

**TO:** Sara Goldsby, Director  
South Carolina Department of Alcohol and Other Drug Abuse Services

**FROM:** Joshua D. Baker, Director

**DATE:** April 17, 2020

**SUBJECT:** Telehealth Clarification for Act 301 Local Alcohol and Drug Abuse Authorities

This memorandum details the applicability of telemedicine guidance to Act 301 local alcohol and drug abuse authorities (local authorities), adopts and clarifies the applicability of guidance issued by the South Carolina Department of Alcohol and other Drug Abuse Services (DAODAS) on March 19, 2020, and provides additional flexibilities for addiction service providers.

This memorandum applies only to services delivered in a mode or manner that differs from the standard Medicaid benefit for addiction services, as described in the South Carolina Department of Health and Human Services (SCDHHS) Rehabilitative Behavioral Health Services (RBHS) provider manual. Services delivered in accordance with existing benefits, including existing telemedicine benefits, should be delivered and billed in the customary manner.

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. **SCDHHS will begin accepting claims for the changes noted below no later than May 1, 2020, for dates of services on or after March 18, 2020.** The temporary policy changes outlined below will remain in effect for the duration of the federally declared public health emergency, unless rescinded or superseded by SCDHHS.

**Existing Telemedicine Benefits and Additional Temporary Flexibilities Previously Authorized**

Psychological testing/management and crisis intervention provided telephonically are currently reimbursed by SCDHHS. More details about these benefits can be found in the RBHS provider manual [available on SCDHHS' website](#). SCDHHS temporarily expanded telehealth reimbursement to include several additional behavioral health services, including individual psychotherapy when provided by a licensed independent practitioner (LIP), associate-level provider, or licensed master social worker (LMSW). These coverage expansions are detailed in Medicaid bulletins issued on March 19, March 28, and April 16, 2020, and are available at [www.scdhhs.gov/covid19](http://www.scdhhs.gov/covid19).

### **Applicability of DAODAS-issued Guidance on March 19, 2020**

On March 19, 2020, and March 24, 2020, DAODAS issued guidance allowing reimbursement to local authorities for the following services when provided via telehealth:

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)

To the extent not already addressed in previous bulletins, SCDHHS confirms coverage for these services when provided by local authorities via telehealth, so long as services are otherwise rendered in a manner that is consistent with existing Medicaid coverage requirements, as described in the SCDHHS RBHS manual.

### **Additional Flexibilities**

#### *Service Delivery*

In addition to LIP, associate-level, and LMSW providers, SCDHHS will reimburse for the services listed above when provided via telehealth 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' credential.

Finally, SCDHHS is permitting reimbursement for the telehealth delivery of an additional psychotherapy service, so long as it is otherwise rendered in a manner that is consistent with existing Medicaid coverage requirements, as described in the SCDHHS RBHS manual. The use of this code via telehealth is described in SCDHHS bulletins [20-009](#) and [20-016](#). Coverage of this service is intended to align the flexibilities authorized for local authorities with those allowed for other behavioral health providers.

Code	Description
90837	Psychotherapy, 60 minutes (individual only)

#### *Managed Care Organizations (MCOs)*

SCDHHS has issued guidance to 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.

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 [on its website](#).

Finally, SCDHHS has submitted an 1135 waiver to CMS for a variety of administrative flexibilities. The [SCDHHS waiver submission](#), as well as the initial [CMS approval](#), are available at [www.scdhhs.gov/covid19](http://www.scdhhs.gov/covid19).

### **Requirements and Limitations**

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, and families and providers should 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.

**Local authorities should use a GT modifier to indicate the delivery of a service via telehealth.** Other modifiers, and 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 another modifier, the GT modifier should be placed in the second position.

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 setting has 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 when beneficiary-to-staff 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 individual plan of care.

Any additional guidance regarding coverage policy will be communicated in future bulletins or correspondence as needed.

SCDHHS will continue to facilitate the ongoing exchange of information with DAODAS and welcomes any feedback as we continue to work every day to ensure that South Carolina's Medicaid beneficiaries have access to care that is essential to maintain their health and safety during the COVID-19 pandemic.

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