

## **WRITTEN SECTION REPORTS**

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# CLINICAL POLICY AND PROGRAMS REPORT

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REPORT PERIOD DECEMBER 2020 THROUGH FEBRUARY 2021

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

The Pharmacy & Therapeutic Committee met on 01/12/2021, and 02/09/2021

The N.C. Physician Advisory Group met on 12/10/2020, 01/21/2021, and 02/25/2021

### **Recommended Pharmacy**

- Annual PDL Updates - 01/12/2021
- Prior Approval Criteria- Hepatitis C - 01/12/2021
- Prior Approval Criteria Continuous Glucose Monitors (Therapeutic Products) – 01/12/2021
- Prior Approval Criteria- Epidiolex - 02/09/2021
- Prior Approval Criteria- Hetlioz - 02/09/2021
- Prior Approval Criteria- Immunomodulators - 02/09/2021
- Prior Approval Criteria- Lupus Medications - 02/09/2021
- Prior Approval Criteria- Parkinson's Medications - 02/09/2021
- Prior Approval Criteria- Cystic Fibrosis Medications - 02/09/2021
- Prior Approval Criteria- Monoclonal Antibodies - 02/09/2021
- Pharmacy Policy #9 - 02/09/2021

### **Recommended Clinical Coverage Policies**

- 1A-5, Child Medical Evaluation and Medical Team Conference for Child Maltreatment – 2/25/21
- 1A-20, Sleep Studies and Polysomnography Services – 2/25/21
- 1A-41, Office-Based Opioid Treatment: Use of Buprenorphine and Buprenorphine-Naloxone
- 1E-7, Family Planning Services – 2/25/21
- 1G-2, Skin Substitutes – 2/25/21
- 5A-2, Respiratory Equipment and Supplies – 2/25/21
- 5A-3, Nursing Equipment and Supplies – 2/25/21

### **PAG Notifications**

- 3K-1, Community Alternatives Program for Children – 12/10/2020
- 3K-2, Community Alternatives Program for Children – 12/10/2020
- 3L, State Plan Personal Care Services – 12/10/2020

## 2. Policies Posted for Public Comment

- 3K-1, Community Alternatives Program for Children 1/5/2021 - 2/19/2021
- 3K-2, Community Alternatives Program for Children 1/5/2021 - 2/19/2021
- 3L, State Plan Personal Care Services 1/8/2021 - 2/22/2021

### **Pharmacy Items Posted for Public Comment**

- Prior Approval Criteria Systemic Immunomodulators 1/14/2021 - 2/28/2021
- Prior Approval Criteria Cystic Fibrosis 1/14/2021 - 2/28/2021
- Prior Approval Criteria Antinarcotics/Antihyperkinesia Agents 1/14/2021 - 2/28/2021
- 2021 Annual PDL 1/22/2021 - 3/8/2021
- Prior Approval Criteria Hepatitis C Virus Medications 1/27/2021 - 3/13/2021
- Outpatient Pharmacy Clinical Edits- BH- Pediatric 1/27/2021 - 3/13/2021
- Outpatient Pharmacy Clinical Edits- BH- Adult 1/27/2021 - 3/13/2021
- Prior Approval Criteria Systems (CGM) and Related Supplies 1/27/2021 - 3/13/2021

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

- 1A-34, Dialysis Services - 12/1/2020
- 1D-4, Core Services Provided in Federally Qualified Health Centers and Rural Health Clinics - 12/1/2020
- 1E-6, Pregnancy Medical Home - 12/1/2020
- 1E-7, Family Planning Services - 12/1/2020
- 1-I, Dietary Evaluation and Counseling and Medical Lactation Services - 12/1/2020
- 1M-2, Childbirth Education - 12/1/2020
- 1M-3, Health and Behavior Intervention - 12/1/2020
- 8F, Research-Based Behavioral Health Treatment (RB-BHT) For Autism Spectrum Disorder (ASD) - 12/1/2020
- 8G, Peer Support Services - 12/1/2020
- 1A-22, Medically Necessary Circumcision - 1/1/2021
- 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers - 1/1/2021
- 8J, Children's Developmental Service Agencies (CDSAs) - 1/1/2021
- 10B, Independent Practitioners (IP) - 1/1/2021
- 10C, Outpatient Specialized Therapies - Local Education Agencies (LEAs) - 1/1/2021
- 10D, Independent Practitioners Respiratory Therapy Services - 1/1/2021
- 1A-12, Breast Surgeries - 2/1/2021
- 1A-19, Transcranial Doppler Studies - 2/1/2021
- 1A-24, Diabetes Outpatient Self - Management Education - 2/15/2021

### **New or Amended PA Criteria Posted**

- Prior Approval Criteria Zolgensma - 01/25/2021
- Prior Approval Criteria Gattex - 01/25/2021
- Prior Approval Epdiolex – 02/01/2021
- Prior Approval Criteria Systemic Immunomodulators – 02/01/2021

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

*December 2020 – February 2021*

Temporary COVID-19 flexibilities previously reported, remain in effect.

