

# **SPECIAL BULLETIN COVID-19 #270: Clinical Policy Flexibilities Ending on Nov. 11, 2023**

***This bulletin contains information on flexibilities that are ending six months after the end of the Federal Public Health Emergency on Nov. 11, 2023***

The policy changes listed within this bulletin will apply to NC Medicaid Direct and NC Medicaid Managed Care.

To support providers and the NC Medicaid community, NC Medicaid is providing a list of clinical policy flexibilities related to the federal Public Health Emergency (PHE), including:

- All COVID-19 Clinical Policy flexibilities which were made permanent.
- Temporary Appendix K flexibilities that will end six months after the end of the federal PHE (Nov. 11, 2023).

The Centers for Medicare & Medicaid Services (CMS) allows states to apply for Appendix K flexibilities during emergency situations to request amendments to approved 1915(c) Home and Community-Based Services (HCBS) waivers. NC Medicaid has four approved 1915(c) waivers which are the Community Alternatives Program for Children (CAP/C), Community Alternatives Program for Disabled Adults (CAP/DA), Innovations and Traumatic Brain Injury (TBI) waivers. All flexibilities ending on Nov. 11, 2023, are related to flexibilities for these four waivers. Information on the flexibilities which are ending are found in the [Behavioral Health Services](#) section and the [Community Alternatives Program for Children and Disabled Adults \(CAP/C and CAP/DA\)](#) section.

NC Medicaid has evaluated data from the use of federal COVID-19 public health emergency flexibilities and stakeholder feedback on the State's pandemic response. Based on this review, many of the policy flexibilities implemented during federal PHE have been or will be incorporated into permanent NC Medicaid Clinical Coverage Policy. These flexibilities have been shown to be beneficial for both providers and members, improving the access and/or quality of care provided to NC Medicaid beneficiaries. The flexibilities are outlined below.

NC Medicaid continues to be committed to providing as much advance notice as possible to the provider community as temporary COVID-19 flexibilities end. NC Medicaid continues to monitor a variety of factors, including:

- Beneficiary and provider impact of sunseting some flexibilities.
- Time needed by providers to adjust to the rescinding of the policy given the unprecedented nationwide workforce shortages, which impact providers' ability to deliver care.

Please see the details in the document linked in this bulletin for more information on which flexibilities will be sunseting Nov. 11, 2023.

As a reminder, many flexibilities associated with the end of the Federal PHE ended on May 11, 2023. These flexibilities were published in [COVID-19 Special Bulletin #265](#).

## Contact

[Medicaid.COVID19@dhhs.nc.gov](mailto:Medicaid.COVID19@dhhs.nc.gov)

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# Permanent Telehealth Services Flexibilities

NC Medicaid updated telehealth flexibilities in:

- Policy 1-H: Telehealth, Virtual Communications and Remote Patient Monitoring
- Policy 1A-34: Dialysis Services
- Policy 1E-7: Family Planning Services
- Policy 1M-2: Childbirth Education
- Policy 1M-3: Health and Behavior Intervention
- Policy 4A: Dental Services
- Policy 8-C: Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers
- Policy 8-F: Research-Based Behavioral Health Treatment (RB-BHT) for Autism Spectrum Disorder (ASD)
- Policy 8-G: Peer Support Services
- Policy 8-J: Children’s Developmental Service Agencies (CDSAs)
- Policy 8-P: North Carolina Innovations
- Policy 10-A: Outpatient Specialized Therapies
- Policy 10-B: Outpatient Specialized Therapies Independent Practitioners
- Policy 10-C: Outpatient Specialized Therapies Local Education Agencies (LEAs)
- Policy 10-D: Respiratory Therapy Services by Independent Practitioner Provider

All NC Medicaid policies can be found on the [NC Medicaid Program Specific Clinical Coverage Policies](#) page. Please see the below table with a summary of all telehealth flexibilities which were made permanent across different areas:

