

South Carolina

Medicaid Program: South Carolina Medicaid

Program Administrator: South Carolina Health and Human Services Dept.

Regional Telehealth Resource Center: Southeastern Telehealth Resource Center <http://www.setrc.us>

South Carolina Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✗	✗	NLC, PTC, EMS	✓

South Carolina Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>South Carolina Medicaid reimburses for live video under certain circumstances. Store-and-forward is not reimbursed as it does not meet established conditions for the use of telemedicine. The South Carolina Medicaid reimburses for home health monitoring through the Home Aging Program for some conditions when a patient is eligible.</p>
	Definitions	<p>“Telemedicine is the use of medical information about a patient that is exchanged from one site to another via electronic communications to provide medical care to a patient in circumstances in which face-to-face contact is not necessary. In this instance, a physician or other qualified medical professional has determined that medical care can be provided via electronic communication with no loss in the quality or efficacy of the care.”</p> <p>“Electronic communication means the use of interactive telecommunication equipment that typically includes audio and video equipment permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the referring site. Telemedicine includes consultation, diagnostic, and treatment services.”</p> <p>Source: SC Health and Human Svcs. Dept., <i>Physicians Provider Manual</i>, p. 27-28 (July 2020). (Accessed Sept. 2020).</p>
	Live Video Policy	<p>South Carolina Medicaid will reimburse for live video and covers telemedicine when the service is medically necessary and under the following circumstances:</p> <ul style="list-style-type: none"> • The medical care is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary’s need; and • The medical care can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide. <p>Source: SC Health and Human Svcs. Dept. <i>Physicians Provider Manual</i>, p. 29 (July 2020). (Accessed Sept. 2020).</p>



If there are technological difficulties in performing a medical assessment or problems in a beneficiaries’ understanding of telemedicine, face-to-face care must be provided instead.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28 (July 2020). (Accessed Sept. 2020).

Telemedicine equipment and transmission must permit encrypted transmission and the speed and image resolution must be technically sufficient to support the service billed. Staff involved in a telemedicine visit must be trained in the use of the telemedicine equipment and component in its operation.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).

Reimbursement to the health professional delivering the medical service is the same as the current fee schedule amount for the service provided. See appropriate professional manuals for CPT codes. Codes must be billed along with the telemedicine GT modifier.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 215 (July 2020). (Accessed Sept. 2020).

Telepsychiatry

To qualify for reimbursement, interactive audio and video equipment that permits two-way real-time or near real-time communication with the client, consultant, interpreter, and referring clinician.

Additional requirements include:

- Reimbursement requires the “real-time” presence of a client.
- Reimbursement is available for psychiatric diagnosis assessment with Medicaid and medical evaluation and management codes.
- GT modifier must be used when billing the for telepsychiatric services.
- All equipment must operate at a minimum communication transfer rate of 384 kbps.
- Telepsychiatry reimbursement is not available for the following MH services; injectable, NS, CI Individual Family, Group and Multiple FP and Psychological Testing which require “hands on” encounters, Mental Health Assessment by Non-Physician and SPD.

Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 20. (Jan. 2020). (Accessed Sept. 2020).

Eligible services include consultation, diagnostic, and treatment services:

- Office or other outpatient visits;
- Inpatient consultation;
- Individual psychotherapy;
- Psychiatric diagnostic interview examination;
- Neurobehavioral status examination;
- Electrocardiogram interpretation and report only;
- Echocardiography.

Services provided by allied health professionals are not covered.

Telemedicine services are not an expansion of covered services, but an option for the delivery of certain covered services.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28, 30 & 157 (Feb. 2020). (Accessed Sept. 2020).

Local education manual refers providers to the physician Services Provider Manual for information regarding coverage and billing for telemedicine.

Source: SC Health and Human Svcs. Dept. Local Education Provider Manual, p. 29, (July 2019). (Accessed Sept. 2020).



Medicaid Targeted Case Management

Electronic visual encounters (e.g., Skype, teleconferencing or other media) with the beneficiary are not considered a face-to-face contact and will be reimbursed at the T1016 MTCM encounter rate.

Source: SC Health and Human Svcs. Dept., Medicaid Targeted Case Management Provider Guide, p. 20. (Jan. 2020). (Accessed Sept. 2020).

