Connecticut Medical Assistance Program
Policy Transmittal 2023-03

Provider Bulletin 2023-18
March 2023

Andrea Barton Reeves, J.D, Commissioner-Designate

Effective Date: May 12, 2023
Contact: See below

TO: All Providers

RE: New Guidance for Services Rendered via Telehealth under the Connecticut Medical Assistance Program (CMAP)

Please reference updated guidance in PB 23-38 REVISED Guidance for Services Rendered via Telehealth

Effective for dates of service on and after **May 12, 2023,** which is the first day after the federal COVID-19 public health emergency declaration ends, in accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, the Department of Social Services (DSS) is issuing new guidance for services eligible for reimbursement under the Connecticut Medical Assistance Program (CMAP) when rendered via telehealth. Telehealth services include synchronized audio-visual (telemedicine) two-way communication services and, where specified by DSS, audio-only two-way synchronized communication services delivered via telephone. This guidance applies to services rendered under CMAP to HUSKY A, B, C and D members.

This provider bulletin (PB) supersedes PB 2020-09 – *New Coverage of Specified Telemedicine Services under the Connecticut Medical Assistance Program (CMAP).* This provider bulletin also supersedes all DSS telehealth guidance issued under the COVID-19 Response bulletins issued during the Public Health Emergency (PHE) period.

Telehealth Services

Effective for dates of service **May 12, 2023**, and forward, DSS will continue to reimburse for specified medical and behavioral health services when rendered as telehealth services as detailed below and on the CMAP Telehealth Table.

DSS' continued expectation is that enrolled CMAP providers will perform clinically appropriate services including, but not limited to, ensuring timely access to in-person services when medically necessary or requested by the HUSKY Health member for optimum quality of care. Therefore, all billing entities must have the capacity to deliver services in-person and must provide services in-person to the full extent that is clinically appropriate for their patients and to the full extent necessary if the HUSKY Health member does not consent to receiving one or more services via telehealth.

Consistent with all services billed to CMAP, all telehealth services must meet the statutory definition of medical necessity in section 17b-259b of the Connecticut General Statutes and all other applicable federal and state statutes, regulations, requirements, and guidance. Additionally, DSS will identify which methods of telehealth and which services are eligible for reimbursement when rendered via telehealth.

Comprehensive information regarding the specific procedure codes eligible to be billed as telehealth services will soon be available on the Connecticut Medical Assistance Program (CMAP) www.ctdssmap.com Web site. Notification will be sent to providers once this page is available. In order to navigate to this page, select the "Telehealth Information" from the www.ctdssmap.com home page. This web page will provide information on telehealth

requirements, approved procedure codes, required modifiers, specific policy criteria for when a service is eligible to be rendered as telehealth, effective dates, and other policy-related information. **CMAP will notify** providers of pertinent updates to the telehealth policy via provider bulletins and/or important messages (IM). **Providers must monitor the CMAP Web site periodically for updates.**

Providers are responsible for verifying coverage of a specific procedure code as a telehealth service as well as a covered service on their applicable fee schedule **prior** to delivering and billing CMAP for the service. Billing for a service via telehealth that is not listed as an approved service on the CMAP Telehealth Table or listed as a covered service on the applicable fee schedule or failure to adhere to the policy and applicable telehealth criteria/limitations, may result in a denied claim or may be at-risk for a financial adjustment during a post-payment review.

All applicable federal and state requirements for the equivalent in-person service apply to telehealth services. Therefore, each provider is responsible for ensuring that the provision of telehealth services complies with all applicable requirements, including, but not limited to Department of Public Health (DPH) practitioner licensing and scope of practice requirements, DSS regulations, provider bulletins/Important Messages, Frequently Asked Questions (FAQs), billing and documentation requirements and any other applicable State or Federal, statute, regulation, or other requirement. Note that, in accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, services detailed in this bulletin as covered via telehealth are authorized by DSS under that authority, notwithstanding any DSS regulations or policies that may otherwise have prohibited those services to be rendered via telehealth.

Specifically, section 17b-245e of the Connecticut General Statutes provides that the audiovisual telehealth services covered under CMAP pursuant to this bulletin are "(1) clinically appropriate to be provided by means of telemedicine, (2) cost-effective for the state, and (3) likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for HUSKY Health members for whom accessing appropriate in-person health care services poses an undue hardship."

Similarly, section 17b-245g of the Connecticut General Statutes provides that the audio-only telephone services covered under CMAP pursuant to this bulletin are "(1) clinically appropriate, as determined by the Commissioner, (2) it is not possible to provide comparable covered audiovisual telehealth services, and (3) provided to individuals who are unable to use or access comparable, covered audiovisual telehealth services."

Reimbursement for Services Rendered via Telehealth

Services rendered via telehealth will be reimbursed at the same rate as if the service was rendered in-person. Providers must refer to their applicable fee schedule to ensure that the service identified as eligible to be rendered as a telehealth service is payable for their specific provider type and the reimbursement rate.

HIPAA and Privacy Related Requirements

Information and data related to telehealth services are protected health information (PHI) to the same extent as in-person services and to the full extent applicable, fall under the scope of the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal and state health information privacy and security requirements.

