

April 29, 2022
MB# 22-005

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Update on Telehealth Flexibilities Issued During the COVID-19 Public Health Emergency

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 Part C program, which is commonly known as BabyNet. The majority of these policy changes were issued using emergency authorities derived from the federal public health emergency (PHE) and were issued for the duration of the federal PHE. These policy changes included a heavy emphasis on building upon SCDHHS' existing telehealth benefit. New telehealth flexibilities were extended for a wide variety of services where early evidence demonstrated a service may be able to be performed with an efficacy and quality of care comparable to the service provided in a face-to-face format.

After evaluating utilization data and consulting with the state's Medicaid managed care organizations (MCOs), the provider community and other stakeholders, SCDHHS is announcing updates to the temporary policy changes it previously issued. The updates announced in this bulletin are specific to the temporary telehealth policy changes created during the COVID-19 PHE and do not impact the agency's telehealth benefit that existed prior to the PHE. The changes announced today will **take effect once the current federal PHE has expired**. Providers are advised that the Secretary of the U.S. Department of Health and Human Services [recently announced](#) that the federal PHE will remain in effect until at least July 15, 2022. **SCDHHS will issue additional guidance for providers regarding the temporary flexibilities that were issued during the COVID-19 PHE that are not addressed in this bulletin.**

Broadly, SCDHHS has categorized this update to the telehealth flexibilities issued during the current PHE into three categories:

- Flexibilities that are being made permanent;
- Flexibilities that will be extended for further evaluation for one year after the expiration of the current federal PHE; and,
- Flexibilities that will expire at the end of the current federal PHE.

For flexibilities that are being made permanent or extended for further evaluation, all encounters that include both audio and visual components must include sufficient quality and/or resolution for the

provider to effectively deliver the care being administered. Each encounter must also include sufficient privacy protections to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). SCDHHS looks forward to continuing to engage with and receive feedback from stakeholders on its post-PHE transition planning.

Billing Modifiers

When billing for each procedure code referenced in this bulletin, **providers must continue to submit claims with a GT modifier when services are rendered via telehealth**. If providers are required to submit any other billing modifiers when submitting claims, the GT modifier should be listed after any other modifiers.

Flexibilities That Will be Made Permanent

Patient Home as Referring Site

SCDHHS will waive referring site restrictions that existed prior to the COVID-19 PHE, which will allow providers to be reimbursed for services delivered via telehealth to Healthy Connections Medicaid members regardless of the members' location as described in Medicaid bulletin [20-005](#). This flexibility applies to the evaluation and management (E/M) Current Procedural Terminology (CPT) codes listed below for services rendered by a physician, nurse practitioner, or physician assistant.

Code	Description	Billable for New Patient?
99202	E/M up to 30 minutes	Yes
99203	E/M 30-44 minutes	Yes
99204	E/M 45-59 minutes	Yes
99212	E/M 10-19 minutes	No, only approved for established patients
99213	E/M 20-29 minutes	No, only approved for established patients
99214	E/M 30-39 minutes	No, only approved for established patients

This flexibility will be made permanent for evaluation and management encounters that include both audio and visual components.

Evaluation of utilization data, clinical evidence and input from providers and other stakeholders have clearly demonstrated value in making the flexibility created during the COVID-19 pandemic and described in this section a permanent policy in South Carolina's Medicaid program. The changes described in this section of the bulletin will be permanently incorporated into the Medicaid program and their respective provider manuals no later than the end of the current federal PHE. As such, providers will not experience a lapse in their ability to provide these services via telehealth.

