

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

As of March 28, 2020, 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 1, 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 Community Mental Health Clinics (CMHC), Rehabilitative Behavioral Health Services (RBHS) and Licensed Independent Practitioners (LIPs)

- The additional codes outlined below are available to physicians, nurse practitioners, and physician assistants already authorized to render services and for the following provider types given the state's intensifying social distancing efforts:
 - Licensed Psychologist
 - Licensed Professional Counselor
 - Licensed Independent Social Worker
 - Licensed Marriage and Family Therapist
- The services and limitations listed are for established patient relationships 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, with a GT modifier, when delivered via telehealth:
 - **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*)
 - **90846** - Family Psychotherapy, without client, 50 minutes (*limitation - 1/day, 4/month*)
 - **90847** - Family Psychotherapy, Including Client, 50 minutes (*limitation - 1/day, 4/month*)
 - **90791** - Psychiatric Diagnostic Evaluation without Medical (*limit - 1 per 6 months*)
 - **H2014** - Behavior Modification (*limit - 4 units/day*)
 - **H2017** - Psychosocial Rehabilitation Service (individual) 4 units/day S9482 Family Support (*limit - 4 units/day*)
 - **S9482** - Family Support (*limit - 4 units/day*)
- 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

- These remote services outlined above are not reimbursable for individuals practicing under the supervision of a LIP provider.
- Inpatient services, such as those administered in a hospital inpatient psychiatric setting or Psychiatric Residential Treatment Facility (PRTF) cannot be provided in alternate settings and monitored remotely.
- 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.