

South Carolina

Medicaid Program: South Carolina Medicaid

Program Administrator: South Carolina Health and Human Services Dept.

Regional Telehealth Resource Center: Southeastern Telehealth Resource Center

Covers the States of: Alabama, Florida, Georgia, and South Carolina

<http://www.setrc.us>

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.</p> <p>“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. 2019) (Accessed Sept. 2019).</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; • 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. 2019) (Accessed Sept. 2019).</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. 2019) (Accessed Sept. 2019).

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. 2019) (Accessed Sept. 2019).

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. 2019) (Accessed Sept. 2019).

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.

Source: SC Health and Human Svcs. Dept. Community Mental Health Services Provider Manual, p. 20. (Jul. 2019). (Accessed Sept. 2019).

Eligible services include consultation, diagnostic, and treatment services:

- Office or other outpatient visits;
- Inpatient consultation;
- Individual psychotherapy;
- Pharmacologic management;
- Psychiatric diagnostic interview examination and testing;
- 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 (July. 2019) (Accessed Sept. 2019).

Autism Spectrum Disorder

Telehealth is not covered.

Source: SC Health and Human Svcs. Autism Spectrum Disorder Provider Manual, p. 19 (July. 2019). (Accessed Sept. 2019).



Eligible Providers

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. (Mar. 2019) (Accessed Sept. 2019).

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. 2019) (Accessed Sept. 2019).

Local Education Agency Manual refers providers to the Physician Manual Policy.

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

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. 2019) (Accessed Sept. 2019).

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. 2019) (Accessed Sept. 2019).

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 performs separately identifiable service for a beneficiary on the same day as telemedicine, documentation of both services must be clearly and separately identified in the medical record and both services are eligible for 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 encountercode 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. 2019) (Accessed Sept. 2019).



Medicaid Telehealth Reimbursement

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. 307 (July. 2019) (Accessed Sept. 2019).</p>
	Eligible Services/Specialties	No reference found.
Store-and-Forward	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
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. 2019).</p> <p>Medicaid Home Again Program for Community Long Term Care. Medical telemonitoring must record body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. Providers must meet certain conditions to participate.</p> <p>Services to be provided:</p> <ul style="list-style-type: none"> • Unit of service is one day of direct telemonitoring provided to/for a participant in the participant’s place of residence. • The equipment must record at a minimum body weight, blood pressure, oxygen saturation, blood glucose, and basic heart rate information. Data must be transmitted electronically and any transmission costs shall be incurred by the provider of the telemonitoring service. • Daily reimbursement rate is inclusive of monitoring of data, charting data from the monthly monitoring, visits or calls made to the home to follow up with the participants and/or caregiver, phone calls made to primary care physician(s) that are necessary while the participant is receiving the telemonitoring service, all installation of the equipment in the home and training on the equipment’s use and care in the home, including equipment removal. • Provider shall provide telemonitoring service seven days per week for all authorized time periods. <p>Source: SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-206 to 6-207 (Aug. 2019). (Accessed Sept. 2019).</p>



Remote Patient Monitoring	Conditions	<p>Community Choices waiver participants must have a primary diagnosis of:</p> <ul style="list-style-type: none"> • Insulin Dependent Diabetes Mellitus; • Hypertension; • Chronic Obstructive Pulmonary Disease; and/or • Congestive Heart Failure <p>Source: SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-206 (Aug. 2019). (Accessed Sept. 2019).</p>
	Provider Limitations	<p>Providers must:</p> <ul style="list-style-type: none"> • Have equipment that records at a minimum the participant’s body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information. All agencies must also have nursing personnel and health care professionals able to carry out specific duties. • Agree to participate in all components of the Care Call payment system and have the capability to receive and respond to authorizations for service in an electronic format. • Have at least one year of experience or otherwise demonstrate competency in the provision of this service. <p>Source: SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-205 (Aug. 2019). (Accessed Sept. 2019).</p>
	Other Restrictions	<p>Community Choices waiver participants must meet the following criteria to participate:</p> <ul style="list-style-type: none"> • Have a primary diagnosis of Insulin Dependent Diabetes Mellitus, Hypertension, Chronic Obstructive Pulmonary Disease and/or Congestive Heart Failure; and • History of at least two hospitalizations and/or emergency room visits in the past 12 months; and • Have a primary care physician that approves the use of telemonitoring service and is solely responsible for receiving and acting upon the information received via the service; and • Be capable of using the telemonitoring equipment and transmitting the necessary data or have an individual available to do so. <p>Other requirements on staffing, background checks, installation, equipment, conduct of service and administration are required.</p> <p>Source: SC Health and Human Svcs. Dept. Community Long Term Care Provider Manual, p. 6-205 to 6-206 (Aug. 2019). (Accessed Sept. 2019).</p>
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. 159 (July. 2019) (Accessed Sept. 2019).</p> <p>Licensed Independent Practitioner’s Rehabilitative Services. Service Plan Development, crisis management and consultations between psychologists/LPES to families, schools or other health care providers can be provided telephonically.</p> <p>Source: SC Health and Human Svcs. Dept. Licensed Independent Practitioner’s Rehabilitative Provider Manual, p. 16-17 & 19-20. (July. 2019). (Accessed Sept. 2019).</p> <p>Telephone contact related to office procedures or appointment times are not covered.</p> <p>Source: SC Health and Human Svcs. Dept. Licensed Independent Practitioner’s Rehabilitative Provider Manual, p. 21. (July. 2019). (Accessed Sept. 2019).</p>	



Medicaid Telehealth Reimbursement	Consent	<p>A patient’s written consent is required prior to the dissemination of any of their images or information to other entities.</p> <p>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 31 (July, 2019). (Accessed Sept. 2019).</p> <p>A patient may withdraw from the use of telemedicine at any time.</p> <p>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 307 (July, 2019) (Accessed Sept. 2019).</p>
	Out of State Providers	No reference found.
	Miscellaneous	<p>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.</p> <p>Documentation to substantiate the services provided must be maintained at the medical records at referring and consulting locations. 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.</p> <p>Source: SC Health and Human Svcs. Dept. Physicians Provider Manual, p. 30 (July, 2019).</p>
Private Payer Laws	Definitions	No reference found.
	Requirements	No reference found.



Private Payer Laws	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. 2019).</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. 2019).</p>	
	Consent	No reference found.	
	Online Prescribing	<p>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.</p> <p>To establish a physician-patient relationship via telemedicine, the provider must:</p> <ul style="list-style-type: none"> • Comply with state and federal laws on patient confidentiality • Adhere to current standards of practice • Provide an appropriate examination • 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 • Ensure availability of follow-up care • Prescribe within a practice setting fully in compliance with the law • Maintain a complete record of the patient’s care • Maintain the patient’s records’ confidentiality • Be licensed to practice in South Carolina • Be trained in the use of telemedicine • 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. <p>Schedule II and III prescriptions are not permitted except as specifically authorized by the board.</p> <p>Source: SC Code Annotated Sec. 40-47-37. (Accessed Sept. 2019).</p>	



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. 2019).*

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact. (Accessed Sept. 2019).*

Member of the Nurse Licensure Compact.

Source: *Current NLC States & Status. Nurse Licensure Compact. (Accessed Sept. 2019).*

Miscellaneous

No reference found.

