

Dec. 18, 2024
MB# 24-070

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Updates to Telehealth Flexibilities Issued During the COVID-19 Public Health Emergency

Update (Dec. 20, 2024): This bulletin has been updated below to remove reference to ongoing coverage of procedure codes 98012, 98013, 98014 and 98015 by Act 301 local substance use disorder authorities delivered through audio-only telehealth. Coverage of audio-only telephonic coverage of MAT services expired with the end of the COVID-19 federal PHE.

Additionally, evaluation and management codes 99202-99204 and 99212-99214 will continue to be allowed to be billed via telehealth by FQHC and RHC providers. These services will be reimbursed as a "bill-above."

During the initial response to the coronavirus disease 2019 (COVID-19) pandemic, the South Carolina Department of Health and Human Services (SCDHHS) announced dozens of temporary policy changes designed to ensure ongoing access to care for Healthy Connections Medicaid members and children enrolled in the Individuals with Disabilities Education Act (IDEA) Part C program, commonly known as BabyNet. Through this bulletin, SCDHHS is announcing updates to the temporary telehealth policy changes created during the COVID-19 public health emergency (PHE), which were last updated in Medicaid bulletin [MB# 24-010](#).

As with the previous guidance updating these flexibilities, the flexibilities described below are organized by:

- Flexibilities that are being made permanent;
- Flexibilities that will be extended for further evaluation; and
- Flexibilities that will sunset effective Jan. 1, 2025.

Flexibilities to be Made Permanent

Evaluation of utilization data, clinical evidence and feedback from providers and other stakeholders have clearly demonstrated value in making the flexibilities created during the COVID-19 pandemic and described in this section permanent policy in the South Carolina

Healthy Connections Medicaid program. The changes described in this section of the bulletin will be permanently incorporated in their respective provider manuals no later than Jan. 1, 2025. As such, providers will not experience a lapse in their ability to provide these services via telehealth.

Developmental Evaluation Center (DEC) Screenings

SCDHHS will make permanent reimbursement to DEC's for services rendered via telehealth for encounters that include both audio and visual components. This applies to services rendered by a physician, nurse practitioner (NP), physician assistant (PA) or psychologist for the below Healthcare Common Procedure Coding System (HCPCS) codes, which will be reimbursed subject to the same duration requirements and service limits as services delivered face-to-face. These changes will be addressed in the [Clinic Services Provider Manual](#).

Code	Description
T1023	Neurodevelopmental evaluation and screening
T1023-TF	Neurodevelopmental evaluation and screening, follow-up
T1024	Psychological developmental evaluation and screening
T1024-TF	Psychological developmental evaluation and screening, follow-up

Substance Use and Mental Health Support

SCDHHS will make permanent reimbursement for management of medication-assisted treatment (MAT) services and services rendered by Act 301 local substance use disorder authorities delivered through telehealth. These policy additions apply to the procedure codes listed below with the exception of audio-only telephonic coverage of MAT services, which expired with the end of the COVID-19 federal PHE. These changes will be addressed in the [Clinic Services](#) and [Rehabilitative Behavioral Health Services \(RBHS\)](#) provider manuals.

Code	Description
90832	Individual psychotherapy, 30 minutes (allowed via telehealth for established patients only)
90834	Individual psychotherapy, 45 minutes (allowed via telehealth for established patients only)
90837	Individual psychotherapy, 60 minutes (allowed via telehealth for established patients only)
99202	Office or other outpatient E/M for a new patient, up to 30 minutes
99203	Office or other outpatient E/M for a new patient, 30-44 minutes
99204	Office or other outpatient E/M for a new patient, 45-59 minutes
99212	Office or other outpatient E/M for existing patient, 10-19 minutes
99213	Office or other outpatient E/M for existing patient, 20-29 minutes
99408	Alcohol and drug screening and brief intervention service (established patients only)
H0001	Alcohol and drug assessment- initial without physical
H0004	Alcohol and drug counseling- individual (established patients only)

H0032	Mental health service plan development – non-physician (established patients only)
H0038	Peer support service -individual only (established patients only)

Telephonic Evaluation and Management (E/M) Services

When audio/visual telehealth is not available, SCDHHS will continue to reimburse providers for the audio-only Current Procedural Technology (CPT) codes included in this section.

Reimbursement for the CPT codes included below will continue to be limited to encounters with established patients when rendered by a physician, NP or PA. These changes will be addressed in the [Federally Qualified Health Center \(FQHC\)](#), [Physicians Services](#), [RBHS](#) and [Rural Health Clinic \(RHC\)](#) provider manuals.

