

# MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY FQHC AND RHC TELEPHONIC AND TELEHEALTH SERVICES

Absolute Total Care will reimburse Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for providing telehealth services pursuant to modified guidelines below. These policy changes will be in effect for the duration of the current declared public health emergency, unless SCDHHS determines they should sunset at an earlier date.

FQHCs and RHCs must follow all provisions stipulated in this notification, including billing codes, modifiers, provider qualifications and frequency limits. These codes will be treated as “bill-above” services and reimbursement will be based on the applicable SCDHHS fee schedule in effect on the date service is rendered.

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.

**The following guidance can be used to bill for services related to telephonic delivery of services for dates of service on and after March 15, 2020. Absolute Total Care will begin accepting claims for these policy changes beginning May 1, 2020.**

## Telephonic Care Provided by a Physician, Nurse Practitioner, or Physician Assistant

- The following services must be rendered by a licensed physician, nurse practitioner, or physician assistant and are allowable only when provided to an established patient.
- These codes should not be billed if the telephonic encounter originates from a related evaluation and management (E/M) service provided within the preceding seven days nor if it leads to an E/M service or procedure within the subsequent 24 hours.
- Up to three encounters will be allowed every 30 days, and services may be provided regardless of the Medicaid member’s location.
  - **G2010** - Remote image submitted by patient
  - **G2012** - Brief check in by provider
  - **99441** - Telephonic E/M; 5-10 minutes of medical discussion
  - **99442** - Telephonic E/M; 11-20 minutes of medical discussion
  - **99443** - Telephonic E/M; 21-30 minutes of medical discussion
- The above G codes should be submitted with a GT modifier.
- 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 lifted.
- Services identified above must meet standard requirements for medical necessity.

## Telephonic Care Provided by a Licensed Independent Practitioner (LIP)

- Within established patient-provider relationships, Absolute Total Care is expanding the benefits to allow licensed psychologists (LPC, LPC-S, LMFT, LMFT-S, LISW-CP, LISA-AP, and LPES) who are enrolled

in the Medicaid program to provide periodic check-ins and assessments with established patients.

- Services are not reimbursable for individuals practicing under the supervision of a LIP provider.
- These codes should not be billed if the telephonic encounter originates from a related evaluation and management (E/M) service provided within the preceding seven days nor if it leads to an E/M service or procedure within the subsequent 24 hours.
- Up to three encounters will be allowed every 30 days, and services may be provided regardless of the Medicaid member's location.
  - **98966** - Telephonic Assess/Management; 5-10 minutes, non-physician
  - **98967** - Telephonic Assess/Management; 11-20 minutes, non-physician
  - **98968** - Telephonic Assess/Management; 21-30 minutes, non-physician
- Services billed pursuant to this benefit expansion should be billed with a HO, UC, or AH modifier as appropriate.
- 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 lifted.
- Services identified above must meet standard requirements for medical necessity.

**The following guidance can be used to bill for services related to telephonic delivery of services for dates of service on and after March 23, 2020. Absolute Total Care will begin accepting claims for these policy changes beginning May 1, 2020.**

#### Evaluation and Management (E/M) via Telehealth

- E/M services in the range of Current Procedural Terminology (CPT) codes 99202- 99204 and 99212- 99214 must be rendered by a licensed physician, nurse practitioner, or physician assistant.
- Services billed pursuant to this benefit expansion should be billed with a GT modifier.
- Requirements related to the referring site are waived, and services may be provided without regard to the member's location.
- Requirements that a certified or licensed professional be present at the referring site are waived.
- The audio and visual components of the interaction must include sufficient quality and/or resolution for the provider to effectively deliver the care being administered. Otherwise, any specific technology requirements are waived.
- General standards regarding documentation and medical necessity continue to apply.
- 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 lifted.
- Services identified above must meet standard requirements for medical necessity.

#### Reimbursement Policy

Reimbursement for telehealth services described above will be made according to SCDHHS policy outlined in the in [Medicaid Provider Alert](#) issued April 13, 2020.

#### 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.

- This benefit includes consultation, office visits, individual psychotherapy and psychiatric diagnostic interview examinations and testing and pharmacologic management to beneficiaries in a variety of referring sites.
- In addition, psychological testing and management, crisis intervention, and case management provided telephonically are currently reimbursed by Absolute Total Care.
- At this time, 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 bulletin should continue to provide services in the settings and in the manner provided according to existing SCDHHS and Absolute Total Care policy.