Telehealth Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
<b>Evaluation and Management (E/M) Services</b>			
Office or Other Outpatient Services 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215,	X		Policies 1H, 8C, 8J
Subsequent Hospital Care 99231, 99232, 99233	X		Policy 8C
Hospital Discharge Day Management 99238, 99239	X		Policy 8C
Office Consultation 99242, 99243, 99244, 99245	X		Policies 1H, 8C, 8J, 1E-7
Inpatient Consultation 99252, 99253, 99254, 99255	X		Policies 1H, 8C
<b>Core Service Code</b>			

<b>Telehealth Services Provision</b>	<b>Made into Permanent Policy</b>	<b>Sunsetting 11/11/23</b>	<b>Comments</b>
T1015	X		Policy 1D-4
<b>Home Services</b>			
99347, 99349, 99349, 99350 (Hybrid Model*)	X		*See policy 1H for use of these codes for hybrid model Policy 8C
Online Digital Evaluation and Management 99421, 99422, 99423	X		Policy 1H
Telephonic E/M and Virtual Patient Communication 99441, 99442, 99443, G2012	X		Policy 1H
Interprofessional Assessment and Management 99446, 99447, 99448, 99449	X		Policy 1H
Remote Physiologic Monitoring 99453, 99454, 99457, 99458	X		*See policy 1H for use of these codes
Self-Measured Blood Pressure Monitoring 99473, 99474	X		Policy 1H
<b>Outpatient Behavioral Health</b>			
Interactive Complexity 90785	X		* See policy 8C for prior approval requirements and limitations Policy 8J
Psychiatric Diagnostic Procedures 90791, 90792	X		* See policy 8C for prior approval requirements and limitations Policy 8J
Psychotherapy 90832, 90833, 90834, 90836, 90837, 90838	X		* See policy 8C for prior approval requirements and limitations Policies 8J, 10C
Psychotherapy for Crisis 90839, 90840	X		* See policy 8C for prior approval requirements and limitations Policy 8J
Other Psychotherapy 90846, 90847, 90849, 90853	X		* See policy 8C for prior approval requirements and limitations Policies 8J, 10C
Developmental/Psychological/Neuropsychological Testing 96110, 96116, 96130, 96131, 96132, 96133, 96146	X		Policies 8C, 8J

<b>Telehealth Services Provision</b>	<b>Made into Permanent Policy</b>	<b>Sunsetting 11/11/23</b>	<b>Comments</b>
<b>Outpatient Services</b>			
<b>End-Stage Renal Disease (ESRD) Services</b> 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993	X		Policy 1A-34
<b>Special Otorhinolaryngologic Services</b> 92507, 92521, 92522, 92523, 92524, 92526	X		Policies 8J, 10B, 10C
<b>Evaluative and Therapeutic Services</b> 92607, 92608, 92609	X		Policies 10B, 10C
<b>Pulmonary Diagnostic Testing and Therapies</b> 94664, 94760	X		Policy 10D
<b>Home Health Procedures/Services</b> 99504	X		Policy 10D
<b>Dentistry</b>			
Synchronous Teledentistry D9995	X		Policy 4A
<b>Research Based Behavioral Health Treatment for Autism Spectrum Disorder</b>			
Adaptive Behavior Assessment 97151, 97152	X		Policy 8F
Adaptive Behavior Treatment 97153, 97154, 97155, 97156, 97157	X		Policy 8F *If two-way audio-visual equipment is not available, 97156 and 97157 may be offered via telephone
<b>Peer Services</b> H0038	X		Policy 8G
<b>Birthing Classes, Nonphysician Provider</b> S9442	X		Policy 1M-2
<b>Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol (Diagnostic Assessment)</b> T1023	X		Policy 8J; 8A-5

