

# **MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY TELEPHONIC AND TELEHEALTH SERVICES – CHILD WELL-CARE AND EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) VISITS**

We are closely monitoring and following all guidance from the South Carolina Department of Health and Human Services (SCDHHS) as it is released to ensure essential health services that prioritize safety and wellbeing are provided during periods of social distancing or self-quarantine. As of April 20, 2020, the following guidance can be used to bill for services related to telephonic delivery of services for dates of service on and after **April 1, 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.

## **Telehealth Coverage for Well-Care Visits**

- Absolute Total Care will reimburse for well-care visits conducted via telehealth for children through the age of 18.
- To qualify for coverage, the visit must include the developmental and behavioral screenings, health risks assessments and anticipatory guidance components prescribed by the current edition of [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents](#).
- Claims for well-care visits meeting these requirements should be billed using the appropriate EPSDT code (99381-99384 or 99391-99394) with a GT modifier.
- Any additional components that are currently reimbursed in addition to the well-care visit should also be billed with a GT modifier, so long as they can be reasonably provided via telehealth.
- Any child who receives a well-care visit via telehealth should have an in-person follow-up well-care visit as soon as feasible. Absolute Total Care will reimburse for the follow-up in-person visit.
- All prior authorization requirements for telehealth services under this temporary guidance will be lifted.

## **Immunizations**

- When pediatric well-care is provided via telehealth, providers must inform the beneficiary (or parent/guardian) of any immunizations that would routinely be administered.
- Vaccine administration should be scheduled as soon as feasible following the telehealth encounter.
- Absolute Total Care will reimburse for immunization administration when delivered outside of the well-care visit (such as on a different day, at a separate location or through a drive-up immunization model). Claims for immunization administration should be billed on the date of service of the actual vaccine administration.
- If a provider is unable to offer immunizations at this time, patients may be referred to a South Carolina Department of Health and Environmental Control (DHEC) clinic. To schedule an appointment with DHEC, call (855)-4-SCDHEC.

## **Child Well-care and EPSDT Visits Provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)**

- Absolute Total Care will reimburse FQHCs and RHCs for providing the telehealth services described above. These services will be treated as “bill-above” services and reimbursement will be based on the applicable SCDHHS fee schedule.

## **Existing Telemedicine Benefits**

- Absolute Total Care will continue to follow the standard SCDHHS telemedicine benefit policies, which is available to licensed physicians, nurse practitioners and physician assistants as applicable.
- Providers engaging in telehealth are required to ensure any services billed can be meaningfully delivered through the telehealth platform being used.
- Families and beneficiaries should be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations, and privacy and confidentiality expectations.
- Absolute Total Care supports the AAP recommendation that children through 24 months of age receive in-person well-care, when possible.
- Absolute Total Care benefit limits, as well as standards of medical necessity and documentation, continue to apply.