

ProviderAlert

To: Select Health of South Carolina Participating Department of Alcohol & Other Drug Abuse Providers

From: Select Health Provider Network Management

Date: May 21, 2020

Subject: Telehealth/telemedicine provided by Act 301 Local Alcohol & Drug Abuse Authorities

The information provided herein is reflective of the applicable South Carolina Department of Health and Human Services (SCDHHS) and Department of Alcohol and Other Drug Abuse Services (DAODAS) guidance at the time 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.

SCDHHS recently issued guidance allowing reimbursement to Act 301 Local Alcohol & Drug Abuse Authorities (DAODAS providers) for the following services when provided via telehealth/telemedicine during the COVID-19 health emergency:

Code	Description
H0001	Alcohol and drug assessment- initial w/o physical
H0004	Alcohol and drug counseling- individual
H0032	Mental health service plan development - non-physician
H0038	Peer support service (individual only)
99408	Alcohol and drug screening and brief intervention service
90832	Psychotherapy, 30 minutes (individual only)
90834	Psychotherapy, 45 minutes (individual only)
90837	Psychotherapy, 60 minutes (individual only)

In accordance with SCDHHS, Select Health confirms coverage for the services listed above when provided by DAODAS providers via telehealth/telemedicine, so long as services are otherwise rendered in a manner that is consistent with standard Medicaid

coverage and medical necessity requirements, as described in the SCDHHS Rehabilitative Behavioral Health Services (RBHS) provider manual.

Additional Flexibilities

In addition to LIP, associate-level, and LMSW providers, Select Health will reimburse for the services listed above when provided via telehealth/telemedicine by **certified or licensed addiction counselors**, so long as services are otherwise rendered in a manner that is consistent with existing Medicaid coverage requirements and the providers' credentials.

Claim Submission

DAODAS providers should use a GT modifier to indicate the delivery of a service via telehealth/telemedicine. Other modifiers, as described in the SCDHHS RBHS manual, continue to be required.

- For codes otherwise billed without a modifier, the GT modifier should be in the first position.
- For codes generally billed with an educational modifier (AH, HO), the educational modifier should be placed in the first position and the GT modifier in the second position.

General information

Providers engaging in telehealth/telemedicine services are required to ensure that the quality of care delivered is the same as in a face-to-face format. Not all interventions and services or members are suited for services delivered via telehealth/telemedicine. In collaboration with patients and their families, as appropriate, providers should use professional judgment when deciding to offer services via telehealth/telemedicine or to defer services due to the current public health emergency. Providers are also reminded the scope of billable or non-billable activities has not varied, only the appropriate mode of delivery.

Several exclusions remain in place during the COVID-19 response. These exclusions 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 telehealth/telemedicine, including:

- 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.
- 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).

Providers must still follow the course of therapy and limitations detailed in the beneficiary's individual plan of care.

Group or multi-family interventions are not reimbursable, nor are services when beneficiary-to-staff ratio is less than one-to-one. Only individual services are eligible for telehealth/telemedicine.

Members and their families should be given every opportunity to make informed decisions about the receipt of services via telehealth/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 components. Other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement.

SCDHHS has also launched a COVID-19 frequently asked questions (FAQs) available on the Agency's COVID-19 website: <https://msp.scdhhs.gov/covid19/faq-resources> . Additional questions or concerns may be submitted 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.