

Connecticut

Medicaid Program: Medical Assistance Program

Program Administrator: Connecticut Department of Social Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center

Covers the States of: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, & Vermont

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Medicaid Telehealth Reimbursement	Summary	<p>Connecticut Medicaid is required to cover telemedicine services for categories of health care that the commissioner determines are appropriate, cost effective and likely to expand access to medically necessary services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients for whom accessing appropriate health care services poses an undue hardship. The CT Medicaid Program manuals do not mention reimbursement for telemedicine but does indicate that while they do not provide reimbursement for behavioral health services provided electronically or over the phone, there is an exception for case management behavioral health services for clients age eighteen and under. Additionally, Connecticut does provide reimbursement for electronic consults (store and forward) between providers under certain circumstances.</p> <p>There is no reference to remote patient monitoring.</p>
	Definitions	<p>Definition for Telemedicine Demonstration Program for FQHCs: “Telemedicine means the use of interactive audio, interactive video or interactive data communication in the delivery of medical advice, diagnosis, care or treatment...Telemedicine does not include the use of facsimile or audio-only telephone.”</p> <p>Source: CT General Statute 17b, Sec. 245c. (Accessed Sept. 2019).</p> <p>“Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient’s physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.</p> <p>Source: CT General Statute 19a, Sec. 906. (Accessed Sept. 2019).</p>
	Live Video	<p>Policy</p> <p>CT Medicaid is required to provide coverage for telehealth services for categories of health care services that the commissioner determines are clinically appropriate to be provided through telehealth, cost effective for the state and likely to expand access to services where there is a clinical need for those services to be provided by telehealth or for Medicaid recipients whom accessing healthcare poses an undue hardship.</p> <p>The commissioner may provide coverage of telehealth services pursuant to this section notwithstanding any provision of the regulations of Connecticut state agencies that would otherwise prohibit coverage of telehealth services. The commissioner may implement policies and procedures as necessary to carry out the provisions of this section while in the process of adopting the policies and procedures as regulations.</p> <p>Source: CT General Statute 17b, Sec. 245e. (Accessed Sept. 2019).</p>



Policy

Connecticut’s Medical Assistance Program will not pay for information or services provided to a client by a provider electronically or over the telephone, however there is an exception for case management behavioral health services for clients age eighteen and under.

Source: *CT Provider Manual. Physicians and Psychiatrists. Sec. 17b-262-342. Pg. 9, Aug, 2013 and CT Provider Manual. Psychologists. Sec. 17b-262-472. Pg. 7. & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed: Sept. 2019).*

A telehealth provider shall only provide telehealth services to a patient when the telehealth provider: (A) Is communicating through real-time, interactive, two-way communication technology or store and forward technologies; (B) has access to, or knowledge of, the patient’s medical history, as provided by the patient, and the patient’s health record, including the name and address of the patient’s primary care provider, if any; (C) conforms to the standard of care applicable to the telehealth provider’s profession and expected for in-person care as appropriate to the patient’s age and presenting condition, except when the standard of care requires the use of diagnostic testing and performance of a physical examination, such testing or examination may be carried out through the use of peripheral devices appropriate to the patient’s condition; and (D) provides the patient with the telehealth’s provider license number and contact information.

Source: *CA Gen. Statutes Sec. 19a-906(b)(1). (Accessed Sept. 2019).*

Eligible Services / Specialties

Case management behavioral health services for clients age eighteen and under is the only service allowed.

Source: *CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2019).*

Eligible Providers

Telehealth providers includes the following who are providing health care or other health services through the use of telehealth within such person’s scope of practice and in accordance with the standard of care applicable to the profession:

- Any physician licensed under chapter 370
- Physical therapist
- Chiropractor
- Naturopath
- Podiatrist
- Occupational therapist
- Optometrist
- Registered nurse or advanced practice registered nurse
- Physician assistant
- Psychologist
- Marital and family therapist
- Clinical social worker or master social worker
- Alcohol and drug counselor
- Professional counselor
- Dietitian-nutritionist
- Speech and language pathologist
- Respiratory care practitioner
- Audiologist
- Pharmacist
- Paramedic

Source: *CT Gen. Statutes Sec. 19a-906(a)(12). (Accessed Sept. 2019).*



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Live Video	Eligible Sites	No reference found.
	Geographic Limits	No reference found.
	Facility/Transmission Fee	No reference found.
Store-and-Forward	Policy	<p>Federally Qualified Health Centers, outpatient office settings, outpatient hospital settings and clinic settings can be reimbursed for electronic consults (e-consults) for specialty care (provider to provider communication).</p> <p>Source: CT Policy Transmittal 2017-07. Effective July 1, 2017. (Accessed Sept. 2019).</p> <p>DSS covers electronic consultations for specific specialties (see transmittal for specific list). Two specific e-consult codes are covered. E-consults must be provided via a secure internet exchange.</p> <p>Source: CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2019).</p> <p>FQHCs are requested to provide an estimate of the volume of e-consults that will be submitted to DSS during the first twelve months of implementation. DSS will use the estimated volume of e-consults to adjust the FQHC's medical encounter rates.</p> <p>Source: CT Medical Assistance Program Bulletin 2019-37. May 2019. (Accessed Sept. 2019).</p>
	Eligible Services/Specialties	<p>See list in transmittal of 43 specialties eligible for e-consult. See transmittal for eligible CPT codes.</p> <ul style="list-style-type: none"> • Eligible primary care practitioners: • Physician • APRN • Certified nurse mid-wife (CNM) • Physician assistant (PA) • Psychologist or behavioral health clinician



