



Deidre S Gifford, MD, MPH, Commissioner

Effective Date: March 27, 2020  
Contact: Dana.robinson-rush@ct.gov

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

**RE: CMAP COVID-19 Response – Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice 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 and hospice services.

Effective for dates of service March 27, 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”), specified physical therapy (PT), occupational therapy (OT) and speech & language pathology (SLP), medication administration, and hospice services will be permissible to be rendered via telemedicine to **established patients as specified for each service below.**

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 DSS’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).**

**Medication Administration Services:**

Effective during the Temporary Effective Period, the following non-waiver home health services may be rendered via synchronized telemedicine or telephonically (audio only).

RCC	HCPCS Code	Description
580	T1502	Admin of oral intramuscular and/or subcutaneous medication, per visit
580	T1503	Admin of medication, other than oral and/or injectable, per visit

DSS is aware that the T1502 and T1503 codes are both for direct face to face administration of medication including intramuscular and subcutaneous injections. In an effort to reduce the transmission of the corona virus, DSS is allowing these codes to be done via telemedicine or telephonically for prompting of oral medication by a nurse and not for any other medication administration. The expectation is that the home health nurse will pre-pour patient’s oral medications ahead of time and use telemedicine or telephonic to conduct a brief assessment and prompt patients to take their already pre-poured medications.

Please continue to refer to provider bulletin, *PB 15-07 Clarification of Billing Medication Administration Visit Code and Skilled Nursing Visit Code Related to Pre-pouring of Medication* for additional guidance.

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

During the Temporary Effective Period, no other services besides medication administration **are** eligible to be performed via telemedicine or audio-only telephone. Therefore, initial evaluations for start of care and subsequent re-certifications of resumption of care for both medical and behavioral health services must continue to be provided in-person and may not be provided by telemedicine.

#### **Therapy Services:**

Effective during the Temporary Effective Period, the following non-waiver home health therapy services may be rendered via audio-visual telemedicine only.

<b>RCC</b>	<b>Description</b>
421	Physical Therapy
431	Occupational Therapy
441	Speech Pathology

Please note these services may only be performed as a telemedicine service using a video communication system defined as real time audio and video synchronized telemedicine (audio-only telephone is not permitted for these services).

During the Temporary Effective Period, initial evaluations and subsequent re-certifications for all therapy services must be performed in-person and are not eligible to be performed via telemedicine or telephonically.

#### **Face-to-Face Requirements:**

During the Temporary Effective Period, face-to-face visits with an enrolled provider are eligible to be performed via audio-visual telemedicine (not audio-only telephone).

Please continue to refer to provider bulletin, *PB 17-02 New Face-to-Face Requirement for Initial Orders of Home Health Services*, *PB 17-30 Important Changes to Evaluation or Assessment Services for Home Health Care Services-Addition of Review of Care Plan Code-G0162 (Revised)* and *PB 17-59 Clarifying Billing Instructions for Therapy Evaluations and Services Performed as Part of the Home Health Care Plans (Revised)* for additional guidance, except as specifically superseded by this bulletin for dates of service during the Temporary Effective Period.

#### **Recertification of Care:**

During the Temporary Effective Period, the requirement that re-certifications of start of care or resumption of care must be completed within a sixty (60) day window will be waived. Additional guidance from the federal Department of Health and Human Services is posted at this link:

[www.phe.gov/emergency/news/healthactions/section1135/Pages/covid19-13March20.aspx](http://www.phe.gov/emergency/news/healthactions/section1135/Pages/covid19-13March20.aspx).

#### **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 therapy services and medication administration services identified in this bulletin. Providers will no longer receive new medication administration and therapy prior authorizations in their Santrax EVV system.

Claims for Therapy and Medication Administration during this temporary effective period will not require a confirmed EVV visit in order to be paid.

### **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 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; and
- 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.

### **Modifiers:**

During the Temporary Effective Period, home health agencies must bill eligible medication administration services covered under 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.

These modifiers are not required if the medication administration service is rendered telephonically.

Therapy services (PT, OT, and SLP) **are not** required to append the telemedicine modifier when billing for services.

**Hospice:**

During the Temporary Effective Period, hospice agencies will be permitted to provide services via telemedicine or audio-only telephone, so long as all other applicable requirements are met for the services. The hospice agency is required to document any services rendered via telemedicine or telephonically. However, hospice agencies **will not** be required to append any modifiers on claims indicating whether services were rendered via telemedicine or telephonically.

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program 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 CMAP by DXC Technology.

**Responsible Unit:**

DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, email: [Dana.Robinson-Rush@ct.gov](mailto:Dana.Robinson-Rush@ct.gov).

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