

## **WRITTEN SECTION REPORTS**

---

# CLINICAL POLICY AND PROGRAMS REPORT

---

REPORT PERIOD MARCH 2, 2020 THROUGH MAY 29, 2020

## 1. Policies Presented to the N.C. Physician Advisory Group (PAG)

The Pharmacy & Therapeutic Committee met on 03/10/2020 & 04/14/2020

The N.C. Physician Advisory Group met on 03/26/2020 & 04/23/2020

### **Recommended Pharmacy**

- Prior Approval Criteria- Movement Disorders- 03/26/2020
- Annual PDL Changes- 03/26/2020
- Prior Approval Criteria Non-Steroidal Anti-Inflammatory Drugs- 04/23/2020
- Prior Approval Criteria- Epidiolex- 04/23/2020
- Prior Approval Criteria- Oral Iron Chelators-04/23/2020
- Prior Approval Criteria- Calcitonin Gene Related Migraine Drugs- 04/23/2020
- Prior Approval Criteria- Sedative Hypnotics- 04//23/2020
- Prior Approval Criteria- Zolgensma- 04/23/2020

### **Recommended Clinical Coverage Policies**

- 8-P, North Carolina Innovations - 03/26/2020
- 1K-7, Prior Approval for Imaging Services - 04/23/2020

### **PAG Notifications**

- COVID-19 policy updates:  
The board was notified of a wide range of temporary clinical policy modifications underway as a result of the COVID-19 pandemic. NC Medicaid has the authority to bypass PAG's review under the governor's emergency order. The updates are rolling out in phases, but all coverage changes will be retroactive back to March 10. The board expressed support for Medicaid's creative and comprehensive work in updating its policies. - 03/26/2020
- Outpatient Pharmacy Changes due to COVID-19 : The board was notified of temporary outpatient pharmacy changes as a result of the COVID-19 pandemic, including 90 day prescriptions, early refills to allow syncing of prescriptions and extending to 14 days the supply available while awaiting prior authorization approval of a prescription. - 04/23/2020

## 2. Policies Posted for Public Comment

- Prior Approval Criteria Gocovri, Osmolex ER, and Inbrija 3/20/20 - 5/4/2020
- Prior Approval Criteria Antimigraine Agents 3/20/20 - 5/4/2020
- Prior Approval Criteria Xifaxan 3/20/20 - 5/4/2020
- Prior Approval Criteria Pulmozyme 3/20/20 - 5/4/2020
- Prior Approval Criteria Sickle Cell Anemia Agents 3/20/20 - 5/4/2020
- Prior Approval Criteria Arikayce 3/20/20 - 5/4/2020
- Prior Approval Criteria Hepatitis C Virus Medications 3/19/2020 - 5/3/2020
- Prior Approval Criteria Acthar Gel 3/19/2020 - 5/3/2020
- Prior Approval Criteria Antinarcoplepsy/Antihyperkinesis Agents 3/19/2020 5/3/2020
- Prior Approval Criteria Exondys 51 and Vyondys 3/19/2020 - 5/3/2020
- Prior Approval Criteria Gattex 3/19/2020 - 5/3/2020
- Prior Approval Criteria Growth Hormones 3/19/2020 - 5/3/2020
- Patient Pharmacy Prior Approval Criteria Systemic Immunomodulators 3/19/2020 - 5/3/2020
- Prior Approval Criteria Juxtapid® (lomitapide) 3/19/2020 - 5/3/2020

- Prior Approval Criteria- Movement Disorders- 05/07/2020-06/21/2020
- Annual PDL Changes- 05/07/2020-06/21/2020
- Prior Approval Criteria Non-Steroidal Anti-Inflammatory Drugs- 05/20/2020-07/04/2020
- Prior Approval Criteria- Epidiolex- 05/20/2020-07/04/2020
- Prior Approval Criteria- Oral Iron Chelators-05/20/2020-07/04/2020
- Prior Approval Criteria- Calcitonin Gene Related Migraine Drugs- 05/20/2020-07/04/2020
- Prior Approval Criteria- Sedative Hypnotics- 05/20/2020-07/04/2020
- Prior Approval Criteria- Zolgensma- 05/20/2020-07/04/2020
- Prior Approval Criteria- Movement Disorders- 05/20/2020-07/04/2020
- 1K-7, Prior Approval for Imaging Services 5/21/2020 – 7/05/2020