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Store-and-Forward		<p>Eligible Specialty Practitioner:</p> <ul style="list-style-type: none"> • Physician/psychiatrist • APRN • CNM • PA with a specific specialty <p>The primary care or treating practitioner may not report this CPT code more than once in a 14-day period for each individual patient per specialty.</p> <p>The code guidance further specifies that the e-consult codes are not reimbursable if there has been a F2F visit with the specialist during the time period of 14 days prior to or 14 days after the e-consult occurs (or at the next available appointment date with the specialist if that date is greater than 14 days);</p> <ul style="list-style-type: none"> • If the F2F visit was/is related to the original complaint; and, • If the F2F visit is with the same specialist (or specialist group) and was completed in addition to the e-consult. <p>Source: CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2019). Sept 2019: See FQHC Provider Bulletin for FQHC billing requirements. Source: CT Medical Assistance Program Bulletin 2019-37. May 2019. (Accessed Sept. 2019).</p>
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.



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Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>The department shall not pay for information or services provided to a client over the telephone except for case management behavioral health services for patients aged 18 and under.</p> <p>Source: <i>CT Provider Manual. Clinic. Sec. 17b-262-823. Ch. 8, pg. 87, Jan. 31, 2018 & Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6 & CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2019).</i></p> <p>Telephonic consultations are not reimbursable under CMAP.</p> <p>Source: <i>CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2019).</i></p>	
Consent	<p>At the time of the telehealth provider's first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient's consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient's health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient's health record.</p> <p>Consent must be obtained by the parent or the patient's legal guardian.</p> <p>Source: <i>CA Gen. Statutes Sec. 19a-906(b)(2). (Accessed Sept. 2019).</i></p>	
Out of State Providers	No reference found.	
Miscellaneous	<p>The Commissioner is required to submit a report by Aug. 1, 2020 to the joint standing committees of the General Assembly on the categories of health care services in which the department is utilizing telehealth services, in what cities or regions of the state such services are being offered and any cost savings realized by the state by providing telehealth services.</p> <p>Source: <i>CT General Statute 17b, Sec. 245e. (Accessed Sept. 2019).</i></p>	

Private Payer Laws	Definitions	<p>Telehealth” means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient’s physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store-and-forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.”</p> <p>Source: <i>CT General Statute 19a, Sec. 906(a)(11). (Accessed Sept. 2019).</i></p>	
Private Payer Laws	Requirements	<p>Each individual health insurance policy and group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide coverage for medical advice, diagnosis, care or treatment provided via telehealth to the extent coverage is provided for such advice, diagnosis, care or treatment when provided through in-person consultation between the insured and a health care provider. and shall be subject to the same terms and conditions of the policy.</p> <p>No such policy shall: (1) Exclude a service for coverage solely because such service is provided only through telehealth and not through in-person consultation between the insured and a health care provider, provided telehealth is appropriate for the provision of such service; or (2) be required to reimburse a treating or consulting health care provider for the technical fees or technical costs for the provision of telehealth services.</p> <p>Source: <i>CT General Statute 38a, Sec. 499a. (Accessed Sept. 2019).</i></p>	
	Parity	Service Parity	<p>Coverage must be provided for telehealth if it would be covered in-person, subject to the terms and conditions of the policy.</p> <p>Source: <i>CT General Statute 38a, Sec. 499a. (Accessed Sept. 2019).</i></p>
		Payment Parity	<p>No explicit payment parity.</p>



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Consent	<p>At the time of the telehealth provider’s first telehealth interaction with a patient, the telehealth provider shall inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform and, after providing the patient with such information, obtain the patient’s consent to provide telehealth services. The telehealth provider shall document such notice and consent in the patient’s health record. If a patient later revokes such consent, the telehealth provider shall document the revocation in the patient’s health record.</p> <p>Consent must be obtained by the parent or the patients legal guardian.</p> <p>Source: <i>CT General Statute 19a, Sec. 906(b)(2) (Accessed Sept. 2019).</i></p>
Online Prescribing	<p>No telehealth provider shall prescribe any schedule I, II or III controlled substance through the use of telehealth, except a schedule II or III controlled substance other than an opioid drug, in a manner consistent with federal law, for the treatment of a person with a psychiatric disability or substance use disorder, including but not limited to medication assisted treatment.</p> <p>Source: <i>CT General Statute 19a, Sec. 906(c) (Accessed Sept. 2019).</i></p>
Cross-State Licensing	<p>Department of Public Health may establish a process of accepting an applicant’s license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met.</p> <p>Source: <i>CT General Statutes 20, Sec. 12. (Accessed Sept. 2019).</i></p>
Miscellaneous	<p>No reference found.</p>

