



TO: All Providers

RE: Telemedicine: Update to Place of Service Requirements

The Department of Social Services (DSS) is updating its guidance regarding the use of Place of Service (POS) 02 - identifying services rendered via telemedicine.

“Provider Manuals”, then choose your provider type from the drop down box and select “View Chapter 8”.

Effective for dates of service January 1, 2021 and forward, telemedicine claims should no longer be billed with POS 02. Providers billing for telemedicine services must indicate the POS that best describes where the service would have been rendered if the service was performed in-person. All claims for services performed via telemedicine must continue to be billed with one of the following modifiers:

- GT - is used when the originating site of the member is located in a healthcare facility or office; or
- 95 – is used when the member is located at home.

Please continue to refer to Provider Bulletin (PB) 2020-09 - *New Coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program (CMAP)* for further information regarding the use of modifiers and other guidance related to rendering telemedicine services.

Under post payment review, DSS may make adjustments for telemedicine services that are not billed in accordance with the guidance stated within this PB.

Billing Information

Further claim submission instructions can be accessed via the www.ctdssmap.com Web site by selecting “Information”, then “Publications”, then scroll down to “Provider Specific Claims Submission Instructions” under