, 99442 and 99443)		X		
New Patient Evaluation and Management via telehealth (CPT codes 99201, 99202, 99203, 99204 and 99205)		X		

For questions, please contact the Medical Health Section at 919-527-7660.

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 440.70, Licensed Practitioners, as defined by CMS. (Bulletin #72).	--			*This is in review for permanent placement in policy.*
Coverage for pulse oximetry monitoring device HCPCS code E0445 (Bulletin# 52)	--			*This is in review for permanent placement in policy.*
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.

Home Infusion Therapy (HIT)

All temporary Home Infusion Therapy 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)	X			
Two additional drug categories: Immunotherapy (S9338) and Hydration (S9376 and S9377) (Bulletin #26)	--			*This is in review for permanent placement in policy.*
Coverage for automatic blood pressure monitors HCPCS code A 4670 (Bulletin #29)	--			*This is in review for permanent placement in policy.*

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

Hospice

All temporary Hospice 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
Waived requirement for a nurse to conduct onsite supervisory visits every two (2) weeks, allowing them to be conducted utilizing eligible technologies that allow the supervising nurse to remotely communicate and evaluate services rendered. Allowing these described methods of eligible technologies in all areas of Hospice so long as it is part of the patient's plan of care and does not replace needed in-person visits. (Bulletin #81)		X		
Waived the requirement to send to NC Medicaid for prior approval for third and subsequent benefit periods, however, continue the same processes for eligibility. (Bulletin #81)		X		
Waiving the requirement to fax PA confirmation sheet to NC Medicaid; however, election statement must continue to be uploaded to NC Medicaid as required by Hospice Policy: section: 5.12.4. (Bulletin #81)		X		
For Hospice Providers Working with a SNF not designated as a COVID Outbreak or COVID: Response site continued to be reimbursed at 95% of the rate for the SNF in which they were providing services. (Bulletin #100)		X		
For Hospice Providers Working with a SNF designated as a COVID Outbreak or COVID: Response site must follow rate increase requirements outlined in Bulletin #100 to be reimbursed at 95% of the rate for these SNFs. (Bulletin #100)		X		

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

NC Medicaid Optional Eligibility Group (Includes MAFDN Family Planning Medicaid and Uninsured MCV Beneficiaries)

All temporary NC Medicaid Optional Eligibility Group policy flexibilities outlined in COVID-19 Special Bulletins will be end-dated with the end of the Federal Public Health Emergency.

Please see the below table with a summary of the flexibilities which will end on the last day of the Federal Public Health Emergency:

Provision	Made into Permanent Policy	Sunsetting March 31, 2022	Ending at/after Federal PHE	Comments
Laboratory Services for COVID-19 Testing. CPT/HCPCS codes 87811, 86408, 86409, U0001, U0002, U0003, U0004, U0005, 87426, 87428, 87635, 87636, 87637, 0225U, 0226U, 0240U, 0241U, 86328, 86769, 36415, C9803, G2023, and G2024			X	
COVID Vaccine Booster Administration. CPT codes 91300, 0001A, 0002A, 0003A, 0004A, 91301, 0011A, 0012A, 0013A, 91303, 0011A, 0012A, 0031A, 0034A, 0064A, 0071A, 0072A, 91305, 91306, M0201			X	
COVID Monoclonal Antibody Administration. CPT codes M0220, M0221, M0239, M0240, M0241, M0243, M0244, M0245, M0246, M0247, M0248, M0249, M0250			X	
COVID Vaccination Counseling. Preventative medicine counseling and/or risk factor reduction intervention (s) provided to an individual, up to 15 minutes (CPT 99401)			X	
Treatment of COVID-19 with coverage guidelines outlined in Special Bulletin COVID-19 #206: Coverage for COVID-19 Treatment for NC Medicaid Optional Eligibility Group			X	

For questions, please contact the Medical Health Section at 919-527-7660.