Flexibilities That Will be Extended for Further Evaluation

Evaluation of utilization data, clinical evidence and input from providers and other stakeholders have demonstrated potential value in continuing many other flexibilities that were created during the COVID-19 pandemic. **The temporary flexibilities described in this section of the bulletin will be extended for one year beyond the end date of the current federal PHE for further evaluation.** This extended period will allow SCDHHS to continue to evaluate data, study national payor trends, receive additional feedback from stakeholders and develop a telehealth monitoring plan. As such, providers will not experience a lapse in their ability to continue to provide these services via telehealth at the end of the current federal PHE.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)

SCDHHS will continue to reimburse FQHCs and RHCs for services rendered through telehealth. This extension applies to the flexibilities announced in Medicaid bulletin [20-007](#) and to the services described within this section of this Medicaid bulletin.

Audio-only Telephonic Services

When audio/visual telehealth is not available, SCDHHS will continue to reimburse providers for one year beyond the end date of the current federal PHE for the audio-only CPT codes included in this section. Reimbursement for the CPT codes included below will continue to be limited to encounters with established patients as described in Medicaid bulletin [20-004](#) when rendered by a physician, nurse practitioner, physician assistant or licensed independent practitioner (LIP). Services rendered through an FQHC or RHC for the CPT codes listed below will be reimbursed.

Code	Description	Billable for New Patient?
98966	Telephonic Assess/Management; 5-10 minutes, non-physician	No, only approved for established patients
98967	Telephonic Assess/ Management; 11-20 minutes, non-physician	No, only approved for established patients
98968	Telephonic Assess/ Management; 21-30 minutes, non-physician	No, only approved for established patients
99441	Telephonic E/M; 5-10 minutes of medical discussion	No, only approved for established patients
99442	Telephonic E/M; 11-20 minutes of medical discussion	No, only approved for established patients
99443	Telephonic E/M; 21-30 minutes of medical discussion	No, only approved for established patients
G2010	Remote image submitted by patient	No, only approved for established patients
G2012	Brief check-in by provider	No, only approved for established patients

Behavioral Health

Prior to the COVID-19 PHE, SCDHHS' Medicaid program covered a broad array of behavioral health services that were eligible for reimbursement when delivered using audio and visual interactions to ensure access to services in a variety of settings. SCDHHS will continue to augment the state's existing behavioral health telehealth benefit and extend the flexibilities included below for one year beyond the end date of the current federal PHE. Services described below are eligible for reimbursement when delivered by LIPs and associate-level licensed practitioners as described in Medicaid bulletins [20-009](#), [20-014](#) and [20-016](#). Services rendered through an FQHC or RHC for the CPT codes listed below will be reimbursed. Services described below will also be continued for this period for mental health professional master's level personnel employed by other state agencies.

Code	Description	Limitation	Billable for New Patient?
90791	Psychiatric diagnostic evaluation without medical	1 per 6 months	Yes
90832	Individual psychotherapy, 30 minutes	1/day, 6/month	Yes
90834	Individual psychotherapy, 45 minutes	1/day, 6/month	Yes

90837	Individual psychotherapy, 60 minutes	1/day, 6/month	Yes
90846	Family psychotherapy, without client, 50 minutes	1/day, 4/month	Yes
90847	Family psychotherapy, including client, 50 minutes	1/day, 4/month	Yes

The continued flexibilities described in this section are in addition to the extension of audio-only telephonic flexibilities described in the Audio-only Telephonic Services section of this bulletin.

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 behavioral health system while demonstrating clinical evidence that such services can be delivered with the safety and efficacy of in-person delivery.

Applied Behavior Analysis (ABA)

SCDHHS will continue to reimburse providers for the ABA services described below when rendered through telehealth for one year beyond the end date of the current federal PHE. These flexibilities will be extended for remote supervision of registered behavior technicians (RBTs) who provide service in a face-to-face setting and consultation of parent-directed activities via telehealth for the CPT codes listed below as described in Medicaid bulletin [20-011](#). These flexibilities will be extended for encounters that include both audio and visual components.

