SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections MEDICAID

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MEDICAID BULLETIN

TO: **All Providers**

SUBJECT: **Coronavirus Disease 2019 (COVID-19) Temporary Telephonic and Telehealth Services Updates**

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.

Reimbursement for the telephonic services addressed below is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component. Interactions that also include video interaction may also be billed, but other forms of electronic communication, such as email and instant and text messaging, are not eligible for reimbursement. Services provided pursuant to the current SCDHHS telemedicine coverage policy should continue to be billed according to those guidelines. **SCDHHS will begin accepting claims for the changes noted below no later than April 15, 2020, for dates of services on or after this bulletin's date**. These temporary policy changes will be in effect for the duration of the federally declared public health emergency unless rescinded or superseded by SCDHHS prior to the end of the emergency.

The telehealth policy modifications outlined below were developed in consultation with clinical professionals and thought leaders throughout the South Carolina provider community and are intended to balance immediate treatment needs that are not appropriate for deferral with the safety and efficacy of remote service delivery. In all circumstances, the services identified below must meet standard requirements for medical necessity.

Early Intervention (EI)

Service coordination activities, much like Medicaid Targeted Case Management activities, have traditionally been delivered through a combination of face-to-face and telephonic means. Providers have expressed confusion about the appropriate mode of practice during this time of intensified social distancing and school closures. This bulletin is issued to clarify the appropriate course of reimbursement for EI providers.

This bulletin applies to all EI providers, including service coordinators concurrently enrolled in South Carolina's Healthy Connections Medicaid and Individuals with Disabilities Education Act (IDEA) Part C program. Note that frequency limitations and billing guidelines provided in this section apply only to

those instances when these services are provided via telehealth. Telemedicine services authorized in this bulletin are to be provided in lieu of, and not in addition to, family training and service coordination services provided pursuant to an Individualized Family Service Plan (IFSP) or Family Service Plan (FSP), as appropriate, to the person-centered planning tool used for each program.

The following codes are available for telephonic and audio/visual interaction with families.

Code	Description	Limitation
T1016	Service Coordination	8 units/month
T1018	IFSP/FSP Team Meeting	4 units/6 months
T1027	Family Training/Special Instruction	16 units/month

Note: Although the table above indicates a possible maximum of 24 units of codes T1016 and T1027, SCDHHS is authorizing a combined monthly limit of 16 units which may be administered in any combination based upon the IFSP and family's need. The T1018 code can be reimbursed in excess of Service Coordination and Family Training services delivered in the same period.

SCDHHS further authorizes all service coordinators/EIs to extend IFSPs and FSPs for 90 days without a full assessment for children who are due for IFSP and FSP reviews during that period. This will require service coordinators to produce a new IFSP/FSP with an end date of 90 days (normally 180 days) from the date of renewal.

Multidisciplinary team participation on an IFSP, reimbursed using code T1024 for non-EI providers, is also authorized for telephonic and audio/visual use. Translator and interpreter services reimbursed through IDEA Part C grant funds are still allowed to be rendered telephonically. Families choosing not to complete any evaluation or assessment that requires in-person, tactile, or face-to-face assessments are still eligible for all services that may be effectively authorized using telemedicine. Services delayed based upon this family or provider reason can be marked as delayed due to "Parent: COVID-19" or "System: COVID-19", respectively.

Transition from IDEA part C to Part B (school-based) services may also be performed via teleconference, and every effort should be made to include school districts in transition conferences.

Administrative Flexibilities

SCDHHS has issued guidance to managed care organizations (MCOs) to operate with necessary flexibility to ensure continuity of care with respect to prior authorization and documentation requirements for providers. SCDHHS will continue to monitor the provider community and address any issues between providers, beneficiaries, and MCOs as needed. Service coordinators and therapists should continue to provide IFSP documents for service authorizations to MCOs in the same manner implemented on January 1, 2020.

In addition, the Centers for Medicare and Medicaid Services (CMS) has issued guidance on Health Insurance Portability and Accountability Act (HIPAA) enforcement discretion regarding services authorized for telemedicine, which is available here: https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf

Finally, SCDHHS has submitted an 1135 waiver to CMS for a variety of administrative flexibilities. SCDHHS will issue further bulletins as CMS acts on the waiver.

Limitations and Clarification

Providers engaging in telemedicine services are required to ensure that the quality of care delivered is the same as if engaging the beneficiary in a face-to-face format. Not all interventions and services or beneficiaries are suited for delivery via telemedicine. Families and providers must use professional judgement when deciding to offer services via telemedicine or defer services due to the current public health emergency. Finally, SCDHHS has not varied the scope of billable or non-billable activities with this bulletin, only the appropriate mode of delivery.

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, privacy and confidentiality and the effect the provider's settings have on each of these issues.

With the flexibilities noted above, several exclusions remain in-place during the COVID-19 response to ensure that Medicaid reimbursement is available only when the quality of patient care remains at a clinically appropriate level:

- Only individual services are eligible for telemedicine. Group or multi-family interventions are not reimbursable, nor are services with staff-to-beneficiary ratio is greater than one-to-one.
- 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.
- Providers must still follow the course of therapy and limitations detailed in the beneficiary's IFSP or FSP.

Additional guidance regarding coverage policy will be communicated in future bulletins as needed.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid and IDEA Part C programs.

/s/
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