

MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY BEHAVIORAL HEALTH TELEPHONIC AND TELEHEALTH SERVICES – EXPANDED COVERAGE

In concurrence with SCDHHS Medicaid Bulletin [MB# 20-014](#) issued April 6, 2020 Absolute Total Care will be able to accept claims for dates of service on and after March 28, 2020 related to telephonic delivery of services for “associate” level practitioners beginning **May 15, 2020**.

Telephonic Care provided by “Associate” Level Practitioners

“Associate” level practitioners traditionally render services and received reimbursement under the registration of their supervising providers. During the COVID-19 public health emergency and response, Absolute Total Care will extend the same telemedicine flexibilities to the providers listed below as their fully licensed analog. This authority will extend through June 30, 2020, unless rescinded, modified or superseded by additional guidance issued at an earlier date. This additional telemedicine flexibility applies to:

- Licensed Professional Counselor – Associates
- Licensed Marriage and Family Therapist – Associates
- Psychologist – Postdoctoral Pending Licensure

Associate-level providers should continue to request reimbursement under their supervising clinician’s enrollment as before and follow all other billing guidance as articulated in the SCDHHS policy manual and Absolute Total Care COVID19 telehealth provider notification relevant to their supervising clinician and discipline.

Limitations and Clarifications

- Nothing in this notification should be construed as altering the conditions of the associate’s licensure, including underlying supervision requirements when conducting therapies, and should not be read as to authorize independent practice where otherwise not authorized by the associate’s Practice Act, corresponding regulations, applicable memoranda issued by the relevant professional licensing board or specific conditions of an individual associate’s license.
- Reimbursement for the telephonic and telehealth services addressed above 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.
- SCDHHS has not varied the scope of billable or non-billable activities with this bulletin, only the appropriate mode of delivery.
- 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.
- 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, privacy and confidentiality and the effect the provider’s setting has on each of these issues.
- Services provided pursuant to the current SCDHHS telemedicine coverage policy should continue to be billed according to those guidelines.

- 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.