

March 19, 2020  
MB# 20-004

## MEDICAID BULLETIN

**TO: All Providers and Beneficiaries**

**SUBJECT: Coronavirus Disease 2019 (COVID-19) Temporary Telephonic and Telehealth Services Updates**

On Friday, March 13, 2020, President Donald Trump declared a national emergency due to the coronavirus disease 2019 (COVID-19) and Governor Henry McMaster declared a state of emergency for the state of South Carolina. As a part of the state's preparation and response to COVID-19, the South Carolina Department of Health and Human Services (SCDHHS) is announcing modifications to policies related to the telephonic delivery of services to protect South Carolina Healthy Connections Medicaid members by ensuring ongoing access to care. The temporary policy changes outlined below will give providers needed flexibility to help ensure Healthy Connections Medicaid members continue to have access to care while supporting important social distancing measures.

SCDHHS is monitoring the circumstances surrounding COVID-19 closely and the coverage changes outlined in this bulletin are designed to ensure essential health services that prioritize safety and well-being are provided during periods of social distancing or self-quarantine. Accordingly, Healthy Connections Medicaid members with questions about maintaining scheduled health service appointments should consult with their healthcare provider. **Additional guidance and modifications to coverage policy, including habilitative, rehabilitative, and behavioral health therapies, along with their effective dates, will be communicated in future bulletins.**

**Effective for dates of service on and after March 15, 2020, SCDHHS is expanding coverage for telephonic and telehealth services.** The policy changes outlined below will remain in effect for the duration of the current declared public health emergency, unless SCDHHS determines they should sunset at an earlier date. **SCDHHS will begin accepting claims for these policy changes beginning April 1, 2020,** for dates of service on and after March 15, 2020.

Reimbursement for the telehealth services addressed below is available if the interaction with a Healthy Connections 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 services identified below must meet standard requirements for medical necessity.

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

The following services must be rendered by a 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.

Code	Description
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

**Telephonic Care Provided by Licensed Independent Practitioners (LIPs)**

During periods of requested or mandated social distancing or quarantine, individuals in need of routine behavioral health interventions may elect to cancel appointments or may be unable to attend scheduled appointments. In order to ensure continuity of care within established patient-provider relationships, SCDHHS is allowing LIPs (licensed psychologists, LPCs, LMFTs, LISW-CPs and LPES) who are enrolled in the Medicaid program to provide periodic check-ins and assessments with established patients. These 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 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.

Code	Description
98966	Telephonic Assess/Mgmt; 5-10 minutes, non-physician
98967	Telephonic Assess/Mgmt; 11-20 minutes, non-physician
98968	Telephonic Assess/Mgmt; 21-30 minutes, non-physician

Telephonic crisis management continues to be available through the community mental health, LIP, and rehabilitative behavioral health services benefits. Medical necessity requirements related to the provision of crisis management continue to apply.

**Existing Telemedicine Benefit**

Providers should also reference SCDHHS' existing telemedicine benefit, which is available to physicians, nurse practitioners and physician assistants. 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 SCDHHS. Providers can find more details about this benefit in the state plan or the relevant [provider manuals available on SCDHHS' website](#). 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 in the state plan and relevant provider manuals.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/  
Joshua D. Baker