



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: 4/1/2020

Contact: See below

TO: Physical Therapists, Occupational Therapists, Outpatient Hospitals and Rehabilitation Clinics

RE: CMAP COVID-19 Response – Bulletin 36: Wheelchair Assessments Rendered Via Synchronized Telemedicine by Physical and Occupational Therapists

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 (1) adding procedure code 97542 – *wheelchair management (e.g., assessment, fitting, training) each 15 min* to the list of eligible codes to be rendered via synchronized telemedicine (live audio and video) and (2) providing billing guidance for wheelchair assessments rendered via synchronized telemedicine.

Effective for dates of service retroactive to April 1, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency (the “Temporary Effective Period”), physical therapist (PTs) and occupational therapists (OTs) can render wheelchair assessments via synchronized telemedicine. Providers should refer to provider bulletin (PB) 2020-46 - CMAP COVID-19 Response – Bulletin 35: *Emergency Updated Telemedicine Guidance Pertaining to Customized Wheelchairs* for all requirements and guidance pertaining to wheelchair assessments rendered via telemedicine.

When a wheelchair assessment is rendered via synchronized telemedicine, eligible providers **must** bill procedure code 97542 – *wheelchair management (e.g., assessment, fitting, training) each 15 min*. It should be noted that physical therapy and occupational therapy

evaluations (procedure codes 97161-97163 and 97165-97167) are not eligible to be rendered via telemedicine. Please refer to provider bulletin **PB 2020-23** - COVID-19 Response – Bulletin 8: *Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy Services* for additional information.

Eligible Providers:

The following providers are eligible to render wheelchair assessments via synchronized telemedicine:

- Physical Therapists
- Occupational Therapists
- Outpatient Hospitals
- Rehabilitation Clinics

All applicable federal and state requirements for the equivalent in-person services apply for telemedicine services. Each provider is responsible for ensuring that provision of telemedicine services complies with all applicable requirements, including, but not limited to: DSS regulations, scope of practice requirements, medical necessity and all other billing and documentation requirements.

Please Note: Outpatient hospitals must continue to follow CMAP Addendum B regarding reimbursement for PT and OT services.

Accessing the Fee Schedule:

Fee schedules can be accessed and downloaded by going to the Connecticut

Medical Assistance (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Accessing CMAP Addendum B:

CMAP’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

For questions about billing or if further assistance is needed to access the fee schedule, 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.

Distribution:

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

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