SC Payer Telehealth Coverage Scorecard Coverage Priority	Medicare (incl. FFS, MAPD)	SC Medicaid	BCBS SC (incl. BlueChoice HealthPlan of SC)	UnitedHealth
Priority 1: Removal of originating Site Restrictions				
Priority 2: Provider Types (Overall Score)				
2a: Mental Health				
2b: Registered Dieticians				
2c: Speech Therapists				
2d: Occupational Therapists				
2e: Physical Therapists				
2f: Audiologists				
Priority 3: FQHCs and RHCs as distant sites				
Priority 4: Virtual check-ins				
Priority 5: Audio-only telehealth				
Priority 6: Chronic care RPM				
Priority 7: Interprofessional internet consultation (eConsult)	•	•	•	•
Priority 8: Behavioral Health Integration (including CoC	M)	•	•	•

Key:

Green - Service or provider type are always allowable, or allowable through 12/31/2024
Yellow - Service or provider type is allowable during and beyond emergency period, but expires
before 12/31/24, or, only certain services or provider types are allowed (not fully allowable)
Red - Provider type or service is not covered

SC Payer Telehealth	Coverage Scorecard - Details and Action Plan			
Payer	Priorities	Score	Notes	
		•	Allowable through 12/31/24 (2023 Consolidated Appropriations Act) Always allowable for mental health services so long as in-person visit takes place within 6	
	Priority 1: Originating Site removal		months prior to the use of telehealth. (2022 Consolidated Appropriations Act)	
	Priority 2: Provider Types 2a: Mental Health		Overall score (Average of below)	
	2b: Registered Dieticians		97802, 97803, 97804, always allowable	
	2c: Speech Therapists		Available through 12/31/2024	
	2d: Occupational Therapists		Available through 12/31/2024	
	2e: Physical Therapists		Available through 12/31/2024	
	2f: Audiologists		Available through 12/31/2024	
			Allowable through 12.31.24 (2023 Consolidated Appropriations Act)	
Medicare	Priority 3: FQHCs and RHCs as distant sites		Live video and audio-only to deliver mental health services are allowable so long as certain parameters are met - they will receive PPS/AIR rates.	
(Medicare Advantage plans must cover original Medicare	Priority 4: Virtual check-ins		Always allowable	
benefits and can go beyond)			Allowable for Mental Health treatment, evaluation, and diagnosis under the following conditions: - Established patient - Home is eligible originating site - 6 months in person prior and 12 month subsequent in-person	
	Priority 5: Audio-only telehealth		 Provider has capability to provide live video but is utilizing audio-only bc patient chose or cannot use live video For non-MH services, audio-only is available through 12/31/2024 	
	Priority 5: Addio-only telefleatti Priority 6: RPM and RTM		Always allowable	
			, mayo anomasic	
	Priority 7: Interprofessional internet consultation (eConsult)		Always allowable	
			Telehealth can be used to deliver behavioral care management services and/or to	
	Priority 8: Behavioral Health Integration (including CoCM)		provide psychiatric consultative support to the BH care manager in a BHI/CoCM care model.	
			Per MB 23-008, referring site flexibilities remain in tact for all covered telehealth services (regardless of provider type). This includes temporarily expanded provider types as part	
	Priority 1: Originating Site removal		of PHE.	
	Priority 2: Provider Types		Overall score (Average of below)	
			Expanded MH: 1 year post Federal PHE for LIPs and associate-level licensed practitioners (Bulletin 20-009: Psychologist, LPC, LISW, LMFT) (Bulletin 20-014: Associate-level LPC and LMFT, Postdoctoral Pending Licensure Psychologist) (Bulletin 20-016: LMSW)	
	2a: Mental Health		1 year post PHE - anticipated expiration: 5/11/24	
	2b: Registered Dieticians		RD: Not allowable	
			PT/ST: Allowable for 1 year post Federal PHE with both audio and visual component (no audio-only) for services described in bulletins 20-008 and 20-016.	
	2c: Speech Therapists		1 year post PHE - anticipated expiration: 5/11/24	
	2d: Occupational Therapists		OT: Only allowable for OT rendered via tele for children enrolled in BabyNet program	
SC Medicaid (Medicaid Managed Care Organizations must cover Medicaid benefits and can go			PT/ST: Allowable for 1 year post Federal PHE with both audio and visual component (no audio-only) for services described in bulletins 20-008 and 20-016.	
beyond)	2e: Physical Therpists		1 year post PHE - anticipated expiration: 5/11/24	
	2f: Audiologists		Not allowable	
			Allowable for 1 year post Federal PHE end	
	Priority 3: FQHCs and RHCs as distant sites		1 year post PHE - anticipated expiration: 5/11/24	
			Allowable for 1 year post Federal PHE end	
	Priority 4: Virtual check-ins		1 year post PHE - anticipated expiration: 5/11/24	
			Allowable for 1 year post Federal PHE end for Physician, NP, PA, LIP. Also for FQHC and RHC. Established pt only	
	Priority 5: Audio-only telehealth		1 year post PHE - anticipated expiration: 5/11/24	
	Priority 6: Chronic care RPM		Not allowable	
	Priority 7: Interprofessional internet consultation (eConsult)		Not allowable	
	Priority 8: Behavioral Health Integration (including CoCM)		Not allowable Not allowable	
	Priority 1: Originating Site removal		No originating site definition in Telehealth medical policy (CAM-176)	
	Priority 2: Provider Types		Overall score (Average of below)	
	2a: Mental Health		Clinical psychologist, clinical social worker, LPC, LMFT	
	2b: Registered Dieticians		Not currently credentialed for in-person care	

