



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: February 1, 2021
Contact: See Responsible Unit

TO: Physicians, Advanced Practice Registered Nurses, Physician Assistants, Certified Nurse Midwives, Outpatient Hospitals and Outpatient Chronic Disease Hospitals, Rehabilitation Clinics

RE: CMAP COVID-19 Response – Bulletin 50: Telemedicine Guidance for Respiratory Care Services

Effective for dates of service retroactive to February 1, 2021 and until the Department of Social Services (DSS) has notified providers in writing that the state has deemed COVID-19 to no longer to be a public health emergency, the following respiratory care services will be allowed to be rendered via synchronized telemedicine (real time live audio and video technology) when the services are medically necessary and telemedicine is clinically appropriate.

Procedure Code	Description
94664	Nebulizer eval & education
94667	Chest PT

Providers must refer to the applicable fee schedule specific to their provider enrollment type to determine if the respiratory care service is eligible for reimbursement. Please refer below for additional guidance specific to physician and advanced practice registered nurse (APRN) office settings, rehabilitation clinics and outpatient hospitals/chronic disease hospitals.

Respiratory care services as telephone-only services are **not** eligible for reimbursement under the Connecticut Medical Assistance Program (CMAP).

Physician/APRN Office Setting:

Respiratory care services (procedure codes 94664 and 94667) performed by a respiratory care practitioner as an allied health professional, defined under Sec. 17b-262-338

(4) of the Regulations of Connecticut State Agencies, are eligible for reimbursement when performed via synchronized telemedicine in the office setting when such services are performed under the personal supervision of a physician or APRN who is employed by or affiliated with the billing provider.

Currently, respiratory care practitioners cannot independently enroll under CMAP, and as a result, claims submitted on behalf of a respiratory care practitioner in the physician/APRN office setting must list the supervising physician or APRN National Provider Identifier (NPI) as the rendering provider.

Rehabilitation Clinics:

Effective for dates of service retroactive to February 1, 2021 and until otherwise notified by DSS, the following respiratory care service will be allowed as a synchronized telemedicine service when clinically appropriate in the rehabilitation clinic setting.

Procedure Code	Description
94664	Nebulizer eval & education

Outpatient Hospitals and Chronic Disease Hospitals:

When respiratory care practitioners render respiratory care services 94664 and 94667 via telemedicine (real time live audio and video technology) in the outpatient hospital setting or in outpatient chronic disease hospitals (CDHs), the outpatient hospital or CDH may

bill for the services rendered by the respiratory care practitioners. Outpatient hospitals and CDHs must continue to follow CMAP's Addendum B regarding reimbursement.

Please Note: All services rendered by respiratory care practitioners are paid as an all-inclusive rate to the hospital and professional services cannot be billed separately.

Modifiers:

As noted in [PB 2020-09](#), all providers billing for telemedicine services must append one of the following telemedicine modifiers to the claim.

- 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.

As a reminder, effective for dates of service January 1, 2021 and forward, telemedicine claims should no longer be billed with place of service (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. Please refer to PB 2020-100 - *Telemedicine: Update to Place of Service Requirements* for further guidance.

Accessing the Fee Schedule:

Updated 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".

Questions:

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 Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy Section:

For Outpatient Hospitals and Chronic Disease Hospitals, please contact Colleen Johnson, Health Program Assistant, email colleen.johnson@ct.gov.

For Professional Services and Rehabilitation Clinics, please contact Dana Robinson-Rush, Health Program Assistant, email Dana.Robinson-Rush@ct.gov.

Date Issued: February 2021