Nursing Facility

All temporary nursing facilities policies outlined in COVID-19 Special Bulletins #15, #34, #46, #79, and #103 that have not been made permanent 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
Allowing SNFs to bill for Telehealth as the originating site	X			
Allowance for Remote MDS validations via Myers and Stauffer	--			*This is in review for possible permanent placement in policy.*
Allowance for Remote Level 2 PASRR Assessments		X		
Telehealth provisions for SNF physicians, nurse practitioners, and physician assistants and codes 99307, 99308, 99309, and 99310 as outlined in Special Bulletin #103		X		
Waived requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility stay			X	
Coverage for certain beneficiaries who recently exhausted their SNF benefits renewed without first having to start a new benefit period			X	
Temporary suspension of Level I and II Preadmission Screening and Resident Reviews (PASRRs) for new admissions for 30 days during the COVID-19 public health emergency.			X	
Waiving the requirement of PASRR Number on PA			X	

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

Obstetrical Services

1E-5, Obstetrical Services 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:

Obstetrical Services Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Maternal Support Services: Birthing Classes, Nonphysician Provider, Per Session **via telemedicine interactive audio-visual communication (**HCPCS Code S9442)	X			Refer to NC Medicaid Clinical Coverage Policy 1M-2, Childbirth Education
Perinatal Care: Provision of perinatal (antepartum or postpartum) visits **to be conducted via telemedicine interactive audio-visual communication** to a new or established patient. **Global/Package Billing:** CPT codes 59400, 59510, 59410, 59515, 59425, 59426, 59430 **Individual Prenatal Visit Billing:** Evaluation and Management Codes 99202-99205 (New Patient) and 99211-99215 (Established Patient) **FQHC, FQHC Look-Alike or RHC Billing:** Core HCPCS code T1015	--			*This is in review for permanent placement in policy.*
Perinatal Care: Hybrid telemedicine with supporting home visit for perinatal services. **Global/Package Billing:** Originating site facility HCPCS code Q3014 billed in conjunction with global package codes 59400, 59510, 59410, 59515, 59425, 59426, or 59430 **FQHC, FQHC Look-Alike or RHC Billing:** Originating site facility HCPCS code Q3014 billed in conjunction with T1015 **Individual Prenatal Visit Billing:** Originating site facility HCPCS code Q3014 billed in conjunction with the appropriate home visit CPT code 99347-99350	--			*This is in review for permanent placement in policy.*

Obstetrical Services Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Postpartum Depression Screening: Brief emotional/behavioral assessment [e.g., depression inventory, attention-deficit hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument **provided via telemedicine interactive audio-visual communication** to a new or established patient. (CPT Code 96127- Billed by the mother's provider)	--			*This is in review for permanent placement in policy.*
Postpartum Depression Screening: Administration of caregiver-focused health risk assessment instrument (e.g., 'health hazard appraisal'), for benefit of the patient, with scoring and documentation per standardized instrument **provided via telemedicine interactive audio-visual communication** to a new or established patient. (CPT Code 96161- Billed by the child's provider)	--			*This is in review for permanent placement in policy.*
Smoking and Tobacco Cessation: Provision of smoking and tobacco cessation counseling to be conducted completed **via telemedicine interactive audio-visual communication for** obstetrical patients. CPT codes 99406 and 99407	--			*This is in review for permanent placement in policy.*
Maternal Support Services: Home Visit for Postnatal Assessment **via telemedicine audio-visual communication** (CPT Code 99501)		X		
Maternal Support Services: Home Visit for Newborn Care and Assessment **via telemedicine audio-visual communication** (CPT code 99502)		X		

For questions, please contact the Medical Health Section at 919-527-7660.

Optical (Eyeglasses) and Hearing Aid

All temporary Optical (eyeglasses) and Hearing Aid policy flexibilities outlined in COVID-19 Special Bulletin #40 will be end-dated effective March 31, 2022. Effective April 1, 2022, Optical and Hearing Aid providers will discontinue shipping eyeglasses and hearing aids to beneficiaries and submitting claims for shipping fees. NCTracks will no longer pay claims for shipping fees with date of service on or after April 1, 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**
Allow providers to ship replacement eyeglasses and hearing aids to beneficiaries during the State of Emergency and submit claims for shipping charge reimbursement.		X		Policies 6A, 6B, and 7

For questions, please contact the Optical/Hearing Aid Section via e-mail at Medicaid.COVID19@dhhs.nc.gov.

