



**Connecticut Medical Assistance Program**  
Policy Transmittal 2023-07

Provider Bulletin 2023-23  
March 2023

Andrea Barton Reeves, J.D., Commissioner-Designate

Effective Date: May 12, 2023  
Contact: See below

**TO: School Based Child Health Participating Districts**

**RE: Guidance for School-Based Child Health Services Rendered via Telehealth under the Connecticut Medical Assistance Program (CMAP)**

The Department of Social Services (DSS) is issuing updated telehealth guidance for School-Based Child Health (SBCH) effective for dates of service on and after **May 12, 2023**.

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 the Connecticut Medical Assistance Program (CMAP) to HUSKY A, B, C and D members.

**Accessing Telehealth Policies and Covered Services**

Comprehensive information regarding the specific procedure codes eligible to be billed as telehealth services will be available on the CMAP Website, [www.ctdssmap.com](http://www.ctdssmap.com). The Telehealth Information Web page is targeted to be available to providers in the Spring 2023 and 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.

For additional guidance on telehealth services, please refer to provider bulletin, [PB 2023-18](#) *New Guidance for Services Rendered via Telehealth under the Connecticut Medical Assistance Program (CMAP)*.

**SBCH Telehealth Services**

Effective for dates of service on and after **May 12, 2023**, all services that will be eligible for reimbursement when rendered via telehealth will be listed on CMAP Telehealth Table.

**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](http://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".

**Posting Instructions**

Policy transmittals can be downloaded from the Web site at [www.ctdssmap.com](http://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: **School Based Child Health Contact:** Please contact Krista Pender, Reimbursement Manager at [krista.pender@ct.gov](mailto:krista.pender@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](http://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
<b>Psychiatric Diagnostic Evaluations</b>					
900	90791	Psych diag eval	TM	5/12/2023 - 12/31/2023	
<b>Psychotherapy</b>					
914	90832 - 90834	Psychotherapy	B	5/12/2023 - 12/31/2023	<b>Audio only services limited to established patients AND audio only services limited to no more than one (1) day per week, per person</b>
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	<b>No more than one (1) day per week, per person</b>
915	90853	Group psychotherapy	B	5/12/2023 - 12/31/2023	<b>Audio only services limited to established patients AND audio only services limited to no more than one (1) day per week, per person</b>
<b>Behavioral Health</b>					
906	H0015	Intensive Outpatient Program – Chemical Dependency	TM	5/12/2023 - 12/31/2023	<b>No more than two (2) days per week, per person</b>
919	H0031	Mental Health Assessment	TM	5/12/2023 - 12/31/2023	<b>Established patients only</b>
913	H0035	Partial Hospitalization Program	TM	5/12/2023 - 12/31/2023	<b>No more than two (2) day per week, per person</b>

## 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](http://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
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	
<b><u>End-Stage Renal Disease Services (ESRD)</u></b>					
	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

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](http://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
<b><u>Special Otorhinolaryngologic Services</u></b>					
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	
<b><u>Developmental/Behavioral Screening and Testing</u></b>					
	96110	Developmental screen w/score	TM	5/12/2023 - 12/31/2023	
	96127	Brief emotional/behav assmt	TM	5/12/2023 - 12/31/2023	
<b><u>Health Behavior Assessment and Intervention</u></b>					
	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	

## 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](http://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
<b><u>Therapeutic Procedures</u></b>					
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	
<b><u>Adaptive Behavior Assessments</u></b>					
919	97153	Adaptive behavior tx by tech	TM	5/12/2023 - 12/31/2023	<b>No more than one (1) day per week, per person</b>
<b><u>Evaluation and Management-New Patient</u></b>					
919	99202 - 99205	Office/outpatient visit new	TM	5/12/2023 - 12/31/2023	<b>In addition to medical providers, BH Clinics and Outpatient Hospitals can bill 99202-99205 for medication management services</b>
<b><u>Evaluation and Management-Established Patient</u></b>					
919	99211 - 99215	Office/outpatient visit est	TM	5/12/2023 - 12/31/2023	<b>In addition to medical providers, BH Clinics and Outpatient Hospitals can bill 99202-99205 for medication management services</b>

## 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](http://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
<b><u>Hospital Care</u></b>					
	99231 - 99233	Subsequent hospital care	TM	5/12/2023 - 12/31/2023	<b>Subsequent hospital care services are limited to one telemedicine visit every 3 days.</b>
<b><u>Hospital Inpatient or Observation Care Services</u></b>					
	99234 - 99236	Hospital inpt and obs services	TM	5/12/2023 - 12/31/2023	
<b><u>Hospital Discharge Services</u></b>					
	99238 - 99239	Hospital discharge day	TM	5/12/2023 - 12/31/2023	
<b><u>Consultations-New of Established Patient</u></b>					
	99242 - 99245	Office consultation	TM	5/12/2023 - 12/31/2023	
<b><u>Inpatient Consultations/Observation -New or Established Patient</u></b>					
	99252 - 99255	Inpatient consultation or observation	TM	5/12/2023 - 12/31/2023	
<b><u>Emergency Department Services</u></b>					
	99281 - 99285	Emergency dept visit	TM	5/12/2023 - 12/31/2023	
<b><u>Critical Care Services</u></b>					
	99291 - 99292	Critical care - 72 months of age and older	TM	5/12/2023 - 12/31/2023	

## 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](http://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
<b><u>Nursing Facility Care- Initial &amp; Subsequent</u></b>					
	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	<b>Subsequent nursing facility care services are limited to one telehealth visit every 30 days.</b>
<b><u>Nursing Facility Discharge Services</u></b>					
	99315 - 99316	Nursing fac discharge day	TM	5/12/2023 - 12/31/2023	
<b><u>Domiciliary, Rest Home or Custodial Care Services-Established Patient</u></b>					
	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	
<b><u>Behavioral Change Interventions, Individual</u></b>					
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	
<b><u>Prolonged Service w/ or w/o Direct Patient Contact</u></b>					

## 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](http://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
	99417 - 99418	Prolonged services	TM	5/12/2023 - 12/31/2023	
<b><u>Non-Face-to-Face Services-Telephone Services - Medical Only</u></b>					
	99442 - 99443	Physician telephone patient service	TP	5/12/2023 - 12/31/2023	<p><b>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 insufficient internet access, insufficient equipment to support a telemedicine visit or at the member's request to utilize audio-only (when clinically appropriate)</b></p> <p><b>1. Established patients only</b></p> <p><b>2. An in-person visit must have occurred within the previous 12 months prior to the audio-only visit</b></p> <p><b>3. Must be a scheduled visit and the provider must document that an in-person or TM appt was offered and declined</b></p> <p style="text-align: right;"><i>*99441 is NOT covered</i></p>
<b><u>Critical Care Age 5 Years or Younger</u></b>					
	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

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](http://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
	99475 - 99477	Ped crit care 2 through 5 years of age	TM	5/12/2023 - 12/31/2023	
<b><u>Nutritional Counseling</u></b>					
	G0463	Clinic Visit	TM	5/12/2023 - 12/31/2023	<b>Only billable by outpatient hospitals for nutritional counseling</b>
	97802 - 97804	Medical Nutrition therapy	TM	5/12/2023 - 12/31/2023	<b>Only billable in the FQHC setting</b>

**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

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](http://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
-----	----------------	------------------	--	----------------	-------------------

**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.