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

*December 2020 – February 2021*

Temporary COVID-19 flexibilities previously reported, remain in effect.

An amended version of **Clinical Coverage Policy 10C, Outpatient Specialized Therapies, Local Education Agencies (LEAs)** was promulgated with an effective date of Jan. 1, 2021. Following is a summary of updates:

New Subsection **3.1.1, Telehealth Services**, was added:

**3.1.1 Telehealth Services**

As outlined in Attachment A and in Section 3.8, select services within this clinical coverage policy may be provided via telehealth. Services delivered via telehealth must follow the requirements and guidance set forth in Clinical Coverage Policy 1-H: Telehealth, Virtual Communications, and Remote Patient Monitoring.

In Subsection **3.8, Psychological and Counseling Services**, guidance for the delivery of select psychological and counseling treatment interventions using telehealth was added:

**Telehealth**

A select set of psychological and counseling treatment interventions may be billed by LEAs when provided to student beneficiaries using a telehealth delivery method as described in Clinical Coverage Policy 1-H. Telehealth delivery may be medically necessary when a student is medically homebound, experiencing an acute crisis, during an extended school closure, or if their school is remote or underserved such that access to appropriately qualified providers is limited.

**Note:** CPT codes that may be billed when service is furnished via telehealth are indicated in Attachment A, Section C: Codes.

In **Attachment A, Claims-Related Information** guidelines for billing telehealth claims were added to **Section D, Modifiers and Section F, Place of Service**. Additionally, in **Section C, Codes**, the following CPT codes were identified as telehealth eligible services:

<b>CPT code</b>	<b>Description</b>
90832	Psychotherapy, 30 minutes with patient
90834	Psychotherapy, 45 minutes with patient
90837	Psychotherapy, 60 minutes with patient
90847	Family psychotherapy (conjoint psychotherapy) with patient present, 50 minutes
90853	Group psychotherapy (other than of a multiple-family group)

In **Attachment A, Claims-Related Information, Section C, Codes**, in accordance with the AMA’s annual CPT code update, the audiology evaluation code 92585 was end-dated effective Dec. 31, 2020, and replaced with 92652 and 92653, effective Jan. 1, 2021.

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An updated version of **Clinical Coverage Policy 10D, Respiratory Therapy Services by Independent Practitioner Provider (IPP)** was promulgated with an effective date of Dec. 1, 2020. Following is a summary of updates:

New Subsection **3.1.1, Telehealth Services**, was added:

### **3.1.1 Telehealth Services**

As outlined in Attachment A and in Subsection 3.2.1, select services within this clinical coverage policy may be provided via telehealth. Services delivered via telehealth must follow the requirements and guidance set forth in Clinical Coverage Policy 1-H: Telehealth, Virtual Communications, and Remote Patient Monitoring.

In Subsection **3.2.1, Specific criteria covered by both Medicaid and NCHC**, guidance for the delivery of select respiratory therapy treatment interventions using telehealth was added:

#### **c. Telehealth**

A select set of respiratory therapy treatment interventions may be provided to established patients using a telehealth delivery method as described in Clinical Coverage Policy 1-H. After necessary equipment and supplies have been delivered and assembled, delivery of treatment services via telehealth may be medically necessary when a beneficiary's medical condition is such that exposure to others should be avoided, or if their location is remote or underserved such that access to appropriately qualified providers is limited.

**Note:** CPT codes that may be billed when service is furnished via telehealth are indicated in Attachment A, Section C: Codes.

In Subsection **5.3, Limitations or Requirements**, the first sentence of the third paragraph was updated to read:

Respiratory Therapy treatment visits by the IPP must occur in the beneficiary's primary private residence or via telehealth in accordance with Subsection 3.2.1 c., and focus on legal parent(s), legal guardian(s) or foster care provider(s) education.

In **Attachment A, Claims-Related Information** guidelines for billing telehealth claims were added to **Section D, Modifiers** and **Section F, Place of Service**. Additionally, in **Section C, Codes**, the following CPT codes were identified as telehealth eligible services:

<b>CPT code</b>	<b>Description</b>
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator nebulizer, metered dose inhaler or IPPB device
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
99504	Home visit for mechanical ventilation care

## 6. Long-Term Services and Supports (LTSS)

### **Hospice-**

- Collaboration between GDIT/LTSS for development and implementation of document identification capability for uploaded documents in NC Tracks, impacting PDN and Hospice providers.

### **Home Health-**

- Review of Home Health billing using Bill Type 33X- Outcome : As announced in Special Bulletin in October 2015, Medicaid Bulletin December 2015 and a provider announcement in NC Tracks December 2015, providers should not be submitting original claims for home health services using Bill Type 33X. Effective immediately, providers should use Bill Type 32X or 34X. Per the Centers for Medicare and Medicaid Services (CMS) and the National Uniform Billing Committee, beginning Jan. 10, 2021, Bill Type 33X will no longer be available.
- COVID-19 Special Medicaid Bulletin #154: Monoclonal Antibodies-Billing Guidelines impacting Home Health, Private Duty Nursing, Home Infusion Therapy as well as Pharmacy.

