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Effective Date: April 1, 2020
Contact: Ginny.Mahoney@ct.gov

TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses, Outpatient Hospitals, Independent Physical Therapists and Independent Occupational Therapists

RE: CMAP COVID-19 Response – Bulletin 35: Emergency Updated Telemedicine Guidance Pertaining to Customized Wheelchairs

This provider bulletin (PB) updates the guidance issued in PB 2020-29 “CMAP COVID 19 Response Bulletin 16 – Emergency Durable Medical Equipment Changes Pertaining to Customized Wheelchairs” pertaining to the section labeled “Prior Authorization Requirements for New Custom Wheelchair Evaluations and Home Assessments” only. All other guidance issued in PB 2020-29 remains in full effect.

Prior Authorization Requirements for Custom Wheelchair Evaluations and Home Assessments:

Effective for dates of service retroactive to April 1, 2020 and after, prior authorization requirements for customized wheelchair evaluations will remain in effect during the Temporary Effective Period, however, the Department of Social Services (DSS) will permit physical therapists (PT’s), occupational therapists (OT’s) and assistive technology professionals (ATP’s) to conduct customized wheelchair evaluations via synchronized audio and visual telemedicine.

Due to the complexity of customized wheelchairs, the need for the wheelchair to be properly adapted to an individual’s unique needs and specific residence and in order to ensure that HUSKY Health members receive a proper customized evaluation to obtain appropriate equipment, custom wheelchair

evaluations completed using synchronized telemedicine, performed by a certified assistive technology professional (ATP), licensed physical therapist (PT) or occupational therapist (OT) will be permitted as long as one of the licensed professionals is in the home with the HUSKY Health member while the certified ATP is present by synchronized telemedicine during the evaluation taking place or vice-versa.

For new custom wheelchair users, the PT, OT and ATP do not need to be present simultaneously as long as one member of the evaluation team is physically present with the member, and the other team member(s) are participating via synchronized telemedicine. An in-person evaluation/interaction with the HUSKY Health member being assessed must be completed by each evaluating team member.

The PT or OT must witness the trial of the complex rehabilitative technology (CRT) equipment either in person or via synchronized telemedicine to ensure the demo equipment and any features on the customized wheelchair will meet the member’s needs, rule out any safety concerns and provide input on how the features will impact function of the wheelchair.

Measurements of the member or home must be taken by the PT, OT or ATP. Measurements taken by a family member, caregiver or

another healthcare provider will not be allowed.

In addition, given the complexity of the customized wheelchair evaluation and the need to trial different seating components in the HUSKY Health member's home and to ensure the member is able to navigate appropriately and safely in their home, an in person home assessment by the ATP must be provided as a condition for coverage. Therefore, the accessibility survey must be completed by the OT/PT or ATP while they are in the home.

Consistent with current policy, the accessibility survey must be signed by the member or their representative. The member's signature on the accessibility survey confirms that the survey was completed and represents their agreement with the recommendations for the wheelchair.

For members residing in skilled nursing facilities, it is permissible for the ATP to participate in the evaluation via synchronized telemedicine and it is not required that they perform an in-person evaluation. The member, however, must have the ability to trial potential equipment while the OT/PT is performing the evaluation. The ATP must drop off trial equipment or the OT/PT can utilize trial equipment that is already located at the skilled nursing facility, however the ATP must witness the evaluation virtually to ensure the proper fitting and appropriateness of the customized CRT equipment.

Please note CRT equipment must be delivered to the member's primary residence and assessed for safety and appropriateness.

Physiatrist Assessments:

Effective for dates of service April 1, 2020 and after, during the Temporary Effective Period, physiatrists can conduct assessments for CRT equipment via synchronized audio and visual

telemedicine for members residing in skilled nursing facilities with the assistance of the PT or OT which will be present with the HUSKY Health member. Please refer PB 2020-38 "COVID-19 Response – Bulletin 26: Additional Changes to the Synchronized Telemedicine Program" which provide a list of additional procedure codes which physicians are allowed to provide through telemedicine during the Temporary Effective Period.

Health Insurance Portability and Accountability Act (HIPAA):

In a notice issued on March 17, 2020 (posted at this link: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>), the U.S. Department of Health and Human Services, Office of Civil Rights (OCR) posted updated guidance on the enforcement discretion for telehealth remote communications during the COVID-19 public health emergency. Providers should consult with this communication and future communications from OCR regarding their obligations under HIPAA.

Providers must continue to ensure that they comply with all applicable federal requirements and guidance. While the COVID-19 national public health emergency may result in exceptions issued by OCR, DSS still recommends that, whenever possible, providers should fully comply with all details of HIPAA privacy and security rule provisions as written in order to best safeguard the privacy and security of protected health information. For information and other federal guidance that may be issued in the future, visit the following website: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>.

Telemedicine services are only covered when they:

- Are medically necessary, in accordance with the statutory definition of medical necessity in section 17b-259b of the Connecticut General Statutes;
- Are rendered via a HIPAA-compliant, real time audio and video communication system (but note that certain popular video chatting software programs are not HIPAA-compliant); and
- Comply with all CMAP requirements that would otherwise apply to the same service performed face-to-face (in-person), including, but not limited to, enrollment, scope of practice, licensure, documentation, and other applicable requirements.

Please follow the link below to the ctdssmap.com Web site where COVID-19 bulletins have been previously issued www.ctdssmap.com/CTPortal/Information/Publications/tabid/40/Default.aspx.

Posting Instructions:

Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution:

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

Responsible Unit:

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