

**DEPARTMENT OF SOCIAL SERVICES**

DIVISION OF MEDICAL SERVICES

700 GOVERNORS DRIVE

PIERRE, SD 57501-2291

**PHONE:** 605-773-3495

**FAX:** 605-773-5246

**WEB:** [dss.sd.gov](http://dss.sd.gov)



**Strong Families - South Dakota's Foundation and Our Future**

December 6, 2016

**ATTENTION: South Dakota Medicaid Providers**

**FROM: South Dakota Medicaid**

**RE: Telemedicine Services**

South Dakota Medicaid is expanding its coverage of telemedicine services to more closely align with Medicare coverage of telemedicine services. Effective December 1, 2016, South Dakota Medicaid will add additional CPT codes to the list of services that may be provided via telemedicine. This includes coverage for subsequent nursing facility care (CPT 99307-99310) and behavioral health services (CPT 90832 – 90838). Please see the Appendix for a complete list of covered services.

Telemedicine is the use of an interactive telecommunications system to provide two-way, real-time, interactive communication between a provider physically located at a distant site and a recipient physically located at an originating site. As a reminder, the distant and originating site may not be located in the same community unless the originating site is a nursing facility.

Telemedicine services provided at a distant site must be billed with a GT modifier to indicate the service was provided via telemedicine. Providers at the distant site must be enrolled as a servicing provider with South Dakota Medicaid. All service limitations and requirements for face-to-face services apply to telemedicine services. Originating sites are eligible to receive a facility fee for each completed telemedicine transaction. Please note that the originating site must be an enrolled provider and the facility must be billed using HCPC code Q3014. The following originating sites are approved to bill a facility fee:

- Office of a physician or practitioner
- Outpatient Hospitals
- Critical Access Hospitals
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Indian Health Service (IHS) Clinics
- Community Mental Health Centers (CMHC)
- Nursing Facilities

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre SD 57501, 605-773-3305.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).

For additional information about South Dakota Medicaid's telemedicine policy, please review the *Professional Services Billing Manual* or the *Institutional Billing Manual* located on our website: <http://dss.sd.gov/medicaid/providers/billingmanuals/>

If you have any questions, please contact the Division of Medical Services at 605-773-3495.

Thank you,

South Dakota Medicaid

## Appendix: South Dakota Medicaid Covered Telemedicine Services

Newly Covered Telemedicine Services are in Bold

*Note: All service limitations for face-to-face services apply to services provided via telemedicine.  
Services provided via telemedicine must be billed with the GT modifier.*

CPT	Description
<b>90791</b>	Psychiatric diagnostic evaluation
<b>90792</b>	Psychiatric diagnostic evaluation with medical services
<b>90832</b>	Psychotherapy, 30 minutes with patient and/or family member
<b>90833</b>	Psychotherapy, 30 minutes with patient and/or family member
<b>90834</b>	Psychotherapy, 45 minutes with patient and/or family member
<b>90836</b>	Psychotherapy, 45 minutes with patient and/or family member
<b>90837</b>	Psychotherapy, 60 minutes with patient and/or family member
<b>90838</b>	Psychotherapy, 60 minutes with patient and/or family member
<b>90845</b>	Psychoanalysis
<b>90846</b>	Family psychotherapy without the patient present
<b>90847</b>	Family psychotherapy conjoint with the patient present
90863 <sup>1</sup>	Pharmacologic management, including prescription and review of medication
<b>90951</b>	End-stage renal disease related services monthly, for patients younger than 2
<b>90952</b>	End-stage renal disease related services monthly, for patients younger than 2
<b>90954</b>	End-stage renal disease related services monthly, for patients 2-11
<b>90955</b>	End-stage renal disease related services monthly, for patients 2-11
<b>90957</b>	End-stage renal disease related services monthly, for patients 12-19
<b>90958</b>	End-stage renal disease related services monthly, for patients 12-19
<b>90960</b>	End-stage renal disease related services monthly, for patients 20 and older
<b>90961</b>	End-stage renal disease related services monthly, for patients 20 and older
<b>90963</b>	End-stage renal disease related services for home dialysis per full month, for patients younger than 2
<b>90964</b>	End-stage renal disease related services for home dialysis per full month, for patients 2-11
<b>90965</b>	End-stage renal disease related services for home dialysis per full month, for patients 12-19
<b>90966</b>	End-stage renal disease related services for home dialysis per full month, for patients 20 and older
<b>96116</b>	Neurobehavioral status exam, interpretation, and report by psychologist or physician per hour
<b>96150</b>	Health and behavior assessment, initial assessment
<b>96151</b>	Health and behavior assessment, re-assessment
<b>96152</b>	Health and behavior intervention, individual
<b>96153</b>	Health and behavior intervention, group
<b>96154</b>	Health and behavior intervention, family
<b>99201</b>	New patient office or other outpatient visit, typically 10 minutes
<b>99202</b>	New patient office or other outpatient visit, typically 20 minutes
<b>99203</b>	New patient office or other outpatient visit, typically 30 minutes
<b>99204</b>	New patient office or other outpatient visit, typically 45 minutes
<b>99205</b>	New patient office or other outpatient visit, typically 60 minutes
99211	Office or other outpatient visit, established patient, typically 5 minutes
99212	Established patient office or other outpatient visit, typically 10 minutes
99213	Established patient office or other outpatient visit, typically 15 minutes
99214	Established patient office or other outpatient visit, typically 25 minutes
99215	Established patient office or other outpatient visit, typically 40 minutes

