

MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY BEHAVIORAL HEALTH TELEPHONIC AND TELEHEALTH SERVICES - DAODAS

The following guidance can be used to bill for services related to telephonic delivery of services for dates of service on and after March 28, 2020. Absolute Total Care will begin accepting claims for these policy changes beginning **May 15, 2020**.

Reimbursement for the telephonic and telehealth services addressed below is available if the interaction with Medicaid member includes at least one remote component. Interactions that include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. Services provided pursuant to the current SCDHHS telemedicine coverage policy should continue to be billed according to those guidelines.

Telephonic Care Provided by South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)

- Absolute Total Care will reimburse for the services listed below when provided via telehealth by **certified or licensed addiction counselors**, so long as services are rendered in a manner that is consistent with existing Medicaid coverage requirements, applicable SCDHHS provider manual(s) and the providers' credential.
- The services and limitations listed are for established and new patient relationships as applicable and may be delivered without regard to the patient's location, using a synchronous audio-visual, telehealth delivery platform.
- Absolute Total Care will reimburse for the following CPT codes, when billed with a GT modifier in addition to modifiers that are already required per billing guidelines, when delivered via telehealth and filed with place of service (POS) 02:
 - **99408** - Alcohol and Drug Screening and Brief Intervention Service
 - **90832** - Individual Psychotherapy, 30 Minutes (*limitation - 1/day, 6/month*)
 - **90834** - Individual Psychotherapy, 45 Minutes (*limitation - 1/day, 6/month*)
 - **90837** - Individual Psychotherapy, 60 minutes (*limitation - 1/day, 6/month*)
 - **H0001** - Alcohol and Drug Assessment - Initial w/o Physical
 - **H0004** - Alcohol and Drug Counseling - Individual
 - **H0032** - Mental Health Service Plan Development – Non-physician
 - **H0038** - Peer Support Service - Individual Only
- Member copayment will be waived for any claim billed under this temporary guidance.
- All prior authorization requirements for telehealth services under this temporary guidance will be waived until June 30, 2020. Benefit limits still apply.
- Note that limitations and billing guidelines provided in this section apply only to those instances when these services are provided via telehealth. When the services above are provided in a manner consistent with current policy, such as care delivered face-to-face or through the therapeutic foster care system, existing limitations, prior authorization and billing requirements apply.
- Services identified above must meet standard requirements for medical necessity.

Limitations and Clarifications

- Providers engaging in telemedicine services are required to ensure that the quality of care delivered is

the same as if engaging the beneficiary in a face-to-face format. Not all interventions and services or beneficiaries are suited for delivery via telemedicine, and families and providers should use professional judgement when deciding to offer services via telemedicine or defer services due to the current public health emergency.

- The scope of billable or non-billable activities is not varied, only the appropriate mode of delivery.
- Except where otherwise noted, providers that are not licensed or credentialed to practice independently are excluded.
- Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services with staff-to-beneficiary ratio is greater than one-to-one.
- Providers may not conduct interventions remotely with more than one individual concurrently and must conclude any intervention or visit with one patient before commencing an intervention or visit with the next.
- Providers must still follow the course of therapy and limitations detailed in the beneficiary's individual plan of care.
- Providers not included in the standard telemedicine benefit, those not authorized to participate in telephony through their respective benefits, and those not covered by this notification should continue to provide services in the settings and in the manner provided according to existing SCDHHS and Absolute Total Care policy.