### **Home Infusion Therapy-**

- COVID-19 Special Medicaid Bulletin #154: Monoclonal Antibodies-Billing Guidelines impacting Home Health, Private Duty Nursing, Home Infusion Therapy.as well as Pharmacy.

### **Private Duty Nursing-**

- Collaboration between GDIT/LTSS for development and implementation of document identification capability for uploaded documents in NC Tracks, impacting PDN and hospice providers.
- COVID-19 Special Medicaid Bulletin #154: Monoclonal Antibodies-Billing Guidelines impacting Home Health, Private Duty Nursing, Home Infusion Therapy as well as Pharmacy.

## 7. Behavioral Health IDD Section

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

The draft Traumatic Brain Injury waiver posted for public comment until 2/26/21 prior to submission to CMS for review. The target renewal date is 5/1/2021.

We have submitted a request to CMS to renew the Innovations and TBI COVID Appendix K documents. The proposed end date is 6 months post end of the end of the Federally declared Public Health Emergency.

## PROVIDER OPERATIONS REPORT

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Through collaborative efforts with the Health Information Exchange Authority and State Health Plan partners, Provider Operations has developed and published a formal process for eligible providers to request an HIEA hardship extension. Additionally, Provider Operations has implemented a new electronic process with which Medicaid and NC Health Choice providers may request an extension through their NCTracks provider enrollment record. Additional information and the request form can be found on the NC Medicaid Providers webpage.

Provider Operations has completed the design and deployment of the Medicaid and NC Health Choice Health Plan and Provider Look-up Tool. This tool allows Medicaid and NC Health Choice beneficiaries find information on all types of providers, as well as select their managed care health plan and primary care provider. This cross-functional project involved user acceptance testing from representatives of various stakeholder groups including physicians, associations, and department partners. The tool uses conversational guidance to help beneficiaries locate providers within the selection criteria chosen by the user. Although the Lookup tool became available to the public on January 25, 2021, new search options and enhancements will become available as the tool is readied for managed care beneficiary open enrollment, which begins in March 2021.

The Provider Operations team continues to assist with managed care launch including but not limited to, amending contract language, reviewing inbound deliverable and desktop reviews, preparing for participation in PHP onsite readiness, and operationalizing PHP contract monitoring oversight.

Apart from the Medicaid managed care activities, Provider Operations has also continued its involvement in the Department COVID-19 Pandemic Response, from monitoring emergency applications to continuing action to bypass fingerprinting and reverification requirements. To date:

- 178 Emergency applications processed
- 499 provider enrollment required fingerprinting have been delayed
- 11 provider enrollment required site visits have been delayed
- 8,292 provider reverifications have been delayed

Amid the state of emergency and the transition to managed care, Provider Operations has continued the daily operational tasks of provider monitoring, support, issue resolution, stakeholder engagement, provider communication and education, and timeliness of enrollment and credentialing of providers. The team continues to participate in provider association meetings to address any provider enrollment related concerns.

Although the Division received updated license credential information for 59,126 providers from eighteen (18) licensing boards and utilizes a monthly automated credentials review process to continuously monitor and update provider credentials, Provider Operations is working to implement more stringent processes as part of the corrective action plan to address the findings in response to the recent FY2019 Medicaid Enrollment Audit. Provider Operations is updating procedures to expand monitoring license board and state agency disciplinary actions and sanctions; and while verification of ownership is not required by CMS and all omitted ownership disclosures do not indicate fraudulent intent, Provider Operations is testing ways to verify ownership and managing relationship disclosures as a means of implementing a best practice and viable method of ensuring the integrity of the program. In addition, Provider Operations is evaluating license limitations as reported by the respective boards and establishing additional action reason codes for use when taking action on those license limitations. Since the inception of the license limitation reviews, 52 providers have been reviewed resulting in 6 provider terminations and 12 being subjected to additional monitoring efforts. These actions are in addition to the continued functions necessary to ensure the accuracy and timeliness of enrolling and credentialing providers.

Provider Operations continues to collaborate in a cross-functional effort to transition to a new provider data management, credentialing verification organization model for provider enrollment and credentialing through an NCQA certified vendor. Requirements for the new system are under development and review to ensure that all federal and state requirements, as well as quality determinant and state-specific needs, are met for Medicaid and NC Health Choice provider participation in both NC Medicaid Direct and Medicaid Managed Care.

The above-mentioned activities run concurrently with staff involvement in provider communication and engagement activities, the development of new Division initiatives, and continued partnering and vendor management activities, which include the fiscal agents GDIT, UNC, PCG, and the 5 awarded PHPs.