Telepsychiatry

Psychiatric Diagnostic assessment with medical services to assess or monitor the client’s psychiatric and/or physiological status may be provided via live video telepsychiatry. See manual for specific requirements.

Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 20. (Jan. 2020). (Accessed Sept. 2020).

Autism Spectrum Disorder

Telehealth is not covered.

Source: SC Health and Human Svcs. Autism Spectrum Disorder Provider Manual, p. 19 (July 2020). (Accessed Sept. 2020).

Dental Telephonic or Telehealth Encounters

SCDHHS will reimburse enrolled dentists for the provision of triage and care coordination when provided via telephonic or telehealth interaction for patients with urgent or emergent dental issues, regardless of the patient’s location. Dentists should bill for these services using Current Dental Terminology (CDT) Procedure code D9992. Reimbursement for D9992 will be allowed once per thirty (30) days per provider, provider location or billing entity for either a new or an established patient.

Reimbursement for the telephonic services described above is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component between patient and provider or provider and provider. 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. To qualify for reimbursement, the interactions must include the necessary audio and video components, of sufficient quality and resolution, to provide the care that is being billed.

Source: SC Health and Human Svcs. Dental Services Provider Manual. (Jul. 1, 2019), Pg. 75. (Accessed Sept. 2020).

Distant site eligible, reimbursed providers:

- Physicians;
- Nurse practitioners;
- Physician Assistants.

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 28-29. (July 2020). (Accessed Sept. 2020).

The RHCs and FQHCs would bill an encounter code when operating as the consulting site. Only one encounter code can be billed for a DOS. Both provider types will use the appropriate encounter code for the service along with the “GT” modifier (via interactive audio and video telecommunications system) indicating interactive communication was used.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 215. (July 2020). (Accessed Sept. 2020).



Eligible Sites

Eligible originating (referring) sites:

- Practitioner offices;
- Hospitals (inpatient and outpatient);
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Community Mental Health Centers;
- Public Schools;
- Act 301 Behavioral Health Centers.

Referring sites (also known as originating sites) must be located in the South Carolina Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: SC Health and Human Svcs. Dept., *Physicians Provider Manual*, p. 28-29 (July 2020). (Accessed Sept. 2020).

Local Education Agency Manual refers providers to the Physician Manual Policy

Source: : *Local Education Manual*, p. 29. (July. 2019). (Accessed Sept. 2020).

An appropriate certified or licensed health care professional at the referring site is required to present (patient site presenter) the beneficiary to the physician or practitioner at the consulting site and remain available as clinically appropriate.

Source: SC Health and Human Svcs. Dept. *Physicians Provider Manual*, p. 30 (July 2020). (Accessed Sept. 2020).

Geographic Limits

Distant (consultant) sites must be located in the SC Medical Service Area, which is the state of SC and areas in NC and GA within 25 miles of the SC border.

Source: SC Health and Human Svcs. Dept. *Physicians Provider Manual*, p. 28. (July 2020). (Accessed Sept. 2020).

Facility/Transmission Fee

The referring site is only eligible to receive a facility fee for telemedicine services. Claims are submitted with HCPCS code. If a provider from the referring site performs a separately identifiable service for the beneficiary on the same day as telemedicine, documentation for both services must be clearly and separately identified in the beneficiary's medical record, and both services are eligible for full reimbursement.

RHCs and FQHCs are eligible to receive a facility fee for telemedicine services when operating as the referring site. They may not bill the encounter code if these are the only services being rendered.

Hospital providers are eligible to receive a facility fee for telemedicine when operating as the referring site. Claims must be submitted with the appropriate telemedicine revenue code.

Source: SC Health and Human Svcs. Dept., *Physicians Provider Manual*, p. 215 (July 2020). (Accessed Sept. 2020).



Medicaid Telehealth Reimbursement

		Store-and-Forward
Store-and-Forward	Policy	<p>South Carolina Medicaid will not reimburse for store-and-forward due to the requirements that the beneficiary must be present and participating in the visit and interactive audio and video telecommunication must be used.</p> <p>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).</p>
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
		Remote Patient Monitoring
Remote Patient Monitoring	Policy	<p>An order or referral is required for South Carolina Medicaid Telemonitoring services.</p> <p>Source: SC Health and Human Svcs. Dept. Provider Administrative and Billing Manual, p. 11-12 (July 1, 2019). (Accessed Sept. 2020).</p>
	Conditions	No reference found.



Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX. No reimbursement for video cell phone interactions.</p> <p>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 157 (July 2020) (Accessed Sept. 2020).</p> <p>FQHCs Behavioral Health Services. Family Therapy: Billing for telephone calls is not allowed.</p> <p>Source: SC Health and Human Svcs. Dept. Federally Qualified Health Center Behavioral Health Services Provider Manual, p. 25, (July 2019). (Accessed Sept. 2020).</p> <p>Medicaid Targeted Case Management Electronic visual encounters (e.g., Skype, teleconferencing or other media) with the beneficiary are not considered a face-to-face contact and will be reimbursed at the T1016 MTCM encounter rate.</p> <ul style="list-style-type: none"> • A telephone contact is in lieu of a face-to-face contact when environmental considerations preclude a face-to-face encounter, for the purpose of rendering one or more MTCM components. Documentation must include details precluding a face-to-face encounter. • A relevant email contact via secured transmittal, on behalf of the beneficiary for the purpose of rendering one or more MTCM components. <p>For Medicaid purposes, a face-to-face contact is preferable with phone and/or email contact being acceptable if necessary.</p> <p>Source: SC Health and Human Svcs. Dept., Medicaid Targeted Case Management Provider Guide, p. 20 (Jan. 2020), (Accessed Sept. 2020).</p> <p>Dental Telephonic Encounters Reimbursement for the telephonic services described above is available if the interaction with a Healthy Connections Medicaid member includes at least one telephonic component between patient and provider or provider and provider. 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. To qualify for reimbursement, the interactions must include the necessary audio and video components, of sufficient quality and resolution, to provide the care that is being billed.</p> <p>Source: SC Health and Human Svcs. Dental Services Provider Manual. (Jul. 1, 2019), Pg. 75. (Accessed Sept. 2020).</p>	



Email / Phone / Fax

Licensed Independent Practitioner’s Rehabilitative Services

Service Plan Development (SPD) is a face-to-face or telephonic interaction between the beneficiary and a qualified clinical professional or a team of professionals.

Crisis Management (CM) is a face-to-face, or telephonic, short-term service is to assist a beneficiary, who is experiencing a marked deterioration of functioning related to a specific precipitant, in restoring his/her level of functioning and/or to stabilize the beneficiary.

When necessary/appropriate, consultation shall only include telephone or face-to-face contact by a Psychologist/LPES to the family, school, or another health care provider to interpret or explain the results of psychological testing and/or evaluations related to the care and treatment of the beneficiary. The Psychologist/LPES must document the recommended course of action.

Source: SC Health and Human Svcs. Dept. Licensed Independent Practitioner’s Rehabilitative Provider Manual, p. 17 & 19. (Jan. 2020). (Accessed Sept. 2020).

Telephone contact related to office procedures or appointment times are not covered.

Source: SC Health and Human Svcs. Dept. Licensed Independent Practitioner’s Rehabilitative Provider Manual, p. 21. (Jan. 2020). (Accessed Sept. 2020).

Consent

A patient’s written consent is required prior to the dissemination of any of their images or information to other entities.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 31 (July 2020). (Accessed Sept. 2020).

A patient may withdraw from the use of telemedicine at any time.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July 2020). (Accessed Sept. 2020).

Out of State Providers

No reference found.

Miscellaneous

If a beneficiary is a minor child, a parent and/or guardian must present the child for telemedicine services unless otherwise exempted by State or Federal law. The parent and/or guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.

Documentation to substantiate the services provided must be maintained at the referring and consulting locations. A request for a telemedicine service from a referring provider and the medical necessity for the telemedicine service must be documented in the beneficiary’s medical record. The documentation must include an indication that services were rendered via telemedicine and all other Medicaid documentation guidelines apply. The beneficiary has access to all transmitted medical information, with the exception of live interactive video, as there is often no stored data in such encounters.

Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30, 31 & 192 (July. 2020). (Accessed Sept. 2020).