Effective Jan. 1, 2025, the CPT 2025 code set will include new codes for audio-only telehealth visits for established patients (codes 98012-98015). These codes will replace the existing audio-only codes 99441-99443, which will be deleted in CPT 2025. Additionally, 98016 (brief communication technology-based virtual check-in) will replace the existing HCPCS code G2012.

Code	Description
98012 *	Established patient synchronous audio-only E/M visit with 10 minutes or more of medical discussion
98013 *	Established patient synchronous audio-only E/M visit with 20 minutes or more of medical discussion
98014 *	Established patient synchronous audio-only E/M visit with 30 minutes or more of medical discussion
98015 *	Established patient synchronous audio-only E/M visit with 40 minutes or more of medical discussion
98016 *	Brief communication technology-based virtual check-in
G2010	Remote image submitted by patient. Allowed for established patients only.

***98012-98015 (audio-only) codes are replacing 99441-99443, which are being deleted effective Jan. 1, 2025, and 98016 (virtual check-in) is replacing G2012.*

Behavioral Health Services

SCDHHS will continue to augment the state's existing behavioral health telehealth benefit by making permanent the flexibilities included below. These changes will be addressed in the [Community Mental Health Services](#), [Licensed Independent Practitioners](#) and [RBHS](#) provider manuals.

Code	Description
90791	Psychiatric diagnostic evaluation without medical
90832	Individual psychotherapy, 30 minutes
90834	Individual psychotherapy, 45 minutes
90837	Individual psychotherapy, 60 minutes
90846	Family psychotherapy, without client, 50 minutes

90847	Family psychotherapy, including client, 50 minutes
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Pediatric Well-child Visit Services (Children Two Years Old and Above) and Early Periodic Screening, Diagnostic and Treatment (EPSDT) Visits

SCDHHS will continue to reimburse providers for child well-care and EPSDT visits rendered through telehealth. Families and Healthy Connections Medicaid members should continue to be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations and privacy and confidentiality expectations. These changes will be addressed in the [FQHC](#), [Physicians Services](#) and [RHC](#) provider manuals.

Code	Description
99382*	New patient child well-care visit, 1-4 years old
99383	New patient child well-care visit, 5-11 years old
99384	New patient child well-care visit, 12-17 years old
99385	New patient child well-care visit, 18-39 years old
99392*	Established patient well-care visit, 1-4 years old
99393	Established patient well-care visit, 5-11 years old
99394	Established patient well-care visit, 12-17 years old
99395	Established patient well-care visit, 18-39 years old

**Per American Academy of Pediatrics (AAP) guidance, well-child visits for children under the age of 2 should be conducted as an in-person visit.*

FQHCs and RHCs

SCDHHS will continue to reimburse FQHCs and RHCs for the following services rendered through telehealth. These changes will be addressed in the [FQHC](#) and [RHC](#) provider manuals.

Code	Description
99202	Office or other outpatient E/M for existing patient, up to 30 minutes
99203	Office or other outpatient E/M for existing patient, 30-44 minutes
99204	Office or other outpatient E/M for existing patient, 45-59 minutes
99212	Office or other outpatient E/M for existing patient, 10-19 minutes
99213	Office or other outpatient E/M for existing patient, 20-29 minutes
99214	Office or other outpatient E/M for existing patient, 30-39 minutes
99382*	New patient child well-care visit, 1-4 years old
99383	New patient child well-care visit, 5-11 years old
99384	New patient child well-care visit, 12-17 years old
99385	New patient child well-care visit, 18-39 years old
99392*	Established patient well-care visit, 1-4 years old
99393	Established patient well-care visit, 5-11 years old
99394	Established patient well-care visit, 12-17 years old
99395	Established patient well-care visit, 18-39 years old

98012**	Established patient synchronous audio-only E/M visit with 10 minutes or more of medical discussion
98013**	Established patient synchronous audio-only E/M visit with 20 minutes or more of medical discussion
98014**	Established patient synchronous audio-only E/M visit with 30 minutes or more of medical discussion
98015**	Established patient synchronous audio-only E/M visit with 40 minutes or more of medical discussion
98016**	Brief communication technology-based virtual check-in (Allowed for established patients only)
G2010	Remote image submitted by patient (Allowed for established patients only)
H0038	Peer support service (individual only) (Allowed for established patients only)

**Per AAP guidance, well-child visits for children under the age of 2 should be conducted as an in-person visit.*

***98012-98015 (audio-only) codes are replacing 99441-99443 which are being deleted effective Jan. 1, 2025, and 98016 (virtual check-in) is replacing G2012.*

Flexibilities to be Extended for Further Evaluation

Evaluation of utilization data, clinical evidence and input from providers and other stakeholders have demonstrated potential value in continuing some of the flexibilities introduced. The temporary flexibilities described in this section of the bulletin will be extended for further evaluation. This extended period will allow SCDHHS to continue to evaluate data, study national payor trends, receive additional feedback from stakeholders and further develop its telehealth monitoring plan. As such, providers will not experience a lapse in their ability to continue to provide these services via telehealth in 2025.

