**To:** Select Health of South Carolina Participating Providers

**From:** Select Health Provider Network Management

**Date:** April 27, 2020

**Subject:** Coronavirus Disease 2019 (COVID-19) Temporary Enhanced Telehealth Coverage

***The information provided herein is reflective of the applicable SCDHHS guidance as of the date of issuance. Providers should continue to check the SCDHHS COVID-19 website at: https://msp.scdhhs.gov/covid19/ for further updates and modifications to practice and billing requirements given the evolving situation surrounding this pandemic.***

In accordance with the South Carolina Department of Health and Human Service's (SCDHHS) various COVID-19 bulletins, Select Health of South Carolina (SHSC) is expanding coverage for certain telephonic and telehealth services. To view the SCDHHS bulletins visit: https://msp.scdhhs.gov/covid19/.

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. All services must meet standard requirements for medical necessity.

Effective for claims with dates of service on or after March 15, 2020 the following policy changes will apply:

**Telephonic care provided by a Physician, Nurse Practitioner, or Physician Assistant**

- The telephonic care codes in the chart below should not be billed if the telephonic encounter originates from a related evaluation and management (E/M) service provided within the preceding seven days or if it leads to an E/M service or procedure within the subsequent 24 hours.
- A total of three encounters will be allowed every 30 days, and services may be provided regardless of the member's location.
- Telephonic care codes should be billed with the 'GT' modifier.

***Billable telephonic care codes for medical professionals*** (during the COVID-19 health emergency):

| 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 |

The standard telemedicine benefit, which includes consultation, office visits, individual psychotherapy and psychiatric diagnostic interview examinations and testing and pharmacologic management provided to members in a variety of referring sites by physicians, nurse practitioners and physician assistants, will continue to apply.

E/M services in the range of Current Procedural Terminology (CPT) codes **99201-99204** and **99212-99214**, billed with a GT modifier, may be provided regardless of the member's location.

- Initial guidance for these telehealth flexibilities was limited to established patients only. Effective April 16, 2020, these codes are reimbursable to new and established patients. Standards for authorization, referral, service limits and standards of medical necessity must be satisfied prior to initiation of care for a new patient.

- Requirements related to the referring site, the presence of a certified or licensed professional and specific technology are waived.

- Providers engaging in telemedicine services are required to ensure that the quality of care delivered is the same as if engaging the patient in a face-to-face format.

**Telephonic Care Provided by Physical, Occupational and Speech Therapists**

SHSC will also reimburse for telephonic care provided by physical, occupational and speech therapists. These services may be provided:

- To new and established patients.
- A total of three encounters every 30 days (across disciplines).
- Regardless of the Medicaid member's location.
- When billed with the 'GT' modifier.
- Additional requirements including those for medical necessity and authorization continue to apply and are set forth in greater detail below.

***Billable telephonic care codes for PT, OT, and ST*** (during the COVID-19 health emergency):

| 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 |

Additionally, therapy providers will be reimbursed for codes specified below when provided via telehealth, related to the following:

- 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 providers may also provide services via telehealth if the provider has determined and documented in the medical record 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.

***Billable telehealth codes for PT, OT, and ST*** (during the COVID-19 health emergency :

| Code | Description |
|---|---|
| **97530** | Therapeutic activities, direct (one-on-one) each 15 minutes |
| **97110** | Therapeutic procedure, 1 or more areas, each 15 minutes; |
| **92507** | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |

- Initial guidance for these telehealth flexibilities was limited to established patients only. Effective April 16, 2020, therapy treatment codes are reimbursable to new and established patients. Standards for authorization, referral, service limits and standards of medical necessity must be satisfied prior to initiation of care for a new patient.
- Therapy treatment codes should be billed with the 'GT' modifier.
- These flexibilities are provided for the licensed provider authorized to perform independent practice, and effective April 16, 2020, extend to physical, occupational and speech pathology assistants, and speech pathology interns.
- Services must be provided in a manner that is consistent with relevant practice acts, supervision requirements and standards of care. Authorization requirements, service limits and standards for medical necessity continue to apply.
- Applies to Select Health participating providers, including providers offering services to participants in South Carolina's Individuals with Disabilities Education Act (IDEA), Parts B and C.

**Prior authorizations**:

For services that normally require prior authorization, Select Health will continue to review for medical necessity, exercising discretionary flexibility warranted by the current COVID-19 public health emergency. Providers should continue to submit prior authorization requests by completing the applicable form found on the Select Health website, http://www.selecthealthofsc.com/provider/resources/forms.aspx, through the NaviNet provider portal or by calling Population Health Management at **1-888-559-1010.**

Current authorizations that are scheduled to expire will be reviewed for possible extension upon request for the duration of the COVID-19 health emergency.

**Authorization for members in Foster Care:**

During the COVID-19 pandemic, medical necessity reviews will be waived for behavioral health services for children in foster care. However, notification of the services to be rendered is still required by calling Population Health Management at **1-888-559-1010.**

When services are provided in a manner consistent with standard SCDHHS policy, such as care delivered face-to-face or through the therapeutic foster care system, existing limitations and billing requirements apply.

Members who are unable to self-direct or engage with a telephone or audio-visual device without a provider's presence may require face-to-face interactions to receive the therapeutic effect of the interventions

**General information**

Several exclusions remain in place during the COVID-19 response to help ensure that Medicaid reimbursement is available only when the quality of patient care remains at a clinically appropriate level and may not be provided via telemedicine, including:

- Administration of injectable medication.
- Inpatient services administered in a hospital inpatient psychiatric setting or Psychiatric Residential Treatment Facility (PRTF) cannot be provided in alternate settings and monitored remotely.
- Services provided by providers who are not licensed or credentialed to practice independently are also excluded (unless otherwise noted).

Families and members should be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations, privacy and confidentiality, and the effect the provider's setting has on each of these issues.

Reimbursement for the telephonic services is available if the interaction with the member includes telephone and/or video interactions. Other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement.

For all telemedicine services, 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.

SCDHHS has also published the fee schedule for telehealth codes that have been created during the public health emergency and further guidance for providers through a newly launched COVID-19 frequently asked questions (FAQs) page. Both resources are available on the Agency's COVID-19 website; the fee schedule is located at: www.scdhhs.gov/resource/fee-schedules and the FAQ page can be found at: https://msp.scdhhs.gov/covid19/faq-resources. Additional questions or concerns may be submitted directly to SCDHHS by emailing: covid@scdhhs.gov.

Thank you for your cooperation during this challenging time and for the valuable services you provide our First Choice members.