Private Payer Laws	Definitions	No reference found.	
	Requirements	No reference found.	
	Parity	Service Parity	No reference found.
		Payment Parity	No reference found.
Professional Regulation/Health & Safety	Definitions	<p>Telemedicine means the practice of medicine using electronic communications, information technology, or other means between a licensee in one location and a patient in another location with or without an intervening practitioner.</p> <p>Source: SC Code Annotated Sec. 40-47-20(52). (Accessed Sept. 2020).</p> <p>South Carolina law addresses telemedicine under veterinary services, stating, “telemedicine is an audio, video, or data communication of medical information.”</p> <p>Source: SC Code Annotated Sec. 40-69-20(15). (Accessed Sept. 2020).</p>	
	Consent	No reference found.	



A licensee shall not establish a physician-patient relationship by telemedicine for the purpose of prescribing medication when an in-person physical examination is necessary for diagnosis.

Schedule II and Schedule III prescriptions are not permitted except for those Schedule II and Schedule III medications specifically authorized by the board, which may include, but not be limited to, Schedule II-nonnarcotic and Schedule III-nonnarcotic medications. To establish a physician-patient relationship via telemedicine, the provider must:

- Comply with state and federal laws on patient confidentiality
- Adhere to current standards of practice improvement and monitoring of outcomes and provide reports containing such information upon request of the board;
- Provide an appropriate evaluation prior to diagnosing and/or treating the patient, which need not be done in-person if the licensee employs technology sufficient to accurately diagnose and treat the patient in conformity with the applicable standard of care; provided, that evaluations in which a licensee is at a distance from the patient, but a practitioner is able to provide various physical findings the licensee needs to complete an adequate assessment, is permitted; further, provided, that a simple questionnaire without an appropriate evaluation is prohibited;
- Verify the identity and location of the patient and be prepared to inform the patient of the licensee's name, location and professional credentials;
- Establish a diagnosis through the use of accepted medical practices, which may include patient history, mental status evaluation, physical examination, and appropriate diagnostic and laboratory testing in conformity with the applicable standard of care;
- Ensure availability of follow-up care and maintain a complete medical record that is available to the patient and other treating health care practitioners, to be distributed to other treating health care practitioners only with patient consent and in accordance with applicable law and regulation;
- Prescribe within a practice setting fully in compliance with the law and during an encounter in which threshold information necessary to make an accurate diagnosis has been obtained in a medical history interview conducted by the prescribing licensee. See Code for specific information on controlled substances.
- Maintain a complete record of the patient's care according to prevailing medical record standards that reflects an appropriate evaluation of the patient's presenting symptoms; provided that relevant components of the telemedicine interaction be documented as with any other encounter;
- Maintain the patient's records' confidentiality and disclose the records to the patient consistent with state and federal law; provided, that licensees practicing telemedicine shall be held to the same standards of professionalism concerning medical records transfer and communication with the primary care provider and medical home as licensees practicing via traditional means; further, provided, that if a patient has a primary care provider and a telemedicine provider for the same ailment, then the primary care provider's medical record and the telemedicine provider's record constitute one complete medical record;
- Be licensed to practice in South Carolina provided, however, a licensee need not reside in South Carolina so long as he or she has a valid, current South Carolina medical license; further, provided, that a licensee residing in South Carolina who intends to practice medicine via telemedicine to treat or diagnose patients outside of South Carolina shall comply with other state licensing boards; and
- Discuss with the patient the value of having a primary care medical home and, if the patient requests, provide assistance in identifying available options for a primary care medical home.

A licensee, practitioner, or any other person involved in a telemedicine encounter must be trained in the use of the telemedicine equipment and competent in its operation.

Schedule II and III prescriptions are not permitted except as specifically authorized by the board.

Source: SC Code Annotated Sec. 40-47-37. (Accessed Sept. 2020).



Cross-State Licensing

The physician must be licensed in South Carolina; however, they do not need to reside in South Carolina.

Source: SC Code Annotated Sec. 40-47-37(C)(9). (Accessed Sept. 2020).

Member of EMS Compact.

Source: National Registry of Emergency Medical Technicians. The EMS Compact. (Accessed Sept. 2020).

Member of the Physical Therapy Compact.

Source: Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).

Member of the Nurse Licensure Compact.

Source: Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2020).

Miscellaneous

No reference found.