<b>Telehealth Services Provision</b>	<b>Made into Permanent Policy</b>	<b>Sunsetting 11/11/23</b>	<b>Comments</b>
<p><b>NC Innovations and NC TBI Waivers:</b> Community Living Supports, Day Supports, Supported Employment, Life Skills Training, Supported Living, Community Networking</p> <p>H2011, H2015, H2016, H2025, S5110, S5111, S5125, S5150, S5165, T1005, T1015, T2013, T2014, T2020, T2021, T2025, T2027, T2033, T2034, T2038, T2041</p>	X		Policy 8P and TBI Waiver
<p><b>Health and Behavior Intervention</b></p> <p>96158, 96159</p>	X		Policy 1M-3

## Behavioral Health Services

All temporary behavioral health *policy* flexibilities outlined in [COVID-19 Special Bulletins](#) that have not been made permanent, ended May 11, 2023 with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

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](#) which did not end on June 30, 2022, or which did not end on May 11, 2023, will end on Nov. 11, 2023.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
CPT codes 96110, 96116, 96130, 96131, 96132, 96133, 96146	X		
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
Peer Support 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
Facility Based Crisis for Children 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 intellectual and developmental disabilities, service may be provided by two-way, real-time audio and video, as well as telephonically.	X		(b) waiver
(b)(3) Individual Support: Service may be provided by two-way, real-time audio and video as well as telephonically.	X		(b) waiver
(b)(3) Transitional Living Skills:	X		(b) waiver

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Service may be provided by two-way, real-time audio and video as well as telephonically			
(b)(3) In-Home Skill Building: Service may be provided by two-way, real-time audio and video.	X		(b) waiver
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 Medically Monitored Community Residential Treatment: Service may not be billed for more than 45 days in a 12-month period	X		<i>SPA has been approved by CMS.</i>



<b>Behavioral Health Services Provision</b>	<b>Made into Permanent Policy</b>	<b>Sunsetting 11/11/23</b>	<b>Comments</b>
Ambulatory Detoxification: Physician assessments must be conducted within 24 hours of admission in-person or by telehealth	X		Policy 8A Permitted in current policy.
Non-Hospital Medical Detoxification: Service may be covered up to 45 days in a 12-month period (or may exceed with medical necessity).	X		<i>SPA approved by CMS.</i>
Non-Hospital Medical Detoxification: Physician assessments may be conducted in-person or by telehealth.	X		Policy 8A Permitted in current policy.
Substance Abuse Non-Medical Community Residential Treatment: Service may be billed for 45 days in a 12-month period	X		<i>SPA has been approved by CMS.</i>
Intensive In-Home: Allow supervision by team lead, or designee as noted above, to occur virtually.	X		Policy 8A Permitted in current policy.
Ambulatory Detoxification: Allow supervision of LCAS or CCS to occur virtually.	X		Policy 8A Permitted in current policy.
Non-Hospital Medical Detoxification: Allow supervision of QP, AP and paraprofessionals to occur virtually.	X		Policy 8A Permitted in current policy.
Assertive Community Treatment: Allow supervision to occur virtually.	X		Policy 8A-1 Permitted in current policy.
Peer Support Services (PSS): Allow supervision to occur virtually.	X		Policy 8G Permitted in current policy.
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
Residential Treatment Services Level I and II – Family Type: Allow sex offender training to occur virtually.	X		Policy 8D-2 Permitted in current policy.
Residential Treatment Services Level III: Allow sex offender specific training to occur virtually.	X		Policy 8D-2 Permitted in current policy.
Substance Abuse Non-Medical Community Residential Treatment: Allow supervision of QP, AP to occur virtually.	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 Permitted in current policy.

