

South Carolina

Medicaid Program: South Carolina Medicaid

Medicaid Program Administrator: South Carolina Health and Human Services Dept.

Regional Telehealth Resource Center:

Southeast Telehealth Resource Center

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STATE LAW/REGULATIONS	MEDICAID PROGRAM
Definition of telemedicine/telehealth	
<p>South Carolina law addresses telemedicine under veterinary services, stating, “telemedicine is an audio, video, or data communication of medical information.”</p> <p><i>Source: SC Code Annotated Sec. 40-69-20.</i></p>	<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><i>Source: SC Health and Human Svcs. Dept., <u>Physicians Provider Manual</u>, p. 180 (Jan. 1, 2015).</i></p>
Live Video Reimbursement	
<p>No reference found.</p>	<p>South Carolina Medicaid will reimburse for live telemedicine and tele-psychiatry.</p> <p>Eligible services:</p> <ul style="list-style-type: none"> • 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. <p>Eligible services must meet these requirements:</p>

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	<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><i>Source: SC Health and Human Svcs. Dept. <u>Physicians Provider Manual</u>, p. 180-182 (Jan. 1, 2015).</i></p> <p>These community mental health services are ineligible:</p> <ul style="list-style-type: none"> • Injectables; • Nursing services; • Crisis intervention • Individual, family, group and multiple family psychotherapy • Psychological testing which require "hands-on" encounters; • Mental health assessment by non-physician; and • Service Plan Development. <p><i>Source: SC Health and Human Svcs. Dept. <u>Community Mental Health Services Provider Manual</u>, p. 115 (Jan. 1, 2015).</i></p> <p>Distant site eligible, reimbursed providers:</p> <ul style="list-style-type: none"> • Physicians; • Nurse practitioners. <p><i>Source: SC Health and Human Svcs. Dept. <u>Physicians Provider Manual</u>, p. 169 (Jan. 1, 2015).</i></p>
Store and Forward Reimbursement	
No reference found.	<p>South Carolina Medicaid will not reimburse for store and forward due to the requirement that the beneficiary must be present and participating in the visit.</p> <p><i>Source: SC Health and Human Svcs. Dept. <u>Physicians Provider Manual</u>, p. 180-181 (Jan. 1, 2015).</i></p>
Remote Patient Monitoring Reimbursement	
No reference found.	Please see "Comments" section below.
Email/Phone/FAX	
No reference found.	<p>No reimbursement for email. No reimbursement for telephone. No reimbursement for FAX.</p> <p><i>Source: SC Health and Human Svcs. Dept. <u>Physicians Provider Manual</u>, p. 182-183 (Jan. 1, 2015).</i></p>

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Online Prescribing	
<p>Prior to prescribing drugs to a patient, physicians first must establish a proper physician-patient relationship. Requirements are:</p> <ul style="list-style-type: none"> • Personally performing and documenting an appropriate history and physical examination, making a diagnosis, and formulating a therapeutic plan; • Discussing with the patient the diagnosis and the evidence for it, and the risks and benefits of various treatment options; • Ensuring the availability of the physician or other coverage for the patient for appropriate follow-up care. <p>Exceptions for prescribing for a patient whom the physician has not personally examined include, but are not limited to:</p> <ul style="list-style-type: none"> • Admission orders for a newly hospitalized patient; • Prescribing for a patient of another physician for whom the prescriber is taking call; • Prescribing for a patient examined by a licensed advanced practice registered nurse, a physician assistant or other authorized provider; • Continuing medication on a short-term basis for a new patient prior to the patient's first appointment. <p>Prescribing drugs to individuals the physician has never met based solely on answers to a set of questions, as is common in Internet or toll-free telephone prescribing, is prohibited.</p> <p><i>Source: SC Admin. Regulations Annotated Sec. 81-28.</i></p>	<p>No reference found.</p>
Consent	
No reference found.	No reference found.
Location	
No reference found.	<p>Eligible originating (referring) sites:</p> <ul style="list-style-type: none"> • Practitioner offices; • Hospitals (inpatient and outpatient); • Rural Health Clinics; • Federally Qualified Health Centers; • Community mental health centers. <p>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.</p>

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	<i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 181 (Jan. 1, 2015).</i>
Cross-State Licensing	
No reference found.	No reference found.
Private Payers	
No reference found.	No reference found.
Site/Transmission Fee	
No reference found.	The referring site is eligible to receive a facility fee. <i>Source: SC Health and Human Svcs. Dept., Physicians Provider Manual, p. 184 (Jan. 1, 2015).</i>
Miscellaneous	

Comments: In 2011, a new state law, SCSB 588, established a statewide system of stroke care. It requires the Department of Health and Environmental Control to distribute to emergency medical services providers a list of primary stroke centers, telemedicine stroke centers, and other certified programs.

The Bureau of Long Term Care Services offers Telemonitoring. The objectives of the Telemonitoring service are to maintain and promote the health status of Medicaid home and community-based waiver participants through medical telemonitoring of body weight, blood pressure, oxygen saturation, blood glucose levels, and basic heart rate information.

*Source: SC Health and Human Svcs., Bureau of Long Term Care Services, <
<https://www.scdhhs.gov/historic/insideDHHS/Bureaus/BureauofLongTermCareServices/doc/telemonitoring%20scope.pdf>> Accessed Jul. 25, 2014.*

Effective July 1, 2014 the South Carolina Department of Health and Human Services will implement a project to leverage the use of teaching hospitals to provide rural physician coverage, expand the use of telemedicine, and ensure targeted placement and support of adequate OB/GYN services.

Source: South Carolina Healthy Connections Medicaid, Provider Alert, <https://www.scdhhs.gov/press-release/obgyn-telemedicine-demonstration-project>