Optometry

All Optometry COVID-19 policy flexibilities documented in SPECIAL BULLETIN COVID-19 #41: Telehealth Clinical Policy Modifications – Optometry Services will be end-dated effective March 31, 2022.

Please see the below table with a summary of the flexibilities which 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
Office or Other Outpatient Services delivered via telehealth between an optometrist and an established patient (CPT codes 99211, 99212, 99213, 99214, 99215)		X		
Virtual Patient Communications between an optometrist and an established patient (CPT codes G2012, 99421, 99422, 99423, 99441, 99442, 99443)		X		
Interprofessional Consultations conducted via telephone/internet/electronic health records between an optometrist and a qualified health professional (CPT codes 99446, 99447, 99448, 99449)		X		

For questions, please contact the Medical Health Section at 919-527-7660.

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.

Personal Care Service

All temporary Personal Care Service (PCS) policy flexibilities established in COVID-19 Special Bulletin #30, COVID-19 Special Bulletin #58 and COVID-19 Special Bulletin #73 will be end-dated effective March 31, 2022 without exception.

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
Use of telephonic assessments in place of in-person assessments.		X		
Use of virtual real-time supervisory visits in place of in-person.		X		
Use of telephonic mediation and appeal resolution.		X		
Extension from 90 days to 120 days for the requirement to meet with practitioner in the preceding period for new referrals.		X		
Acceptance of electronic physician signatures for referrals.		X		
Authorization for In-Home PCS delivered in a temporary alternate primary private location.		X		
Acceptance of electronically submitted documentation which would typically be reviewed during face-to-face assessment.		X		
In situations where beneficiary or legally responsible person's written consent cannot be attained, acceptance of a "verbal signature" or "verbal concurrence".		X		

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

Pharmacy

All temporary Pharmacy flexibilities that have not been made permanent that were listed in the COVID-19 Special Bulletins and relayed via Pharmacy Newsletters will be end-dated effective March 31, 2022. One area of the pharmacy program that was suspended will be restarted April 1, 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
Allow up to 90-day supply of most non-controlled maintenance medications	X			
Addition of mailing or delivery fees to certain prescriptions, subject to restrictions	X			
Allow up to 90-day supply of Schedule 2 stimulant and Medicated Assisted Treatment medications		X		This reverts to "up to 34-day supply".
Allow early refill of certain medications due to the public health emergency		X		
Allow up to 14-day supply of emergency fills for prescriptions waiting on prior authorization (reverting back to three days) and lock-in emergency fills (reverting back to four days)		X		Emergency fills reverts to three days' supply. Lock-in emergency fills reverts to four days' supply.
Pharmacy clinical behavioral health edits were temporarily suspended		X		Edits will resume on April 1, 2022.

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

Pregnancy Management Program (formerly Pregnancy Medical Home)

1E-6, Pregnancy Management Program 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**
Provision of Pregnancy Medical Home Risk Screening (incentive code S0280) to be completed **via telemedicine interactive audio-visual communication** for new and established patients.	--			*This is in review for permanent placement in policy.*
Provision of postpartum care for billing the Pregnancy Medical Home Postpartum Incentive (code S0281) to be conducted via **telemedicine interactive audio-visual communication**.	--			*This is in review for permanent placement in policy.*
Provision of Pregnancy Medical Home Risk Screening (incentive code S0280) to be completed **via telephone call, or online patient communication** for new and established patients.		X		

For questions, please contact the Medical Health Section at 919-527-7660.

Private Duty Nursing

All temporary Private Duty Nursing flexibilities that have not been made permanent that were listed in 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 and pulse oximeters HCPCS code E0445 (Bulletin #52) Updated in DME policies 5A-2 and 5A-3 effective Oct. 1, 2020 and *HH fee schedule weight scales	X			
Coverage for automatic blood pressure monitors HCPCS code A4670 (Bulletin #29) Updated in DME policy 5A-3 effective Oct, 1, 2020 and HH fee schedule	X			
Coverage for pulse oximetry device HCPCS code E0445 (Bulletin #52)	--			*This is in review for permanent placement in policy.*
Lifting PA requirement obtained when additional PDN hours are needed to cover unscheduled school closures for beneficiaries that have a current PDN PA certification. (Bulletin #5)		X		
PDN beneficiaries not using nursing services during the pandemic, leaving PA in pended status vs discharging. (Bulletin #38)		X		
Approving PAs in pending status for validation of primary insurance. (Bulletin #57)		X		
Allow Supervisory visits to be conducted utilizing eligible technologies that allow the supervising Registered Nurse to remotely communicate and evaluate PDN services rendered. (Bulletin #57)		X		
Lifting the PA requirement for short-term increase in PDN hours (up to 4 weeks) for any PDN beneficiary that has a current PDN PA certification. (Bulletin #5)		X		

