



TO: All Providers

RE: CMAP Telehealth Policy Reminders

The Department of Social Services (DSS) is issuing this provider bulletin (PB) as a reminder to Connecticut Medical Assistance Program (CMAP) providers of the requirements for services rendered via telehealth. Providers are reminded to refer to Provider Bulletin [PB 2023-38](#) “*Revised Guidance for Services Rendered via Telehealth*” as well as any subsequent telehealth related PBs, the CMAP Telehealth Table and the Telehealth Frequently Asked Questions (FAQs) for current telehealth policies.

Telehealth Modifiers

Providers must append the appropriate telehealth modifier (95, GT, or FQ, as applicable) when billing a procedure code designated for telehealth on the CMAP Telehealth Table. **Effective for dates of service November 1, 2026 and forward, claims submitted with a telehealth modifier on a procedure code not designated for telehealth will deny.**

CMAP Telehealth Table

The CMAP Telehealth Table provides the complete list of procedure codes and when applicable, Revenue Center Codes (RCCs) that are approved to be rendered via telehealth. Providers must verify that the procedure code or RCC is listed on the current CMAP Telehealth Table **before** performing the service or billing a service via telehealth. Only procedure codes/RCC codes listed on the current CMAP Telehealth Table are eligible to be reimbursed when performed via telehealth.

Providers must review the Telehealth Table for the following:

- Approved telehealth services

- Effective and end dates
- Telehealth modality including audio-visual or audio-only
- Modifiers
- Other service specific guidelines or requirements

Inclusion of a procedure code/RCC on the Telehealth Table does not independently establish coverage or guarantees reimbursement from CMAP. Services rendered via telehealth must comply with all applicable CMAP requirements including federal and state laws and regulations, including requirements related to medical necessity, documentation, licensure and scope of practice, privacy and confidentiality, HUSKY Health member’s consent, prior authorization, Health Insurance Portability and Accountability Act (HIPAA) requirements and all other applicable policies.

Please Note: Under post payment review, DSS may make claim adjustments and/or recoupment for telemedicine services that are not billed in accordance with coverage requirements.

Telehealth Evaluation and Management Services

Providers must select an evaluation and management (E/M) procedure code listed on the current CMAP Telehealth Services Table when billing an E/M service delivered via telehealth. E/M procedure codes that are not listed on the Telehealth Services Table will be denied when submitted with a telehealth modifier. Providers are responsible for selecting the appropriate procedure code and modifier based on the service rendered and the current CMAP telehealth billing requirements.

For additional information regarding the E/M telehealth code updates effective January 1, 2025, providers should refer to [PB 2024-78](#), “*Updates to Telehealth – January 2025 Updates*”.

Telehealth Resources

Comprehensive information regarding CMAP telehealth policy is available on the Telehealth Information page of the CMAP website at www.ctdssmap.com. The CMAP Telehealth Information page contains the most current Telehealth Table, [Telehealth FAQs](#), and other telehealth communications.

Accessing the Fee Schedule:

The 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 then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

For questions about billing or if further assistance is needed to access the fee schedule 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.