**3. New or Amended Policies Posted to Medicaid Website**

- 3K-2, Community Alternatives Program for Disabled Adults (CAP/DA) - 3.1.2020
- 3K-1, Community Alternatives Program for Children (CAP/C) - 5.1.2020

**New or Amended PA Criteria Posted**

- Prior Approval Criteria Chloroquine and Hydroxychloroquine- 03/27/2020
- Prior Approval Criteria Hepatitis C Medications- 04/21/2020
- Prior Approval Criteria Opioid Analgesics- 05/13/2020
- Prior Approval Criteria- PCSK9- 05/21/2020

**4. Pharmacy Program**

**In response to the COVID-19 public health emergency, the Pharmacy program instituted the following changes for Medicaid and NC Health Choice beneficiaries.**

3/13/2020

- Allow up to 90-day supply fills and refills for most non-controlled substance medications (without a need for a previous 30-day supply fill)
- Allow for early refills of most non-controlled substances, subject to pharmacist clinical judgement
- Allow up to 14-day supply of a medication waiting on prior authorization
- Allow up to 14-day supply of an emergency lock-in prescription (still limited to once per beneficiary per year)
  - However, we encourage providers to contact the NC Tracks call center to temporarily change a beneficiary’s lock-in prescriber or pharmacy in an emergency situation

3/20/2020

- Changed all behavioral health clinical edits to “pay and report” only, removing administrative burden on pharmacies and prescribers

3/20/2020

- The following new and established patient **office or other outpatient service** and **office and inpatient consultation codes**, when provided via telemedicine or telepsychiatry, may be billed by physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners (CPPs).

Codes		
99201	99213	99245
99202	99214	99251
99203	99215	99252
99204	99241	99253
99205	99242	99254
99211	99243	99255
99212	99244	T1015(+)

3/25/2020

- **Short- acting beta agonist inhalers:** We have moved several Non-Preferred albuterol HFA inhalers (as well as branded Xopenex inhalers) to Preferred status due to drug shortage issues. Preferred options will now be: **Proair HFA (original), Proair RespiClick, Proventil HFA, all generic albuterol HFA inhalers, Ventolin HFA inhalers, and Xopenex HFA (branded only) inhalers.**

03/27/2020

- We began requiring Prior Authorization for chloroquine and hydroxychloroquine. This change includes a claims lookback and diagnosis lookback to allow beneficiaries who have an FDA approved diagnosis on file and/or who have filled a recent prescription to access the medications without the need for a prior authorization.

04/06/2020

- Allow up to 90-day supply of Schedule 2 stimulant medications primarily used for ADD/ADHD (i.e. Adderall, methylphenidate, etc.)
- Allow up to 90-day supply of Medication Assisted Treatment (MAT) medications in the point of sale pharmacy system (i.e. Suboxone)

04/29/2020

- To encourage social distancing (especially for our most vulnerable populations) and to assist providers who have incurred additional costs during COVID-19 the following fees that a provider pharmacy could charge were added, with limitations:
  - Add a mailing fee to retail pharmacy claims of \$1.50
  - Add a person-to-person delivery fee to retail pharmacy claims of \$3.00

05/14/2020

- A 5 percent provider fee increase passed as part of the N.C. General Assembly's COVID-19 legislative package in the following Pharmacy areas:
  - Traditional drug dispensing fees (i.e. \$13, \$7.88, \$3.98)
  - Several Physician Drug Program products
  - Diabetic Supplies
  - Traditional drug 340-B dispensing fees (i.e. \$13, \$7.88, \$3.98)
  - All fee increases were put in place with a retroactive effective date of 03/01/2020

## **5. COVID-19 Clinical Coverage Response Information**

**Beginning March 2020 NC Medicaid has created and implemented 90+ COVID-19 Special Medicaid Bulletins. Please visit [COVID-19 Special Medicaid Bulletins](#) to review bulletins.**

**In response to the COVID-19 public health emergency, NC Medicaid has instituted telehealth billing codes for clinical coverage policies. Visit [NC Medicaid Telehealth Billing Code Summary](#) to review codes.**

## **6. Durable Medical Equipment and Supplies, and Orthotics & Prosthetics (DMEPOS)**

March 2 – May 29, 2020

In response to the COVID-19 public health emergency, the DMEPOS program added the following items for Medicaid and HealthChoice coverage based on a prescriber's determination of medical necessity and without requiring prior authorization:

- Surgical masks (HCPCS code A4928), effective March 13, 2020.
- Automatic blood pressure monitors (HCPCS code A4670), effective March 30, 2020.
- Weight scales (HCPCS code E1639), effective retroactively to March 10, 2020.
- Portable pulse oximeters for purchase (HCPCS code E0445), effective retroactively to March 10, 2020.