Code	Description	Limitation	Billable for New Patient?
97151	Behavior Identification Assessment	32 units annually	No, only approved for established patients
97155	Adaptive Behavior Treatment with Protocol Modification*	10% of authorized weekly line therapy hours (97153)	No, only approved for established patients
97156	Family Adaptive Behavior Treatment Guidance	48 units annually	No, only approved for established patients

**Only reimbursable if family continues to receive 97153*

Developmental Evaluation Center (DEC) Screenings

SCDHHS will continue to reimburse DEC for services rendered through telehealth for one year beyond the end date of the current federal PHE. These flexibilities will be extended for encounters that include both audio and visual components. As specified in the [SCDHHS memo issued April 16, 2020](#), services rendered by a physician, NP, PA or psychologist for the below Healthcare Common Procedure Coding System (HCPCS) codes will be reimbursed subject to the same duration requirements and service limits as services delivered face-to-face.

Code	Description	Billable for New Patient?
T1023	Neurodevelopmental evaluation and screening	No, only approved for established patients
T1023-TF	Neurodevelopmental evaluation and screening, follow-up	No, only approved for established patients
T1024	Psychological developmental evaluation and screening	No, only approved for established patients

T1024-TF	Psychological developmental evaluation and screening, follow-up	No, only approved for established patients
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Addiction and Recovery-related Services

SCDHHS will continue to reimburse for management of medication-assisted treatment (MAT) services and services rendered by Act 301 local alcohol and drug abuse authorities (local authorities) delivered through telehealth for one year beyond the end date of the current federal PHE. These continued flexibilities apply to the procedure codes listed below for the services and provider types described in the [memo SCDHHS issued April 17, 2020](#), and Medicaid bulletin [20-017](#) with the exception of audio-only telephonic coverage of MAT services, which will sunset with the end of the current federal PHE.

Code	Description	Billable for New Patient?
90832	Individual psychotherapy, 30 minutes	No, only approved for established patients
90834	Individual psychotherapy, 45 minutes	No, only approved for established patients
90837	Individual psychotherapy, 60 minutes	No, only approved for established patients
98966	Telephonic Assess/Management; 5-10 minutes, non-physician	No, only approved for established patients
98967	Telephonic Assess/ Management; 11-20 minutes, non-physician	No, only approved for established patients
98968	Telephonic Assess/ Management; 21-30 minutes, non-physician	No, only approved for established patients
99202	E/M up to 30 minutes	Yes
99203	E/M 30-44 minutes	Yes
99204	E/M 45-59 minutes	Yes
99212	E/M 10-19 minutes	No, only approved for established patients
99213	E/M 20-29 minutes	No, only approved for established patients
99214	E/M 30-39 minutes	No, only approved for established patients
99408	Alcohol and drug screening and brief intervention service	No, only approved for established patients
99441	Telephonic E/M; 5-10 minutes of medical discussion	No, only approved for established patients
99442	Telephonic E/M; 11-20 minutes of medical discussion	No, only approved for established patients
99443	Telephonic E/M; 21-30 minutes of medical discussion	No, only approved for established patients
H0001	Alcohol and drug assessment- initial without physical	Yes
H0004	Alcohol and drug counseling- individual	No, only approved for established patients
H0032	Mental health service plan Development – non-physician	No, only approved for established patients
H0038	Peer support service (individual only)	No, only approved for established patients

Physical and Speech Therapy Services

SCDHHS will continue to reimburse for physical and speech therapy services that include both audio and visual components for one year beyond the end date of the current federal PHE. These continued flexibilities apply to physical and speech therapy services rendered by the provider types and procedure codes listed below for services described in Medicaid bulletins [20-008](#) and [20-016](#), with the exception of

services provided as audio-only telephonic services, which will no longer be reimbursable upon expiration of the current federal PHE.

