



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: March 18, 2020
Contact: Refer to Responsible Units

TO: All Providers

RE: CMAP COVID-19 Response – Bulletin 26: Additional Changes to the Synchronized Telemedicine Program

Effective for dates of service March 18, 2020 until the Department of Social Services (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”), DSS is expanding the provisions of emergency telemedicine and telephonic services by (1) expanding eligible distant site providers that can render telemedicine or telephonic services and (2) updating the list of approved telemedicine procedure codes under the Connecticut Medical Assistance Program (CMAP) .

Please 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.

Additional Providers Eligible to Render Telemedicine and Telephonic Services

During the Temporary Effective Period, the following providers are authorized to render synchronized telemedicine and telephonic services as outlined below:

- School Based Health Centers enrolled as free-standing clinics (*not operated by a parent organization*) are permitted to render:
 - synchronized telemedicine (audio and visual)

- telephonic services (please refer to PB 2020-14 for the list of procedure codes eligible as telephonic services)
- Family Planning Clinics are permitted to render:
 - synchronized telemedicine (audio and visual) (*Family Planning clinics are already permitted to render telephonic services as outlined in PB 2020-14*).
- Local Health Departments are permitted to render:
 - synchronized telemedicine only for the following TB related services:
 - 99202 – New patient office or other outpatient visit typically 20 minutes
 - 99212 – Established patient office or other outpatient visit typically 10 minutes
 - G0493 – Skilled services of a registered nurse (RN) for the observation and assessment
 - G0494 – Skilled services of a licensed practical nurse (LPN) for the observation and assessment
 - G9012 – Other specified case management service not elsewhere classified

Additional Procedure Codes Eligible as Telemedicine Services

As an interim measure during the Temporary Effective Period, additional procedure codes are now eligible to be performed telemedicine services. Please refer to **Table A – Approved Additions to the Emergency Telemedicine Procedure Codes** attached to this bulletin for a list of newly approved **telemedicine** services.

General Telemedicine and Telephonic Guidelines

All providers must follow the guidelines published by DSS related to the provision of telemedicine and telephonic services. Providers should refer to the policies and guidelines outlined in PB 2020-09, PB 2020-10 and PB 2020-14 and all other subsequent PBs and provider communications that address CMAP's temporary telemedicine and telephonic coverage in response to COVID-19. Additional clarification is also provided in the "Updated COVID-19 Information and FAQs" posted on the CMAP Web site.

Please refer to these documents for policies and guidance related, but not limited to, the following:

- General provider requirements for the provision of telemedicine and telephonic services (informed consent, provider and patient verification)
- Additional codes covered under Telemedicine and Telephonic Services
- Use of modifiers and Place of Service Codes for Telemedicine Services
- Location of the provider at the time that the service is rendered
- Guidance related to the use of HIPAA compliant software

Billing Questions

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program (CMAP) 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:

For Behavioral Health Services, please contact Bill Halsey at William.halsey@ct.gov.

For Professional Services and Local Health Department, please contact Dana Robinson-Rush at Dana.Robinson-Rush@ct.gov.

For Family Planning Clinic Services, please contact Colleen Johnson at Colleen.Johnson@ct.gov.

Date Issued: April 2020

Table A – Approved Additions to the Emergency Telemedicine Procedure Codes

The following procedure codes are eligible for payment when rendered via telemedicine and billed with the applicable telemedicine modifier. All applicable requirements, including those described above, remain in effect. Providers may bill for the applicable code(s) only in compliance with all applicable requirements. Providers should refer to PB 2020-09 and 2020-10 for additional codes eligible and other policy and billing guidance.

Procedure Code	Description
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90960	Esrd srv 4 visits p mo 20+
96110	Developmental screen w/score
96112	Devel tst phys/qhp 1st hr
96113	Devel tst phys/qhp ea add
96116	Nubhvl xm phys/qhp 1st hr
96121	Nubhvl xm phy/qhp ea addl hr
96127	Brief emotional/behav assmt
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Nrpsyc tst eval phys/qhp 1st
96133	Nrpsyc tst eval phys/qhp ea
96136	Psycl/nrpsyc tst phy/qhp 1st

96137	Psycl/nrpsyc tst phy/qhp ea
96138	Psycl/nrpsyc tech 1st
96139	Psycl/nrpsyc tst tech ea
96156	Hlth bhv assmt/reassessment
96158	Hlth bhv ivntj indiv 1st 30
96159	Hlth bhv ivntj indiv ea addl
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
96164	Hlth bhv ivntj grp 1st 30
96165	Hlth bhv ivntj grp ea addl
96167	Hlth bhv ivntj fam 1st 30
96168	Hlth bhv ivntj fam ea addl
96170	Hlth bhv ivntj fam wo pt 1st
96171	Hlth bhv ivntj fam w/o pt ea
99231	Subsequent hospital care, 15 mins.
99232	Subsequent hospital care, 25 mins.
99233	Subsequent hospital care, 35 mins.
99241	Office consultation, 15 mins.
99242	Office consultation, 30 mins.
99243	Office consultation, 40 mins.
99244	Office consultation, 60 mins.
99255	Office consultation, 80 mins.
99251	Inpatient consultation, 20 mins.
99252	Inpatient consultation, 40 mins.
99253	Inpatient consultation, 55 mins.
99254	Inpatient consultation, 80 mins.
99255	Inpatient consultation, 110 mins.
99307	Subsequent nursing facility care, 10 mins.
99308	Subsequent nursing facility care, 15 mins.
99309	Subsequent nursing facility care, 25 mins.
99310	Subsequent nursing facility care, 35 mins.

99354	Prolonged E/M or psychotherapy, 1st hr.
99355	Prolonged E/M or psychotherapy, addtl. 30 mins.
99281	Emergency Department Visit – Level 1
99282	Emergency Department Visit – Level 2
99283	Emergency Department Visit – Level 3
99284	Emergency Department Visit – Level 4
99285	Emergency Department Visit – Level 5
99217	Observation Care Discharge
99218	Initial Observation Care
99219	Initial Observation Care
99220	Initial Observation care
99238	Hospital Discharge Day
99239	Hospital Discharge Day
99304	Nursing Facility Care Initial
99305	Nursing Facility Care Initial
99306	Nursing Facility Care initial
99315	Nursing Facility Discharge Day
99316	Nursing Facility Discharge Day
99291	Critical Care – first hour
99292	Critical care – addtl. 30 min
99327	Domicil/r-home visit new pat
99328	Domicil/r-home visit new pat
99334	Domicil/r-home visit est. pat
99335	Domicil/r-home visit est. pat
99336	Domicil/r-home visit est. pat
99337	Domicil/r-home visit est. pat
99381	Init pm e/m new pat infant
99382	Init pm e/m new pat 1-4 yrs
99383	Prev visit new age 5-11
99384	Prev visit new age 12-17
99385	Prev visit new age 18-39
99386	Prev visit new age 40-64
99387	Init pm e/m new pat 65+ yrs
99391	Per pm reeval est pat infant
99392	Prev visit est age 1-4
99393	Prev visit est age 5-11
99394	Prev visit est age 12-17
99395	Prev visit est age 18-39

99396	Prev visit est age 40-64
99397	Per pm reeval est pat 65+ yr
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99408	Audit/dast 15-30 min
99409	Audit/dast over 30 min
99468	Neonate crit care initial
99471	Ped crit care initial
99472	Ped crit care subsq
99475	Ped crit care age 2-5 initial
99476	Ped crit care age 2-5 sub
99477	Init day hosp neonate care