In addition, the following temporary flexibilities were instituted to help facilitate the distribution of medically necessary equipment and supplies to Medicaid and HealthChoice beneficiaries at home, effective retroactively to March 1, 2020:

- Prior authorization requirements were suspended for oxygen equipment, ventilators, CPAPs, respiratory assist devices, nebulizers and related supplies.
- Prior authorization requirements were suspended for cough stimulating devices, percussors and apnea monitors.
- Prior authorization requirements were suspended for non-preferred brand blood glucose testing supplies and for reauthorizations of continuous glucose monitoring systems.
- Monthly quantity limits were removed from sterile/non-sterile gloves and incontinence supplies.
- Monthly quantity limits were removed from respiratory equipment and supplies.
- Monthly quantity limits were removed from urinary catheters, ostomy supplies, gastrostomy and nasogastric tubes, enteral formula and blood glucose testing supplies.

### **Continuous Glucose Monitoring Systems Coverage Transition:**

Effective July 1, 2020, coverage of therapeutic Continuous Glucose Monitoring (CGM) products will transition from the Durable Medical Equipment (DME) Program to the Outpatient Pharmacy Point of Sale Program. The products will be included on the NC Medicaid and Health Choice Preferred Drug List (PDL). To help ensure a smooth transition, prior authorizations (PAs) obtained through the DME program for therapeutic CGM products that are active at the time of transition will be converted to pharmacy PAs in NC Tracks. Coverage of non-therapeutic CGM products will not transition and will remain under the DME program and billing for these supplies should continue through the DME program.

Beginning July 1, 2020, new and existing therapeutic CGM users must obtain their CGM supplies from an enrolled NC Medicaid pharmacy provider of their choice. All claims for therapeutic CGM products will be processed through pharmacy Point of Sale (POS) billing. Therefore, all CGM products will require an active and valid prescription at the filling pharmacy on file. The PDL Preferred therapeutic CGM products will be the Dexcom G5 and G6. The Freestyle Libre will be Non-Preferred. Pharmacies are encouraged to order sufficient inventory of the CGM products to satisfy beneficiary demand during this transition.

### **7. Outpatient Specialized Therapies/Local Education Agencies (LEAs)**

March 2 – May 29, 2020:

In response to the COVID-19 public health emergency, the Outpatient Specialized Therapies program instituted the following temporary flexibilities for Medicaid and HealthChoice beneficiaries:

- Prior authorization requirements were suspended for outpatient Respiratory Therapy provided through the Independent Practitioner Provider (IPP) program, effective retroactively to March 1, 2020.
- Select evaluation and treatment CPT codes were modified to allow telehealth billing for outpatient physical therapy, occupational therapy, speech & language therapy, audiology and respiratory therapy, effective retroactively to March 10, 2020.
- Select evaluation and treatment CPT codes were modified to allow telehealth billing for services provided by LEAs to Medicaid students including physical therapy, occupational therapy, speech & language therapy, audiology, psychology and counseling, effective retroactively to March 10, 2020.

### **8. Long-Term Services and Supports (LTSS)**

#### **Comprehensive Independent Assessment Entity (CIAE)**

On April 24, 2020, The Department of Health and Human Services & The Division of Health Benefits (Department) cancelled the award of Comprehensive Independent Assessment Entity (CIAE) Services contract to Keystone Peer Review Organization, Inc. (KEPRO).

The contract was awarded to KEPRO on Jan. 30, 2020. On Feb. 28, 2020, Liberty Healthcare Corporation (Liberty) protested the award of CIAE RFP #30-190367-DHB to KERPO. The Department held a protest meeting with Liberty on

April 16, 2020. Following the protest meeting, the Department cancelled the award pursuant to Section II.B.6.b of the RFP.

