

MEDICAID PROVIDER BILLING GUIDANCE FOR COVID-19 TEMPORARY TELEPHONIC AND TELEHEALTH SERVICES – NEW PATIENTS

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 16, 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 16, 2020** for care provided to new patients via telehealth. 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 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 a new patient and may be provided regardless of the Medicaid member's location.
 - **99202** - Telephonic E/M; New Patient; 20 minutes of medical discussion
 - **99203** - Telephonic E/M; New Patient; 30 minutes of medical discussion
 - **99204** - Telephonic E/M; New Patient; 45 minutes of medical discussion
- 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.
- The information contained in this section is not applicable to telehealth delivered by Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs).
- Services identified above must meet standard requirements for medical necessity.

Delivery of Physical, Occupational and Speech Therapy via Telehealth

- Absolute Total Care will reimburse for the codes outlined below for therapy related to the following, when provided via telehealth to a new patient:
 - Surgical procedure in the preceding 120 days
 - Acute trauma, such as fractures or dislocations
 - Spinal or neurological disorders, such as brachial plexus, torticollis muscular dystrophy, and hereditary sensory motor neuropathy
 - Juvenile idiopathic arthritis
 - Acute hip disorders, such as Legg-Calve-Perthes disease and developmental dysplasia of the hip
- Therapy services may also be provided via telehealth if the therapy provider has determined and documented that deferring care would be clinically detrimental for therapy related to the following:
 - Congenital abnormalities
 - Cerebral palsy

- Genetic disorders
- Down syndrome
- Autism spectrum disorder
- Neurodevelopment disorders
- Prematurity
- Apraxia
- Global development delays
- For the clinical circumstances listed above, Absolute Total Care will reimburse for the following CPT codes, with a GT modifier, when delivered via telehealth.
 - **97530** - Therapeutic Activity
 - **97110** - Therapeutic Exercise
 - **92507** - Treatment of speech-language services; individual
- Providers should note that these flexibilities are provided for the licensed provider authorized to perform independent practice, and does not extend to assistants, technicians or provider extenders that may otherwise be utilized in a face-to-face setting.
- 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 6/30/2020.
- Prior authorization for all other therapy services not specifically outlined above remain in effect.
- Benefit limits apply to all services according to existing SCDHHS and Absolute Total Care policy.
- Services identified above must meet standard requirements for medical necessity.

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 available to for new 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 in addition to modifiers that are already required per billing guidelines, 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.

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.
- 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.
- 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.