

SOUTH CAROLINA OFFICE OF
RURAL HEALTH
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**Coronavirus Disease 2020 (COVID-19) Temporary Telephonic and Telehealth Services Updates
for Rural Health Providers**

Pursuant to DHHS COVID Bulletin released [March 25th, 2020](#) which referenced previous bulletins on [March 19, 2020](#) and [March 23, 2020](#) the codes below are payable to Rural Health Clinics (RHCs) starting on the Effective Dates below and will be paid on or after the Claim Submission Start Dates. **All expanded codes should be billed under the RHC Group Practice (GP) number for accurate payment consistent with all other “bill-above” codes.** 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.

Per [SCDHHS COVID-19 TH Fee Schedule](#), posted April 13th 2020, “Rural Health Center reimbursement will be based on the appropriate fee schedule for the rendering provider. Rural Health Centers (RHC) services provided by **Family Practice, Pediatrics, Internal Medicine, OB/GYN and psychiatry providers** will be based on the **Enhanced Physician Fee Schedule.**”

All other providers types will continue to be paid at parity with their current fee schedules. Please refer directly to the SC DHHS Fee Schedules website for conformation of all other codes and provider type payments not listed in this document. <https://www.scdhhs.gov/resource/fee-schedules>

Please send all questions regarding these services not covered in this communication to Shannon Chambers (chambers@scorh.net) for inclusion in a forthcoming FAQ document.

Telephonic Care

Code	Description	Effective Date	Claims Submission Start date
G2010	Remote image submitted by patient	3/15/2020	5/1/2020
G2012	Brief check in by provider	3/15/2020	5/1/2020
99441	Telephone E/M; 5-10 minutes medical discussion	3/15/2020	5/1/2020
99442	Telephone E/M; 11-20 minutes medical discussion	3/15/2020	5/1/2020
99443	Telephone E/M; 21-30 minutes medical discussion	3/15/2020	5/1/2020

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Enhanced Physician Fee Schedules		
G2010	Remote image submitted by pt	\$ 12.02
G2012	Brief check in by md/qhp	\$ 14.10
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 18.46
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 33.23
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 46.15
Pediatric Subspecialty and Neonatology Fee Schedule		
G2010	Remote image submitted by pt	\$ 13.05
G2012	Brief check in by md/qhp	\$ 15.30
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 20.03
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 36.06
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 50.09
Nurse Practitioner and Physician Assistant Fee Schedule		
G2010	Remote image submitted by pt	\$ 7.46
G2012	Brief check in by md/qhp	\$ 8.74
99441	Telephonic E/M; 5-10 minutes of medical discussion	\$ 11.45
99442	Telephonic E/M; 11-20 minutes of medical discussion	\$ 20.61
99443	Telephonic E/M; 21-30 minutes of medical discussion	\$ 28.62
Licensed Independent Practitioner and Therapy (PT/ST/OT) Fee Schedule		
98966	Telephonic Assess/Mgmt; 5-10 minutes, non-physician	\$ 12.16
98967	Telephonic Assess/Mgmt; 11-20 minutes, non-physician	\$ 21.89
98968	Telephonic Assess/Mgmt; 21-30 minutes, non-physician	\$ 30.41

The following services must be rendered by a physician, nurse practitioner, or physician assistant and are allowable only when provided to an established patient. Up to three (3) encounters total will be allowed every 30 days, and services may be provided regardless of the Medicaid member's location.

The codes should be billed under the GP number and the Place of Service where the patient would normally be seen.

Reimbursement for the telehealth services addressed above is available if the interaction with a Healthy Connections Medicaid member includes at least one remote component. Interactions that 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.

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Telehealth Evaluation and Management (E/M)

Services billed pursuant to this benefit expansion should be billed with a **GT modifier** and a **02 Place of Service (telehealth)** under the RHCs **GP Number**.

Code	Description	Effective Date	Claims Submission Start date
99202-99204	New Patient E/M	3/23/2020	5/1/2020
99212-99214	Established Patient E/M	3/23/2020	5/1/2020

CPT	Desc	Enhanced Fee	Specialist Fee	PA/NP Fee
99202	New Pt E/M Level 2	\$73.03	\$79.26	\$45.29
99203	New Pt E/M Level 3	\$103.58	\$112.41	\$64.23
99204	New Pt E/M Level 4	\$158.14	\$171.63	\$98.07
99212	Est. Pt E/M Level 2	\$43.01	\$46.68	\$26.67
99213	Est. Pt E/M Level 3	\$71.30	\$77.38	\$44.22
99214	Est. Pt E/M Level 4	\$104.68	\$113.61	\$64.92

When rendered by a physician, nurse practitioner, or physician assistant, E/M services in the range of Current Procedural Terminology (CPT) codes 99202- 99204 and 99212-99214 may be provided regardless of the Medicaid member’s location. All aspects of the SCDHHS telemedicine policy continue to apply, except for the following:

- Requirements related to the referring site are waived, and services may be provided without regard to the member’s location.
- Requirements that a certified or licensed professional be present at the referring site are waived.
- The audio and visual components of the interaction must include sufficient quality and/or resolution for the provider to effectively deliver the care being administered. Otherwise, any specific technology requirements are waived.