SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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MEDICAID BULLETIN

TO: **All Providers and Beneficiaries**

SUBJECT: **Coronavirus Disease 2019 (COVID-19) Update to Temporary Telehealth Coverage Changes**

On Friday, March 13, 2020, President Donald Trump declared a national emergency due to 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 additional temporary modifications to policies related to telehealth coverage. These modifications are in addition to those announced previously that are available at www.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. **SCDHHS will begin accepting claims for these policy changes beginning May 1, 2020, for dates of service on or after April 1, 2020.**

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

In accordance with guidance issued by the American Academy of Pediatrics (AAP), and in collaboration with South Carolina's pediatric community, SCDHHS will reimburse for pediatric well-care delivered via telehealth, as described below. Benefits, billing parameters and other guidelines for in-person care are not affected. SCDHHS supports the AAP recommendation that children through 24 months of age receive in-person well-care, when possible.

Telehealth coverage for well-care

SCDHHS will reimburse for well-care visits conducted via telehealth for children through the age of 18. To qualify for coverage, the visit must include the developmental and behavioral screenings, health risks assessments and anticipatory guidance components prescribed by the current edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Claims for well-care visits meeting these requirements should be billed using the appropriate **EPSDT code (99381-99385 or 99391-99395) with a GT modifier**. Any additional components that are currently reimbursed in addition to the well-care visit should also be billed with a GT modifier, so long as they can be reasonably provided via telehealth.

Immunizations

When pediatric well-care is provided via telehealth, providers must inform the beneficiary (or parent/guardian) of any immunizations that would routinely be administered. Vaccine administration should be scheduled as soon as feasible following the telehealth encounter. SCDHHS will reimburse for

immunization administration when delivered outside of the well-care visit (such as on a different day, at a separate location or through a drive-up immunization model). Claims for immunization administration should be billed on the date of service of the actual vaccine administration. If a provider is unable to offer immunizations at this time, patients may be referred to a South Carolina Department of Health and Environmental Control (DHEC) clinic. To schedule an appointment with DHEC, call (855)-4-SCDHEC.

Follow-up after telehealth well-care visit
Any child who receives a well-care visit via telehealth should have an in-person follow-up well-care visit as soon as feasible. SCDHHS will reimburse for the follow-up in-person visit.

Child Well-care and EPSDT Visits Provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
SCDHHS will reimburse FQHCs and RHCs for providing the telehealth services described above. These services will be treated as "bill-above" services and reimbursement will be based on the applicable SCDHHS fee schedule.

Limitations and Requirements
Providers engaging in telehealth are required to ensure any services billed can be meaningfully delivered through the telehealth platform being used. Families and beneficiaries 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, and privacy and confidentiality expectations. SCDHHS benefit limits, as well as standards of medical necessity and documentation, continue to apply.

Additional guidance regarding coverage policy will be communicated in future bulletins as needed. Providers are encouraged to view the resources, including responses to frequently asked questions, available at www.scdhhs.gov/covid19 and submit questions about COVID-19-related policy changes to covid@scdhhs.gov.

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

/s/
Joshua D. Baker