<sup>1</sup> Note: This code is only billable by Community Mental Health Centers (CMHCs).

<b>99231</b>	Subsequent hospital inpatient care, typically 15 minutes per day
<b>99232</b>	Subsequent hospital inpatient care, typically 25 minutes per day
<b>99233</b>	Subsequent hospital inpatient care, typically 35 minutes per day
99241	Patient office consultation, typically 15 minutes
99242	Patient office consultation, typically 30 minutes
99243	Patient office consultation, typically 40 minutes
99244	Patient office consultation, typically 60 minutes
99245	Patient office consultation, typically 80 minutes
99251	Inpatient hospital consultation, typically 20 minutes
99252	Inpatient hospital consultation, typically 40 minutes
99253	Inpatient hospital consultation, typically 55 minutes
99254	Inpatient hospital consultation, typically 80 minutes
99255	Inpatient hospital consultation, typically 110 minutes
<b>99307</b>	Subsequent nursing facility visit, typically 10 minutes per day
<b>99308</b>	Subsequent nursing facility visit, typically 15 minutes per day
<b>99309</b>	Subsequent nursing facility visit, typically 25 minutes per day
<b>99310</b>	Subsequent nursing facility visit, typically 35 minutes per day
<b>99354</b>	Prolonged office or other outpatient service requiring patient contact beyond the usual service, first hour
<b>99355</b>	Prolonged office or other outpatient service requiring patient contact beyond the usual service, each additional 30 minutes
<b>99356</b>	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service, first hour
<b>99357</b>	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service, each additional 30 minutes
<b>99406</b>	Smoking and tobacco use cessation counseling visit, 3-10 minutes
<b>99407</b>	Smoking and tobacco use cessation counseling visit, greater than 10 minutes
G0108	Diabetes outpatient self-management educations services, individual
G0109	Diabetes outpatient self-management educations services, group
<b>G0396</b>	Alcohol/substance abuse structured assessment and brief intervention 15-30 minutes
<b>G0397</b>	Alcohol/substance abuse structured assessment and intervention, greater than 30 minutes
<b>G0442</b>	Annual alcohol misuse screening, 15 minutes
<b>G0443</b>	Brief alcohol misuse counseling, 15 minutes
<b>G0444</b>	Annual depression screening, 15 minutes
<b>G0445</b>	High intensity behavioral counseling to prevent sexually transmitted disease, 30 minutes
<b>G0446</b>	Intensive behavioral therapy to reduce cardiovascular disease risk, 15 minutes
Q3014	Telehealth originating site facility fee