The Department is in the process of extending existing contracts for independent assessments and has not yet determined the timeframe for issuing a new RFP for CIAE services.

## 9. **Behavioral Health IDD Section**

### **Behavioral Health Clinical Policy Updates:**

Researched Based Behavioral Health Interventions (RBBHT for Autism Spectrum Disorders (ASD) – will be submitting a SPA to allow for telephonic provision of codes 97156 and 97157.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) – will be submitting a SPA to increase the number of Therapeutic Leave Days from 60 days per year to 120 days per year.

NC Medicaid has temporarily modified its Behavioral Health Clinical Coverage Policies to better enable the delivery of care in response to the COVID-19 Pandemic.

These temporary changes are retroactive to March 10, 2020 for State Plan services. and will end the earlier of the cancellations of the North Carolina state of emergency declaration or when the policy modification is rescinded. When the temporary modifications end, all prior service requirements will resume. Information on these changes can be found in the following bulletins:

[SPECIAL BULLETIN COVID-19 #76: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Behavioral Health Service Flexibilities – \(b\)\(3\) Services](#)

[SPECIAL BULLETIN COVID-19 #59: Telehealth Clinical Policy Modifications - Outpatient Behavioral Health Services](#)

[SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities](#)

[SPECIAL BULLETIN COVID-19 #45: Increase in Therapeutic Leave Days for ICF/IDD Facilities Due to COVID-19](#)

[SPECIAL BULLETIN COVID-19 #35: Telehealth Clinical Policy Modifications – Enhanced Behavioral Services](#)

[SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes](#)

[SPECIAL BULLETIN COVID-19 #20: Telehealth Provisions for Enhanced Behavioral Health Services](#)

### **Innovations and TBI waivers:**

We have also instituted flexibilities to our Innovations and TBI waivers through Appendix K submissions which have been approved by the Centers for Medicare and Medicaid Services (CMS) and well as through Clinical Policy changes. Information on these flexibilities can be found at the following links:

[SPECIAL BULLETIN COVID-19 #75: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Behavioral Health Service Flexibilities – Innovations and TBI Waivers Appendix K and Developmental Disability State Funded Benefit Plans](#)

[SPECIAL BULLETIN COVID-19 #63: NC Innovations and NC TBI Waivers Community-Based Services \(HCBS\) Flexibilities – Retainer Payments](#)

## 10. Dental Services

### Teledentistry Policy Changes

Following the declaration of the national State of Emergency, the Centers for Disease Control and Prevention (CDC), American Dental Association (ADA) and the Centers for Medicare and Medicaid Services (CMS) recommended that dentists in the US restrict the clinical services they provide to patients with urgent or emergent care needs. NC Medicaid and NC Health Choice teledentistry covered services were expanded in response to the COVID-19 pandemic to assist dental providers in their contact with beneficiaries complaining of urgent or emergent dental problems.

Effective March 10, 2020, the following policy modifications were made related to teledentistry services. “Teledentistry” refers to the use of telehealth systems and methodologies in dentistry.

### Guidance for Teledentistry Codes

- **D0999 unspecified diagnostic procedure, by report**--Teledentistry encounters without live video, recorded video and/or digital photos. Teledentistry code **D0999** was added for telephone or audio-only encounters between dentists and patients that do not result in a diagnosis.
- **D9995 teledentistry – synchronous; real-time encounter**--Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. Under this clinical policy modification, NC Medicaid and NC Health Choice expanded this previously covered service to include provider-to-patient teledentistry encounters. A dentist is not required to be present with a patient during provider-to-patient synchronous teledentistry encounters. This code can be billed for both provider to provider and provider to patient encounters.
- **D9996 teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review**--Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service. Under this clinical policy modification, NC Medicaid has added a new teledentistry code, **D9996**, to cover and reimburse for asynchronous teledentistry encounters, such as store and forward or eConsults. This code can be billed for both provider to provider and provider to patient encounters.

Effective March 10, 2020, the following guidance was issued to providers concerning covered oral evaluation services reported in addition to the expanded teledentistry services.

### Guidance for Oral Evaluation Codes

- **D0140 limited oral evaluation – problem focused**--An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures.
- **D0170 re-evaluation – limited, problem focused (established patient; not post-operative visit)**  
--Assessing the status of a previously existing condition.