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Multisystemic Therapy: Waive requirement that staff must be dedicated to the team.	X		Policy 8A Permitted in current policy.
Increased Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF IID) days for therapeutic leave (TL) to 120 days per year.	X		SPA has been submitted to CMS to increase TL for ICF IID to 90 days per year.
NC Innovations and NC TBI Waiver: Home Delivered Meals	--		<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>
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.	--		<i>This is in review for permanent placement in policy (8P am NC TBI Wavier).</i>
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: 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 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		X	Policy 8P and NC TBI Waiver

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
to allow sufficient time to complete the annual reassessment and accompanying paperwork.			
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:		X	Policy 8P and NC TBI Waiver

Behavioral Health Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Allow for existing staff to continue to provide service for 90 days when CPR and NCI re-certification has lapsed.			
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
NC Waive Support Intensity Scale Assessment/reassessment during amendments		x	Policy 8P

For additional details, please see:

- [CCP 8C Outpatient Behavioral Health Services](#) (amended April 1, 2023).
- [CCP 8G Peer Support Services](#) (amended Aug. 15, 2022).
- [CCP 8A-2 Facility-Based Crisis Services for Children and Adolescents](#) (amended April 1, 2022).
- [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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
<b>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.</b>	X		Policy 8J See <a href="#">Telehealth Billing Code Summary</a> for applicable provider details See Policy 8C for additional information on outpatient behavioral health therapy
CPT codes 96110, 96116, 96130, 96131, 96132, 96133, 96146	X		

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 April 1, 2023).
- [Clinical Coverage Policy 10B, Outpatient Specialized Therapies, Independent Practitioners](#) (amended April 1, 2023)
- [Clinical Coverage Policy 8C, Outpatient Behavioral Health Services by Direct-Enrolled Providers](#) (amended Sept. 1, 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 on Nov. 11, 2023.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Community Alternatives Programs for Children and Disabled Adults Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
<b>Waiver cost limits.</b> Service and utilization limits may be exceeded when determined service needs are directly related to PHE.	X		<b>Service and utilization limits may be exceeded upon a determination of need evaluation.</b>
<b>Retroactive approval dates.</b> 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. Upon the expiration of the PHE, the service plan may be executed without a signature within up to 30 calendar days of the request, when qualifying conditions are met.
<b>Reassessment of need.</b> 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		<b>New process when made into permanent policy –</b> Allows the annual reassessment of need (or level of care [LOC]) to be extended by 90 calendar days when the assessment cannot be conducted due to the waiver beneficiary, caregiver, or provider being directly impacted by unforeseen circumstances or infectious viruses The quarterly multidisciplinary team meeting prior to the annual reassessment confirms that the waiver participant continues to meet the LOC from the assessed functional needs.
<b>Purchase Order.</b> 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.	X		<i>To offer an ease of access to goods and services, case management entities can enter into agreement with retailers for a waiver beneficiary to obtain approved services listed in the Plan of Care. This case</i>

Community Alternatives Programs for Children and Disabled Adults Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
			<i>management process will be permanently added to the 3K-1 and 3K-2 policies.</i>
<b>Participant goods and services.</b> 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.	X		<i>Goods and services provided during the PHE will be permanently added to the 3K-1 and 3K-2 policy and these services can be used for protection from infectious viruses.</i>
<b>Community transition.</b> 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.	X		<i>An individual in a nursing facility or hospital who meet a level may access community transition services to begin transitioning to a community setting within 90-days of the institutionalized placement. This process will be added permanently to the 3K-1 and 3K-2 polices.</i>
<b>Meals.</b> 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.	x		<i>Accessing meals through a food delivery services and receipt of frozen meals will be permanently added to the 3K-2 policy.</i>
<b>Home accessibility and adaptation.</b> Covers germicidal air filters.	x		<i>Goods and services provided during the PHE will be permanently added to the 3K-1 and 3K-2 policies and these services can be used for protection from infectious viruses.</i>
<b>Retainer payments.</b> 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		<b>To ensure ongoing access to care when an unforeseen temporary absence from the home is required, the waiver participant may be able to retain their worker for up to a duration of two weeks. This service option will be permanently added to the 3K-1 and 3K-2 policies.</b>