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

Program of All-Inclusive Care for the Elderly (PACE)

Some temporary Program of All-Inclusive Care for the Elderly (PACE) policy flexibilities noted below will be end-dated effective March 31, 2022. PACE temporary flexibilities are documented in COVID-19 Special Bulletins #27, #47, #145, and #197. PACE organizations should continue to follow its Emergency Preparedness and Infection Control Plans as applicable.

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**
Option to temporarily suspend new enrollments		X		
Delay of an enrollment in the event the PACE organization cannot complete the Initial Health and Safety Assessment		X		
Closure of the Adult Day Health portion of the PACE Center		X		
Suspension or reduction of the Adult Day Health operations		X		
Limiting PACE Center attendance		X		
Suspension of onsite visits by NC Medicaid PACE unit staff. Onsite visits will occur as needed		X		
Use of Remote Technology			X	
Flexibilities on Signature Requirements			X	

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

Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring service flexibilities outlined in COVID-19 Special Bulletins have been made permanent in NC Medicaid Clinical Coverage Policy 1H Telehealth, Virtual Communications and Remote Patient Monitoring (https://medicaid.ncdhhs.gov/media/8350/open Please see the below table with a summary of the flexibilities which were made permanent.

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**
Remote Physiologic Monitoring CPT Codes 99457 and 99458	X			

For questions, please contact the Medical Health Section at 919-527-7660.

Smoking and Tobacco Cessation Counseling

Smoking and Tobacco Cessation Counseling 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**
Provision of smoking and tobacco cessation counseling to be conducted completed **via telemedicine interactive audio-visual communication.** CPT codes 99406 and 99407	--			*This is in review for permanent placement in policy.*

For questions, please contact the Medical Health Section at 919-527-7660.

Well Child Visits

All temporary Well Child Visit 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.

Except where indicated below, all Well Child Visit COVID-19 policy flexibilities documented in SPECIAL BULLETIN COVID-19 #66: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Well Child Visits 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:

Well Child Visits Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Postpartum Depression Screening: Brief emotional/behavioral assessment [e.g., depression inventory, attention-deficit hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument **provided by telemedicine interactive audio-visual communication** to a new or established patient. (CPT Code 96127- Billed by the mother's provider)	--			*This is in review for permanent placement in policy.*
Postpartum Depression Screening: Administration of caregiver-focused health risk assessment instrument (e.g., health hazard appraisal), for benefit of the patient, with scoring and documentation per standardized instrument **provided by telemedicine interactive audio-visual communication** to a new or established patient. (CPT Code 96161- Billed by the child's provider)	--			*This is in review for permanent placement in policy.*
Well child preventive medicine evaluation and management services for children under 24 months when provided by **telemedicine, interactive audio-visual communication**. (CPT codes 99381, 99382, 99391 and 99392)		X		
Well child preventive medicine evaluation and management services for children age two and older when provided by **telemedicine, interactive audio-visual communication**. (CPT codes 99382, 99283, 99384, 99385, 99392, 99393, 99394, and 99395)		X		
Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument when provided by **telemedicine, interactive audio-visual communication**. (CPT code 96110)		X		

Well Child Visits Provision	**Made into Permanent Policy**	**Sunsetting March 31, 2022**	**Ending at/after Federal PHE**	**Comments**
Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument when provided **by telemedicine, interactive audio-visual communication**. (CPT code 96160)		X		
Counseling for vaccine administration, immunization administration through 18 years of age by any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered when provided by **telemedicine, interactive audio-visual communication**. (CPT code 90460)		X		

For questions, please contact the Medical Health Section at 919-527-7660.