Autism Spectrum Disorder Assessment, Diagnostic and Treatment Services

SCDHHS will continue to reimburse providers for the ABA services described below when rendered through telehealth. These changes will be addressed in the [Autism Spectrum Disorder Services Provider Manual](#).

Code	Description
97151	Behavior identification assessment
97155	Adaptive Behavior treatment with protocol modification*
97156	Family adaptive behavior treatment guidance

**Only reimbursable if family continues to receive 97153*

Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) Services

SCDHHS will continue to reimburse for physical, speech and occupational therapy services that include both audio and visual components. Medicare has allowed an extension of PT, ST and OT services provided via telehealth through Dec. 31, 2026, with the exception of audio-only encounter CPT codes 98966-98968 and 99441-99443. SCDHHS will follow this additional extension period to allow for further review and clarification of national perspective. These

changes will be addressed in the [Rehabilitative Therapy and Audiological Services Provider Manual](#).

Code	Description	Provider Type
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Speech-language therapist
97530	Therapeutic activities	Occupational therapist/ Physical therapist

Flexibilities that Will Expire

Evaluation of utilization data, clinical evidence and input from providers and other stakeholders have not demonstrated value in making the temporary flexibilities created during the COVID-19 pandemic described in this section permanent policies in South Carolina's Medicaid program. As such, the temporary telehealth flexibilities described in this section will **sunset effective Jan. 1, 2025**.

Non-physician Telephonic Assessment E/M Services

Providers can continue to bill for the procedure codes included below for dates of service through Dec. 31, 2024.

Code	Description
98966	Telephonic assess/management, 5-10 minutes, non-physician
98967	Telephonic Assessment/management, 11-20 minutes, non-physician
98968	Telephonic Assessment/management, 21-30 minutes, non-physician

Pediatric Well-child Visit Services (Children Under Two Years of Age)

In alignment with AAP guidelines, well-child visits conducted via telehealth for children **under two years of age will expire effective Jan. 1, 2025**, due to the need for direct physical assessments and growth evaluations best conducted in-person.

Code	Description	Notes
99381	New patient child well-care visit, 0-1 years old	Not available via telehealth
99382*	New patient child well-care visit, 1-4 years old	*Applicable when billed for patients under the age of 2
99391	Established patient child well-care visit, 0-1 years old	Not available via telehealth
99392*	Established patient well-care visit, 1-4 years old	*Applicable when billed for patients under the age of 2

Telehealth Services for BabyNet-enrolled Children

Effective Jan. 1, 2025, SCDHHS will no longer reimburse providers for early intervention services and development of individualized family service plans (IFSPs) rendered through telehealth as

previously described in Medicaid bulletin [MB# 22-005](#). The IDEA Part C regulations require services to be delivered in a child's natural environment. The current methods available for participation in IFSP and delivery of service coordination remain unchanged.

Billing Modifiers

As a reminder, when billing for telehealth services, providers must **continue to submit claims with a GT modifier for each telehealth procedure code**. If providers are required to submit any other billing modifiers when submitting claims, the GT modifier should be listed after any other modifiers.

Beyond the flexibilities described in this bulletin, SCDHHS will continue to engage with the provider community and stakeholders to evaluate best practices and identify innovative solutions that will improve the state's access to care while demonstrating clinical evidence that such services can be delivered with the safety and efficacy of in-person delivery.

South Carolina's Medicaid managed care organizations (MCOs) are responsible for the authorizations, coverage and reimbursement related to the services described in this bulletin for members enrolled in an MCO.

Providers should direct questions related to this bulletin to the Provider Service Center (PSC). PSC representatives can be reached at (888) 289-0709 from 7:30 a.m.-5 p.m. Monday-Thursday and 8:30 a.m.-5 p.m. Friday. Providers can also submit an online inquiry at <https://www.scdhhs.gov/providers/contact-provider-representative>.

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

/s/
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