Community Alternatives Programs for Children and Disabled Adults Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
<p><b>Case management.</b> 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.</p>		X	<p>The current case management contact engagement as described in the current 3K-1 and 3K-2 policies will be reinstated after the expiration of the PHE.</p>
<p><b>In-home care, pediatric nurse aide, personal care assistance and congregate care.</b> 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.</p>		X	<p>Waiver participants enrolled in the CAP/C and CAP/DA waivers who are not using waiver services due to the PHE flexibilities must be reassessed on an identified schedule beginning May 11, 2023, to identify the ongoing need for waiver services. All participants will be required to use waiver services after the expiration of the PHE for CAP/C and CAP/DA waivers.</p>

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



## Dental Services

All temporary Dental **policy** flexibilities outlined in [COVID-19 Special Bulletins](#) that have not been made permanent, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

All dental flexibilities that have not been made permanent that were listed in the COVID-19 Special Bulletins [#36](#) and [#87](#) which did not end on June 30, 2022, or which did not end on May 11, 2023, will end on Nov. 11, 2023.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Dental Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	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.	--		<i>This is in review for permanent placement in policy.</i>
Allow the application of silver diamine fluoride (D1354 Interim caries arresting medicament application per tooth) for all permanent teeth (1-32).	--		<i>This is in review for permanent placement in policy.</i>
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.	--		<i>This is in review for permanent placement in policy.</i>

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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023 for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	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

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 10/20/2020.

For questions, please contact the DME Section at [Medicaid.COVID19@dhhs.nc.gov](mailto: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 11/11/23	Comments
<p>Provision of ESRD services, including monthly/daily capitation services and training conducted via <b>telemedicine interactive audio-visual communication</b> for new and established patients.</p> <p><b>NC Medicaid-</b> 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</p> <p><b>N</b></p>	X		Refer to <a href="#">NC Medicaid Clinical Coverage Policy, 1A-34, Dialysis Services</a> .

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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023 for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	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.	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](#) that have not been made permanent, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023 for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Coverage for weight scales HCPCS code E1639 (Bulletin# <a href="#">52</a> ) Updated in HH fee schedule	X		
Coverage for automatic blood pressure monitors HCPCS code A4670 (Bulletin # <a href="#">29</a> ) Updated in HH fee schedule effective March 30, 2020.	X		
Coverage for pulse oximetry monitoring device HCPCS code E0445 (Bulletin# <a href="#">52</a> )	X		

For questions, please contact the LTSS Section at [Medicaid.COVID19@dhhs.nc.gov](mailto:Medicaid.COVID19@dhhs.nc.gov).

## 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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Allowance for Remote MDS validations via Myers and Stauffer	X		

For questions, please contact the LTSS Section at [Medicaid.COVID19@dhhs.nc.gov](mailto: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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Obstetrical Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Maternal Support Services: Birthing Classes, Nonphysician Provider, Per Session <b>via telemedicine interactive audio-visual communication</b> (HCPCS Code S9442)	X		Refer to <a href="#">NC Medicaid Clinical Coverage Policy 1M-2, Childbirth Education</a>
<p>Perinatal Care: Provision of perinatal (antepartum or postpartum) visits <b>to be conducted via telemedicine interactive audio-visual communication</b> to a new or established patient.</p> <p><b>Global/Package Billing:</b> CPT codes 59400, 59510, 59410, 59515, 59425, 59426, 59430</p> <p><b>Individual Prenatal Visit Billing:</b> Evaluation and Management Codes 99202-99205 (New Patient) and 99211-99215 (Established Patient)</p> <p><b>FQHC, FQHC Look-Alike or RHC Billing:</b> Core HCPCS code T1015</p>	X		
<p>Perinatal Care: Hybrid telemedicine with supporting home visit for perinatal services.</p> <p><b>Global/Package Billing:</b> Originating site facility HCPCS code Q3014 billed in conjunction with global package codes 59400, 59510, 59410, 59515, 59425, 59426, or 59430</p> <p><b>FQHC, FQHC Look-Alike or RHC Billing:</b> Originating site facility HCPCS code Q3014 billed in conjunction with T1015</p> <p><b>Individual Prenatal Visit Billing:</b> Originating site facility HCPCS code Q3014 billed in conjunction with the appropriate home visit CPT code 99347-99350</p>	X		