Code	Description	Billable for New Patient?
92507	Speech therapy	Yes*
97110	Physical therapy	Yes*

**Eligible for reimbursement when performed via telehealth for new patients once an initial evaluation has been performed. Initial evaluations must be performed in a face-to-face encounter in order to be eligible for reimbursement.*

Telehealth Services for BabyNet-enrolled Children

SCDHHS will continue to reimburse providers for early intervention services and development of individualized family service plans (IFSPs) rendered through telehealth. These flexibilities will be extended for one year beyond the end date of the current federal PHE. Services for the procedure codes listed below will continue to be reimbursed when rendered as described in Medicaid bulletin [20-010](#) and the [Medicaid alert dated July 9, 2020](#). Interpretation services as described in Medicaid bulletin [20-010](#) will also continue for one year beyond the end date of the current federal PHE. Additional billing guidance for these services is available in the [memo issued by SCDHHS on April 30, 2020](#).

In addition to the physical and speech therapy services described above, providers can also continue to be reimbursed for occupational therapy rendered through telehealth for children enrolled in the BabyNet program as described in Medicaid bulletin [20-008](#).

Code	Description	Limitation	Billable for New Patient?
T1016	Service coordination*	8 units/month	Yes
T1018	IFSP/FSP team meeting*	4 units/6 months	Yes
T1024	Multidisciplinary team participation by IFSP team members*	N/A	Yes
T1027	Family training/special instruction	16 units/month	Yes
97530	Occupational therapy**	N/A	Yes

**May be performed as an audio-only telephonic service or through an audio and visual interaction.*

***Reimbursement for this code will continue for one year beyond the end date of the current federal PHE only when rendered to a child who is enrolled in the BabyNet program.*

Child Well-care and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Visits

SCDHHS will continue to reimburse providers for child well-care and EPSDT visits rendered through telehealth. These continued flexibilities apply to the policy changes described in Medicaid bulletin [20-015](#) for encounters that include both audio and visual components. Families and beneficiaries 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.

Code	Description	Billable for New Patient?
99381	New patient child well-care visit, less than 1 year old	Yes
99382	New patient child well-care visit, 1-4 years old	Yes
99383	New patient child well-care visit, 5-11 years old	Yes
99384	New patient child well-care visit, 12-17 years old	Yes

99385	New patient child well-care visit, 18-39 years old	Yes
99391	Established patient well-care visit, less than 1 year old	No, only approved for established patients
99392	Established patient well-care visit, 1-4 years old	No, only approved for established patients
99393	Established patient well-care visit, 5-11 years old	No, only approved for established patients
99394	Established patient well-care visit, 12-17 years old	No, only approved for established patients
99395	Established patient well-care visit, 18-39 years old	No, only approved for established patients

Flexibilities That Will Expire at the end of the Current PHE

Evaluation of utilization data, clinical evidence and input from providers and other stakeholders have not demonstrated potential 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 upon the expiration of the current federal PHE.

In addition to what’s included in the table below, **MAT, occupational, physical and speech therapy providers will no longer be reimbursed for audio-only encounter CPT codes 98966-98968 and 99441-99443** upon the end of the federal PHE. Providers can continue to bill for the procedure codes included in this section when rendered via telehealth for dates of service that fall within the current federal PHE as authorized by Medicaid bulletins [20-008](#), [20-009](#), [20-016](#) and [20-017](#).

Code	Description
97530	Occupational therapy*
H2014	Behavior modification
H2017	Psychosocial rehabilitation service (individual)
S9482	Family support

**Occupational therapy will no longer be eligible for reimbursement when rendered via telehealth to those enrolled in Healthy Connections Medicaid who are not enrolled in BabyNet. Further guidance on occupational therapy rendered via telehealth to BabyNet enrolled children is provided in the “Telehealth Services for BabyNet-enrolled Children” section of this bulletin.*

A comprehensive list of the COVID-19-specific policy guidance SCDHHS issued during the PHE is available at www.scdhhs.gov/COVID19. Providers with questions about the policy changes announced in this bulletin should submit their questions to COVID@scdhhs.gov.

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

/s/
Robert M. Kerr