Blue Cross Blue Shield of SC (includes BlueChoice HealthPlan of SC)	2c: Speech Therapists	Currently covered per CAM176: 92507: Tx of speech, language, voice, communication and/or auditory processing disorder 92522: Evaluation of speech sound production 92523: Evaluation of speech sound production with evaluation of language comprehension and expression 92524: Behavioral and qualitative analysis of voice and resonance
	2d: Occupational Therapists	Currently covered per CAM176 97165: Occupational therapy evaluation, low complexity, requiring certain components (see medical policy for detail) 97168: Re-evaluation of occupational therapy established plan of care, requiring certain components (see medical policy for detail)
	2e: Physical Therpists	Currently covered per CAM176 97161: PT evaluation, low complexity, requiring certain components 97164: re-evaluation of PT plan of care, requiring certain components (see medical policy for details) Not currently covered provider type under CAM176
	2f: Audiologists Priority 3: FQHCs and RHCs as distant sites Priority 4: Virtual check-ins	Codes of interest: 92601 - Diagnostic analysis of cochlear implant (<7 years) 92602 - subsequent reprogramming (<7) 92603 - Diagnostic analysis of cochlear implant (> 7 years) 92604 - Subsequent reprogramming (>7) No mention in CAM-176 No mention of G2010 or G2012 as covered in CAM-176
	Priority 5: Audio-only telehealth Priority 6: Chronic care RPM	Telehealth policy (CAM-176) explicitly calls out that telephonic (audio only) services are not reimbursed
	Priority 7: Interprofessional internet consultation (eConsult) Priority 8: Behavioral Health Integration (including CoCM) Priority 1: Originating Site removal	Provider-to-provider consultation is allowable by real-time video (Telemedicine policy CAM-032), but not asynchronous P2P communication POS 10: Effective 1/1/22 Telehealth Provided in Patient's Home
UnitedHealth (Commercial Plans policy: 2022R0046A)	Priority 1: Originating Site removal Priority 2: Provider Types 2a: Mental Health 2b: Registered Dieticians 2c: Speech Therapists	MH: Clinical psychologist, clinical social worker included Rehab Therapist: PT, OT ST included Registered dietitian or nutrition professional INCLUDED!
	2d: Occupational Therapists 2e: Physical therapists 2f: Audiologists Priority 3: FQHCs and RHCs as distant sites Priority 4: Virtual check-ins Priority 5: Audio-only telehealth Priority 6: Chronic care RPM	No mention Always allowable No mention Always allowable
	Priority 7: Interprofessional internet consultation (eConsult) Priority 8: Behavioral Health Integration (including CoCM)	Always allowable Not in list of covered codes in UHC Telehealth policy