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Effective Date: March 20, 2020
Contact: colleen.johnson@ct.gov

TO: Independent Physical Therapy, Independent Occupational Therapy, Speech & Language Pathologist, Outpatient Hospitals and Outpatient Chronic Disease Hospitals
RE: CMAP COVID-19 Response – Bulletin 8: Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy 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 physical therapy, occupational therapy and speech and language pathology services for established patients only.

Please Note: Carefully review the entirety of this bulletin along with all other provider bulletins and documents (i.e. FAQs) found on the Connecticut Medical Assistance Program (CMAP) Web site, www.ctdssmap.com/.

Effective for dates of service from March 20, 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”), specified physical therapy (PT), occupational therapy (OT) and speech & language pathology (SLP) services will be permissible to be rendered to **established patients** only when rendered via synchronized telemedicine, which is defined as real time live audio and video technology, in accordance with the provisions below.

Please refer to **PB 2020-09 - New Coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program (CMAP)** for DSS’ general telemedicine coverage parameters. Except as otherwise

specified below, all provisions of PB 2020-09 remain in effect.

Please Note: PT, OT and SLP evaluations, reevaluations and group therapy services are **not** eligible to be performed via telemedicine. Therapy services for “New Patients” is not permissible under telemedicine.

Independent Physical Therapy/ Occupational Therapy:

The following services may be rendered during the “Temporary Effective Period” for **established patients only:**

CPT Code	Description
97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97014	Electric stim therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97022	Whirlpool therapy
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min

Eligible Providers:

The following providers are eligible to render the services listed above within such individuals' applicable scope of practice under state law:

- Physical Therapist

- Occupational Therapist

Please Note: All applicable regulations and policies related to in-person services apply including but not limited to supervision and documentation requirements.

Speech & Language Pathology:

The following services may be rendered during the “Temporary Effective Period” for **established patients only:**

CPT Code	Description
92507	Treatment of speech, language, voice, comm., and/or hearing processing disorder
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production w/ evaluation of language comprehension and expression

Eligible Providers:

The following providers are eligible to render the services listed above within such individuals' applicable scope of practice under state law:

- Speech and Language Pathologists

Audiology Services:

At this time, audiologists **are not** eligible to provide any services under the temporary telemedicine coverage. Audiology is defined as a diagnostic service and the patient must be physically present during testing, assessment and treatment.

Physical Therapy, Occupational Therapy, and Speech and Language Pathology Services Provided in Outpatient Hospitals & Outpatient Chronic Disease Hospitals:

Outpatient hospitals must continue to follow CMAP Addendum B regarding reimbursement for PT, OT and SLP services.

The following Revenue Center Codes (RCCs) are approved for telemedicine and must continue to be billed by the hospital when PT, OT or SLP services are rendered via telemedicine:

- 421 - PT visit
- 431 - OT visit
- 441 - SLP visit

PT, OT and SLP services are paid as an all-inclusive rate to the hospital and professional services cannot be billed separately.

The following services are approved to be rendered via telemedicine:

CPT Code	Description
96125	Standardized cognitive performance testing
97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97014	Electric stim therapy
97016	Vasopneumatic device therapy
97018	Paraffin bath therapy
97022	Whirlpool therapy
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97113	Aquatic therapy/exercises
97129	Ther ivntj 1st 15 min
97130	Ther ivntj ea addl 15 min
97533	Sensory integrative techniques
92507	Treatment of speech, language, voice, comm., and/or hearing processing disorder
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production w/ evaluation of language comprehension and

expression

Please Note: All procedure codes must be appended to the claim with the applicable RCC. PT, OT and SLP services continue to be limited to one visit of each type per member, per provider, per day. PT, OT and SLP services must continue to be rendered by appropriate licensed staff within such individuals' applicable scope of practice under state law.

Billing and Documentation Guidelines:

As noted in PB 2020-09, subject to all other applicable requirements for reimbursement under the CMAP, the following guidelines apply to all services rendered via telemedicine:

- Reimbursement/payment rates are the same as for equivalent in-person services;
- Providers should use “Place of Service” (POS) 02 to indicate that the service was rendered via telemedicine;
- Documentation must be maintained by the provider to substantiate the services provided; 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:

All providers billing for telemedicine services must append the telemedicine modifier to the claim. 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 additional information regarding the location of the provider while rendering a

telemedicine service, as well as, HIPAA compliant software, please refer to applicable sections posted under PB 2020-14 that is posted on the CMAP Web site. Please continue to monitor for additional guidance.

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.

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, Medical Policy Section; Colleen Johnson, Health Program Assistant, email colleen.johnson@ct.gov.

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