Providers must ensure they comply with all applicable requirements, including, but not

limited to, using telehealth software, protocols, and procedures that fully comply with HIPAA and all other applicable requirements. Popular social media and telecommunications applications with video capabilities may not comply with HIPAA requirements and in those instances should not be used. Providers must ensure that they fully comply with such requirements, including researching applicable federal HIPAA requirements and, as appropriate, using only HIPAA compliant software to provide audio-visual or audio-only telephone telehealth services. Providers should check with their telehealth vendor to determine if the software is HIPAA compliant.

Providers must develop and implement procedures to verify provider and patient identity prior to provision of a telehealth service. Additionally, providers must ensure that an appropriate, secure, and private location is available for all HUSKY Health members participating in telehealth services.

Informed Consent

Providers must obtain informed consent in writing (electronic consent is acceptable) from each HUSKY Health member before providing telehealth services and annually thereafter. In addition, the provider must ensure each HUSKY Health member is aware they can opt-out or refuse telehealth services at any time.

Location of Practitioner – Providers

Independent Practitioners/Group Practitioners/Federally Qualified Health Centers/Outpatient Hospitals

Except as otherwise specifically stated in subsequent provider guidance issued by DSS, stated as part of telehealth policy criteria for a specific service as outlined on the Telehealth Table, or for coverage of out-of-state services that are not available in-state or from a border provider as required under 42 CFR 431.52, a practitioner who is enrolled with CMAP as an independent provider or as part of an independent provider group and maintains an approved service location as part of the CMAP enrollment, has the flexibility to perform eligible telehealth services even when the practitioner is not physically in-person at one of the enrolled CT or border service locations at the time of the service, so long as the practitioner remains in CT or the border state, or in the limited case of an approved out-of-state service that is not available in CT and is in accordance with 42 CFR 431.52, within the state in which the service was approved, at the time of the provision of the telehealth service and complies with all applicable state and federal requirements. Enrolled border providers and providers rendering services as approved in 42 CFR 431.52, are encouraged to research applicable licensing and scope of practice requirements that may apply specifically to their location at the time of the telehealth service.

Freestanding Clinics

Effective for dates of service May 12, 2023, and forward, due to the end of the federal COVID-19 public health emergency and the associated expiration of the state's federally approved disaster relief waivers under section 1135 of the Social Security Act, the requirements for services billed by freestanding clinics to be performed at the clinic, as established by federal regulations in 42 C.F.R. § 440.90 will be reinstated. CMAP enrolled freestanding clinics **must** ensure that either the performing practitioner rendering the telehealth service **and/or** the HUSKY Health member receiving the telehealth service is physically in-person at one of the enrolled clinic's licensed sites at the time of the telehealth service. If the practitioner or member is not physically in-person at the time of the telehealth service, the freestanding clinic should not bill such service to the CMAP. Clinics must maintain documentation supporting compliance with this requirement and in the absence of such documentation, may be at-risk for a financial adjustment during a post-payment review.

**** Behavioral Health Services Provided by Entities licensed by the Department of Public Health and/or Department of Children and Families:***
Effective for dates of service May 12, 2023, and forward, mental health services billed by freestanding clinics will be categorized and reported to the Centers for Medicare and Medicaid Services as rehabilitation services benefit. This is already in effect for substance use disorder services.

Outpatient Hospitals
Medical telehealth services are considered professional services only unless otherwise stated on the CMAP Telehealth Table and as such no payment will be issued to the hospital for the provision of telehealth services. Consistent with the current reimbursement methodology, behavioral health telehealth services are considered an all-inclusive rate reimbursed to the hospital and therefore professional fees will not be paid separately.

Services Rendered to Minors
If the HUSKY Health member is a minor child under age 18, a parent or legal guardian must be present for services to the same extent as it would be required for comparable in-person services unless exempted by state or federal law. In addition, informed consent for telehealth services must be obtained by the parent or legal guardian prior to the provision of such services and obtained annually thereafter.

Prior Authorization
There is no change to existing prior authorization (PA) requirements or new requirements for services rendered via telehealth. All PA requirements are the same as for equivalent in-person services. All PAs must follow the established PA processes and must be obtained through the appropriate DSS' Administrative Service Organization.

Accessing Telehealth Policies and Covered Services
Comprehensive information on telehealth will soon be available on the www.ctdssmap.com Web page by selecting "Telehealth Information." This page will provide details such as the CMAP Telehealth Table, FAQs, Provider Bulletins, IMs, and all other telehealth communications. Please refer to this page periodically for updates. Notification will be sent to providers once this page is available

Accessing the Fee Schedule
The fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Next click on the "I accept" button and proceed to click on the appropriate fee schedule, then select "Open file".

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 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 Gainwell Technologies.

Responsible Unit

DSS, Division of Health Services:

Dental Services (including FQHC-Dental Services): Please contact Hope Mitchell-Williams at hope.mitchell-williams@ct.gov.

Hospital - Medical (facility only): Please contact Colleen Johnson, Medical Policy Consultant at colleen.johnson@ct.gov.

Physician, Home Health, FQHC-Medical Services: Please contact Dana Robinson-Rush, Medical Policy Consultant at dana.robinson-rush@ct.gov.

Behavioral Health Services including FQHC-Behavioral Health Services: Please contact Fatmata Williams, Director of Integrated Care at fatmata.williams@ct.gov.

Family Planning Clinics, Dialysis Clinics, Physical & Occupational Therapy, Speech and Language Pathology and Rehabilitation Clinic Services: Please contact Catherine Holt, Medical Policy Consultant at catherine.holt@ct.gov.

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