



Deidre S Gifford, MD, MPH, Commissioner

Effective Date: April 12, 2020  
Contact: See Responsible Units

**TO: Home Health Agencies, Access Agencies and Hospice Agencies**

**RE: CMAP COVID-19 Response – Bulletin 21: Select Added Services to the Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services**

As an interim measure in response to the Governor’s recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is temporarily expanding telemedicine to cover specified home health services.

This provider bulletin supplements provider bulletin, *PB 20-28 CMAP COVID-19 Response – Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice Services* and all other referenced provider bulletins within PB 20-28.

Effective for dates of service April 12, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 to no longer be a public health emergency (the “Temporary Effective Period”), the following services will be permissible to be rendered via telemedicine to **established patients**:

- Nursing services
- Re-certifications

For information regarding telemedicine services, please refer to **PB 2020-09 – New Coverage of Specified Telemedicine Services under the Connecticut Medical Assistance Program (CMAP)** for the Department’s general telemedicine coverage parameters. Except as otherwise specified below, all provisions of PB 2020-09 remain in effect.

**Note: Please carefully review the entirety of this bulletin along with all other provider bulletins and documents (i.e. FAQs) found on the CMAP Web site, [www.ctdssmap.com](http://www.ctdssmap.com).**

**Nursing Services:**

During the Temporary Effective Period, DSS is allowing home health agencies to perform the following home health services via synchronized telemedicine:

RCC	HCPCS Code	Description
580	S9123	Nursing Care in Home by Registered Nurse, per hour
580	S9124	Nursing Care in Home by Licensed Practical Nurse, per hour
580	T1002	RN services, up to 15 minutes
580	T1003	LPN/LVN services, up to 15 minutes

Home health agencies must determine if a nursing visit can be safely performed via telemedicine on an individualized case-by-case basis. There must be clear documentation within the patient’s records demonstrating the reasoning for the visit being performed via telemedicine.

**Re-certification of Home Health Services:**

During the Temporary Coverage Period, DSS will temporarily expand select physical therapy (PT), occupational therapy (OT) and speech and language pathology (SLP) services.

Home health agencies must determine if PT, OT, or SLP services can be safely performed via telemedicine on an individualized case-by-case basis. Further, DSS expects that the therapist will provide direct visual supervision of any PT, OT and SLP services performed via telemedicine.

During the Temporary Effective Period, DSS is allowing home health agencies to perform re-certifying of home health services and therapy services via synchronized telemedicine:

RCC	HCPCS Code	Description
580	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes.
580	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes.
580	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes.
580	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes.

Please continue to refer to provider bulletins, *PB 17-30 Important Changes to Evaluations and Assessment Services for Home Health Care Services-Addition of Recertification of Care Code G0162* and *PB 17-59 Clarifying Billing Instructions for Therapy Evaluation Services Performed as Part of the Home Health Plans (Revised)* for additional guidance.

During the Temporary Coverage Period, **only** the evaluations for the start of care and re-certification assessments for SLP services **will be allowed** to be performed via telemedicine due to the nature of this practice.

- 444-Speech Pathology Evaluation

The start of care evaluations and re-certification assessments for PT and OT services **will not** be covered under the Temporary Coverage Period and these services **are not** eligible to be performed as telemedicine or telephonically because they require hands on assessment.

During the Temporary Effective Period, initial evaluations for start of care for both medical and behavioral health services must continue to be provided in-person and may not be provided by telemedicine.

Providers do not need to make any changes to existing authorizations. Further, home health providers **will not** need to indicate if the nursing services will be performed via telemedicine when requesting prior authorizations. Please refer to the “Modifier” section of this provider bulletin for additional guidance.

**Electronic Visit Verification (EVV) for Connecticut Home Care (CHC), Personal Care Assistance (PCA), Acquired Brain Injury (ABI) and Autism Waivers:**

During the Temporary Effective Period, EVV will be suspended for select nursing, speech pathology evaluation and re-certification services identified in this bulletin. Providers will no longer receive new nursing, speech pathology evaluation, and recertification prior authorizations in their Santrax EVV system.

Please continue to refer to provider bulletins, *PB 17-83 Important Changes to Billing Instructions for Home Health Evaluations and*

*Therapy Services for CHC, ABI, and PCA Waiver Services* for additional guidance.

Claims for nursing, speech pathology evaluation and re-certification services during this temporary effective period will not require a confirmed EVV visit in order to be paid. Providers will no longer be able to bill these services through Santrax and will need to submit claims through the DXC provider portal or through their own billing software.

Access Agencies will continue to provide PA for these services and the PA will be visible via the DXC provider portal. Providers can access their PAs by logging into the secure site, [www.ctdssmap.com](http://www.ctdssmap.com), and selecting Prior Authorization then Prior Authorization Search

### **Billing and Documentation Guidelines:**

As noted in PB 20-09 and PB 20-14 subject to all other applicable requirements for reimbursement under the CMAP, the following guidelines apply to all service rendered via telemedicine:

- Reimbursement/payment rates are the same as for equivalent in-person services;
- Comply with all CMAP requirements that would otherwise apply to the same service performed in-person, including, but not limited to, enrollment, scope of practice, licensure, supervision, documentation, and other applicable requirements;
- Providers must obtain verbal informed consent from the member before providing services via the telephone and document such consent in the medical record. The provider must ensure each member is aware they can opt-out or refuse services at any time;
  - If the member is a minor child, a parent or legal guardian must provide verbal informed consent before providing services via the telephone;

- Providers must develop and implement procedures to verify provider and patient identity;
- Providers should use “Place of Service” (POS) 02 when furnishing **telemedicine** services from a distant site;
- Providers must document completely for the service billed, including a notation that the service was rendered via the telephone and follow current documentation requirements for the type of service being billed;
- Documentation must be maintained by the provider to substantiate the medical necessity of the services provided;
- Telephone communication previously not reimbursable under Medicaid including, but not limited to, routine follow-up for laboratory and other results, provider to provider discussions and/or communication, scheduling visits or other administrative communication between the provider and member are not reimbursable under this policy,
- If a telehealth service cannot be provided or completed for any reason, such as due to a technical difficulty, providers shall not submit a claim, and
- Re-certifications for therapy services (PT, OT, and SLP) **are not** required to append the telemedicine modifier when billing for services.

### **Modifiers:**

During the Temporary Effective Period, home health agencies must bill all eligible services covered under the temporary telemedicine coverage with all appropriate modifiers; including the modifier identifying the service as being performed via telemedicine. Please note DSS has completed internal system changes that will allow claims for medication administration to be submitted with

telemedicine modifiers without updating existing prior authorizations.

As noted in PB 2020-09, the following modifiers are being coded on claims:

- Modifier “GT” is used when the member’s originating site is located in a healthcare facility or office; or
- Modifier “95” is used when the member is located in the home.

For questions about billing or if further assistance is needed to access the fee schedules on the CMAP Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

**Responsible Unit:**

DSS, Division of Health Services:

**Home Health Services:** Dana Robinson-Rush, Health Program Assistant, email: [Dana.Robinson-Rush@ct.gov](mailto:Dana.Robinson-Rush@ct.gov).

**Electronic Visit Verification (EVV):** For questions about EVV, please email the EVV Mailbox: [ctevv@dx.com](mailto:ctevv@dx.com).

**Date Issued:** May 2020