Obstetrical Services Provision	Made into Permanent Policy	Sunsetting 11/11/23	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 <b>provided via telemedicine interactive audio-visual communication</b> to a new or established patient. (CPT Code 96127- Billed by the mother’s provider)	X		
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 <b>provided via telemedicine interactive audio-visual communication</b> to a new or established patient. (CPT Code 96161- Billed by the child’s provider)	X		
Smoking and Tobacco Cessation: Provision of smoking and tobacco cessation counseling to be conducted completed <b>via telemedicine interactive audio-visual communication for</b> obstetrical patients. CPT codes 99406 and 99407	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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Outpatient Specialized Therapies Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
CPT codes 92507, 92521, 92522, 92523, 92524, 92526, 92607, 92608 and 92609 were added for permanent telehealth coverage when provided by <b>speech-language pathologists</b> effective July 1, 2021	X		Policies 10A and 10B
CPT codes 90832, 90834, 90837, 90847 and 90853 were added for permanent telehealth coverage when provided by <b>school psychologists and school counseling professionals</b> 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 <b>speech-language pathologists</b> effective June 15, 2021	X		Policy 10C
CPT codes 94664, 94760 and 99504 were added for permanent telehealth coverage when provided by <b>respiratory therapists</b> effective Jan. 1, 2021	X		Policy 10D

For questions, please contact the Outpatient Specialized Therapies Section at [Medicaid.COVID19@dhhs.nc.gov](mailto: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](#) that have not been made permanent, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Acceptance of electronic physician signatures for referrals.	X		Permitted by policy.
Acceptance of electronically submitted documentation which would typically be reviewed during face-to-face assessment.	X		Permitted by policy.

For questions, please contact the LTSS Section at [Medicaid.COVID19@dhhs.nc.gov](mailto:Medicaid.COVID19@dhhs.nc.gov).

## Pharmacy

All temporary Pharmacy flexibilities that had not been made permanent that were listed in the [COVID-19 Special Bulletins](#) and relayed through [Pharmacy Newsletters](#) that have not been made permanent, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023. for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	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		

For questions, please contact the Pharmacy Section at [Medicaid.COVID19@dhhs.nc.gov](mailto: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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Provision of Pregnancy Medical Home Risk Screening (incentive code S0280) to be completed <b>via telemedicine interactive audio-visual communication</b> for new and established patients.	X		
Provision of postpartum care for billing the Pregnancy Medical Home Postpartum Incentive (code S0281) to be conducted via <b>telemedicine interactive audio-visual communication</b> .	X		

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

## Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring service flexibilities outlined in [COVID-19 Special Bulletins](#) that have not been made permanent, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Provision	Made into Permanent Policy	Sunsetting 11/11/23	Comments
Provision of smoking and tobacco cessation counseling to be conducted completed <b>via telemedicine interactive audio-visual communication</b> . CPT codes 99406 and 99407	X		

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, ended May 11, 2023, with the end of the federal PHE, or ended on June 30, 2022, with the end of the NC State of Emergency, will end Nov. 11, 2023, for Appendix K flexibilities, six months after the end of the federal PHE.

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](#) which did not end on June 30, 2022, or end on May 11, 2023, will end on Nov. 11, 2023.

Please see the table below for a summary of the flexibilities that were made permanent or will end Nov. 11, 2023:

Well Child Visits Provision	Made into Permanent Policy	Sunsetting 11/11/23	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 <b>provided by telemedicine interactive audio-visual communication</b> to a new or established patient. (CPT Code 96127- Billed by the mother’s provider)	X		
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 <b>provided by telemedicine interactive audio-visual communication</b> to a new or established patient. (CPT Code 96161- Billed by the child’s provider)	X		

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