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)

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.

Date Issued: March 2023

CMAP Telehealth Table

The services below are eligible for reimbursement when performed via telehealth. Providers must also refer to PB 2023-18, FAQs and applicable fee schedules located on the CMAP Web site (www.ctdssmap.com) for additional guidance.

Refer to the Policy Guidelines column for each service. If a policy guideline is not listed, telehealth may be rendered as clinically appropriate and medically necessary.

RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
Psychiatric Diagnostic Evaluations					
900	90791	Psych diag eval	TM	5/12/2023 - 12/31/2023	
Psychotherapy					
914	90832 - 90834	Psychotherapy	B	5/12/2023 - 12/31/2023	**Audio only services limited to established patients AND audio only services limited to no more than one (1) day per week, per person**
914	90836 - 90838	Psychotherapy	B	5/12/2023 - 12/31/2023	
916	90846 - 90847	Family psytx	TM	5/12/2023 - 12/31/2023	
916	90849	Multiple family group psytx	TM	5/12/2023 - 12/31/2023	**No more than one (1) day per week, per person**
915	90853	Group psychotherapy	B	5/12/2023 - 12/31/2023	**Audio only services limited to established patients AND audio only services limited to no more than one (1) day per week, per person**
Behavioral Health					
906	H0015	Intensive Outpatient Program – Chemical Dependency	TM	5/12/2023 - 12/31/2023	**No more than two (2) days per week, per person**
919	H0031	Mental Health Assessment	TM	5/12/2023 - 12/31/2023	**Established patients only**
913	H0035	Partial Hospitalization Program	TM	5/12/2023 - 12/31/2023	**No more than two (2) day per week, per person**

CMAP Telehealth Table

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RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
919	H0046	Mental Health Services NOS	TM	5/12/2023 - 12/31/2023	**No more than one day per week, per person**
907	H2012	Behavioral health day treatment, per hour	TM	5/12/2023 - 12/31/2023	**No more than two (2) day per week, per person**
	H2013	Adult Day Treatment	TM	5/12/2023 - 12/31/2023	**No more than two (2) day per week, per person**
919	H2014	Skills Training and Development	TM	5/12/2023 - 12/31/2023	**No more than one day per week, per person**
	H2019	Therapeutic behavioral services, per 15 minutes	TM	5/12/2023 - 12/31/2023	**Eligible for established patients only**
905	S9480	Intensive Outpatient Program - Psychiatric	TM	5/12/2023 - 12/31/2023	**No more than two (2) day per week, per person**
	T1016	Case management, 15 minutes	B	5/12/2023 - 12/31/2023	**Eligible for established patients only and no more than one (1) day per week, per person**
	T1017	Targeted case management, 15 minutes	TM	5/12/2023 - 12/31/2023	
End-Stage Renal Disease Services (ESRD)					
	90951 - 90970	ERSD Services	TM	5/12/2023 - 12/31/2023	**ESRD services with multiple visits per month (two or more) may be reimbursed when rendered as telemedicine, however; at least one (1) visit must be rendered in-person to examine the vascular access site**

CMAP Telehealth Table

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RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
Special Otorhinolaryngologic Services					
441	92507	Speech/hearing therapy	TM	5/12/2023 - 12/31/2023	
444	92521 - 92523	Evaluation of speech fluency, production, sound production, etc.	TM	5/12/2023 - 12/31/2023	
Developmental/Behavioral Screening and Testing					
	96110	Developmental screen w/score	TM	5/12/2023 - 12/31/2023	
	96127	Brief emotional/behav assmt	TM	5/12/2023 - 12/31/2023	
Health Behavior Assessment and Intervention					
	96156	Pt-focused hlth risk assmt	TM	5/12/2023 - 12/31/2023	
	96158 - 96161	Hlth bhv ivntj indiv 1st 30	TM	5/12/2023 - 12/31/2023	
	96164 - 96165	Hlth bhv ivntj grp 1st 30	TM	5/12/2023 - 12/31/2023	
	96167 - 97168	Hlth bhv ivntj fam 1st 30	TM	5/12/2023 - 12/31/2023	
	96170 - 97171	Hlth bhv ivntj fam wo pt 1st	TM	5/12/2023 - 12/31/2023	

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RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
Therapeutic Procedures					
421 / 431	97110	Therapeutic exercises	TM	5/12/2023 - 12/31/2023	
421 / 431	97112	Neuromuscular reeducation	TM	5/12/2023 - 12/31/2023	
421 / 431	97116	Gait training therapy	TM	5/12/2023 - 12/31/2023	
421 / 431	97129 - 97130	Ther ivntj 1st 15 min	TM	5/12/2023 - 12/31/2023	
421 / 431	97542	Wheelchair management , each 15 min	TM	5/12/2023 - 12/31/2023	
Adaptive Behavior Assessments					
919	97153	Adaptive behavior tx by tech	TM	5/12/2023 - 12/31/2023	**No more than one (1) day per week, per person**
Evaluation and Management-New Patient					
919	99202 - 99205	Office/outpatient visit new	TM	5/12/2023 - 12/31/2023	**In addition to medical providers, BH Clinics and Outpatient Hospitals can bill 99202-99205 for medication management services**
Evaluation and Management-Established Patient					
919	99211 - 99215	Office/outpatient visit est	TM	5/12/2023 - 12/31/2023	**In addition to medical providers, BH Clinics and Outpatient Hospitals can bill 99202-99205 for medication management services**

CMAP Telehealth Table

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Refer to the Policy Guidelines column for each service. If a policy guideline is not listed, telehealth may be rendered as clinically appropriate and medically necessary.

RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
Hospital Care					
	99231 - 99233	Subsequent hospital care	TM	5/12/2023 - 12/31/2023	**Subsequent hospital care services are limited to one telemedicine visit every 3 days.**
Hospital Inpatient or Observation Care Services					
	99234 - 99236	Hospital inpt and obs services	TM	5/12/2023 - 12/31/2023	
Hospital Discharge Services					
	99238 - 99239	Hospital discharge day	TM	5/12/2023 - 12/31/2023	
Consultations-New of Established Patient					
	99242 - 99245	Office consultation	TM	5/12/2023 - 12/31/2023	
Inpatient Consultations/Observation -New or Established Patient					
	99252 - 99255	Inpatient consultation or observation	TM	5/12/2023 - 12/31/2023	
Emergency Department Services					
	99281 - 99285	Emergency dept visit	TM	5/12/2023 - 12/31/2023	
Critical Care Services					
	99291 - 99292	Critical care - 72 months of age and older	TM	5/12/2023 - 12/31/2023	

CMAP Telehealth Table

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RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
Nursing Facility Care- Initial & Subsequent					
	99304 - 99306	Nursing facility care init		5/12/2023 - 12/31/2023	
	99307 - 99310	Subsequent nursing facility care	TM	5/12/2023 - 12/31/2023	**Subsequent nursing facility care services are limited to one telehealth visit every 30 days.**
Nursing Facility Discharge Services					
	99315 - 99316	Nursing fac discharge day	TM	5/12/2023 - 12/31/2023	
Domiciliary, Rest Home or Custodial Care Services-Established Patient					
	99341 - 99342	Home visit new patient	TM	5/12/2023 - 12/31/2023	
	99344 - 99345	Home visit new patient	TM	5/12/2023 - 12/31/2023	
	99347 - 99350	Home visit est patient	TM	5/12/2023 - 12/31/2023	
Behavioral Change Interventions, Individual					
914	99406 - 99407	Behav chng smoking	TM	5/12/2023 - 12/31/2023	
	99408 - 99409	Audit/dast 15-30 min	TM	5/12/2023 - 12/31/2023	
Prolonged Service w/ or w/o Direct Patient Contact					

CMAP Telehealth Table

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Refer to the Policy Guidelines column for each service. If a policy guideline is not listed, telehealth may be rendered as clinically appropriate and medically necessary.

RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
	99417 - 99418	Prolonged services	TM	5/12/2023 - 12/31/2023	
Non-Face-to-Face Services-Telephone Services - Medical Only					
	99442 - 99443	Physician telephone patient service	TP	5/12/2023 - 12/31/2023	**Medical audio-only services for members who lack the ability to present in-person for a visit or utilize audio-visual telemedicine services, such as insufficent internet access, insufficient equipment to support a telemedicine visit or at the member's request to utilize audio-only (when clinically appropriate)** **1. Established patients only** **2. An in-person visit must have occurred within the previous 12 months prior to the audio-only visit** **3. Must be a scheduled visit and the provider must document that an in-person or TM appt was offered and declined** ****99441 is NOT covered***
Critical Care Age 5 Years or Younger					
	99468 - 99469	Neonate crit care 28 days or younger	TM	5/12/2023 - 12/31/2023	
	99471 - 99472	Ped critical care 29 days through 24 months	TM	5/12/2023 - 12/31/2023	

CMAP Telehealth Table

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Refer to the Policy Guidelines column for each service. If a policy guideline is not listed, telehealth may be rendered as clinically appropriate and medically necessary.

RCC	Procedure Code	Short Descriptor	Telemedicine (TM) Telephonic (TP) Both (B)	Effective Date	Policy Guidelines
	99475 - 99477	Ped crit care 2 through 5 years of age	TM	5/12/2023 - 12/31/2023	
Nutritional Counseling					
	G0463	Clinic Visit	TM	5/12/2023 - 12/31/2023	**Only billable by outpatient hospitals for nutritional counseling**
	97802 - 97804	Medical Nutrition therapy	TM	5/12/2023 - 12/31/2023	**Only billable in the FQHC setting**

RCCs should only be billed by home health agencies, CDH and outpatient hospitals.

Outpatient Hospitals with the exception of nutritional counseling and PT/OT/SLP services, medical telehealth services are considered professional services and therefore no reimbursement will be provided to the hospital.
Behavioral health telehealth services are considered an all-inclusive rate to the hospital and therefore professional fees will not be paid separately.

Federally Qualified Health Centers (FQHCs) are eligible to bill their encounter rate when an approved, medically necessary telehealth service is rendered. FQHCs must use the services identified on this Telehealth Table in combination with their approved scope of service to identify the services eligible to be rendered using telehealth. FQHCs must continue to bill HCPCS code, T1015 and all eligible telehealth procedure codes to reflect all of the services rendered during the telehealth visit.

School Based Child Health Providers are limited to the following services: 90791, 90832, 90847, 90853, H0031, H2014, 92507, 92521, 92522, 92523, 97110 - Refer to the policy guidelines as specified above.

CMAP Telehealth Table

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Refer to the Policy Guidelines column for each service. If a policy guideline is not listed, telehealth may be rendered as clinically appropriate and medically necessary.

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Modifiers: One of the following telehealth modifiers should be used when submitting claims:
Modifier GT: Via interactive audio and video telecommunication systems
Modifier 95: Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
Modifier FQ: This service was furnished using audio-only communication technology *(use with applicable behavioral health services)*

Place of Service/Facility Type Code Bill the appropriate POS/FTC code that is applicable to the location of the member at the time of the telehealth service.