For synchronous and asynchronous teledentistry encounters, dentists may report one of the oral evaluation codes above if the transmission includes enough live video, recorded video or images communicated via a mobile communication device to allow the dentist to make a diagnosis.

### Preventive Services Policy Changes

CDC also issued recommendations to dental health care personnel (DHCP) regarding the need to delay aerosolizing dental treatment following the onset of the COVID-19 pandemic. NC Medicaid implemented temporary clinical policy

changes that will allow DHCP to provide non-surgical preventive dental services to Medicaid and NC Health Choice beneficiaries. These temporary policy changes were applied in the NCTracks system with a retroactive effective date of March 10, 2020.

### **Guidance for Preventive Codes**

- **D1206 topical application of fluoride varnish**-- Allow the topical application of fluoride varnish for all ages (previously allowed for beneficiaries 0-20 years old). Allow once per three calendar month period or approximately every 90 days (previously allowed once per six calendar month period) for patients at high risk for caries (e.g., active disease or previous caries-related treatment).
- **D1354 interim caries arresting medicament application – per tooth**--Allow the application of interim caries arresting medicaments such as silver diamine fluoride (SDF) for beneficiaries of all ages (previously allowed for beneficiaries 1-5 years old). In addition, allow the application of interim caries arresting medicaments (such as SDF) for all primary teeth (A-T) and permanent teeth (01-32). Prior to March 10, 2020, **D1354** was allowed for all primary teeth (A-T) and permanent first molars (3, 14, 19 and 30).

## **11 Optical and Hearing Aid Services**

### **Reduction of in-person visits for replacement visual aids and hearing aids**

Due to COVID-19 and the Federal State of Emergency, the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the American Optometric Association (AOA) recommended that vision providers limit care to emergency services, only. Although telehealth is not applicable to NC Medicaid and Health Choice routine optical services, in an effort to reduce in-person visits, effective March 10, 2020, optical providers were permitted to accept requests for replacement visual aids by telephone, ship the visual aids to beneficiaries, and bill NC Medicaid for shipping charges. The same notification and delivery exceptions were made for NC Medicaid and Health Choice providers for the delivery of hearing aids and hearing aid supplies. Policy revisions were not necessary, and the delivery of replacement visual aids and hearing aids increased with the implementation of notification and delivery exceptions.

Related clinical coverage policies:

- 6A, Routine Eye Examination and Visual Aids for Beneficiaries Under 21 Years of Age
- 6B, Routine Eye Examination and Visual Aids for Beneficiaries 21 Years of Age and Older
- 7, Hearing Aid Services



## PROVIDER SERVICES REPORT

---

Since our last report to the MCAC, Provider Operations has been working from home, along with all of DHB, in response to Governor Cooper's March 10, 2020 Executive Order 116, declaring a state of emergency due to the COVID-19 outbreak.

We have been working with peers, partners, and leadership to respond to the many needs of NC Medicaid providers during the COVID-19 Public Health Emergency. For example, for every clinical policy modification written, we've created call scripts for the NCTracks Call Center to assist the call center staff in responding to inquiries. We also developed and implemented an Emergency Enrollment Application for health care providers not currently enrolled to expedite their enrollment and participation by temporarily waiving specific requirements, as permitted under Section 1135 of the Social Security Act. The application is an abbreviated enrollment application that collects limited information to enroll a provider for a limited time (180 days), and is available to in-state, out-of-state (OOS) and border providers that are not yet enrolled in NC Medicaid, including individual providers and organizations.

We have tracked provider closures brought about by the pandemic to monitor the potential impact on access of care.

We have drafted or contributed to numerous articles published on the pandemic since the emergency declaration, and we continue to publish updated information as it becomes available, for example, the recent legislative changes to the NC HealthConnex mandated connection dates for providers.

NC AHEC continues to support Provider Operations and all of NCDHHS while in the field helping practices navigate through this time of great transition in health care, offering educational tools and telehealth resources, among other initiatives, including Medicaid transformation education and issue resolution.

We have also continued our routine daily operations, brought two new staff members on board, are actively engaged in the 2020 Single State Audit, and have continued our work with the PHPs, the enrollment broker, our vendors, and stakeholders.

###