

Connecticut

Medicaid Program: Medical Assistance Program

Program Administrator: Connecticut Department of Social Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

Connecticut Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	✗	✓

Connecticut Detailed Policy

Medicaid Telehealth Reimbursement

Summary

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.

There is no reference to remote patient monitoring.

* A temporary law was passed applicable to Medicaid and private payer reimbursement that expires March 15, 2021. Because the law is temporary and associated with policies related to the COVID-19 public health emergency, it has not been incorporated into this report.

Source: HB 6001 (2020 Session). (Accessed Sept. 2020).

Definitions

Synchronized telemedicine is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

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 and includes services described in subsection (d) of section 20-9 and 42 CFR 410.78(a)(3). Telemedicine does not include the use of facsimile or audio-only telephone.”

Source: CT General Statute 17b, Sec. 245c. (Accessed Sept. 2020).

“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.

Source: CT General Statute 19a, Sec. 906. (Accessed Sept. 2020).



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 medically necessary 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.

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.

Source: *CT General Statute 17b, Sec. 245e & Senate Bill 1052 (2019 Session). (Accessed Sept. 2020).*

In accordance with section 17b- 245e of the 2020 supplement to the Connecticut General Statutes, the Department of Social Services (DSS or Department) will implement full coverage of specified synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner. The coverage of specified synchronized telemedicine services will be covered under both Connecticut’s Medicaid Program and Children’s Health Insurance Program (CHIP) when they:

- Are medically necessary, in accordance with the statutory definition of medical necessity
- Are rendered via a HIPAA-compliant, real time audio and video communication system (but note that certain popular video chatting software programs are not HIPAA-compliant); and
- Comply with all CMAP requirements that would otherwise apply to the same service performed face-to-face (in-person), including, but not limited to, enrollment, scope of practice, licensure, documentation, and other applicable requirements.

Source: *CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).*

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; CT Provider Manual. Psychologists. Sec. 17b-262-472. Jan. 1, 2008. Pg. 7; & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Pg. 6. (Accessed Sept. 2020).*

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. 2020).*



See manual for the behavioral health services that may be rendered via telemedicine.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Opioid Treatment Programs are required to perform a complete, fully documented physical evaluation prior to admission. The program physician may render the physical evaluation component of MAT services via telemedicine only when the all of the following are met:

- The CMAP member’s originating site is another CMAP-enrolled Opioid Treatment Program (Methadone Maintenance Clinic) that is part of the same billing entity as the originating site;
- The originating site is providing all the other required components of MAT services including the intake and psychiatric evaluation;
- As required by 42 CFR 8.12(f), an authorized healthcare professional under the supervision of a program physician is present with the member at the originating site; and
- The distant site provider must be located at a different service location/address than the originating site.

Induction services must always be rendered face-to-face (in-person) and only after the physical and psychiatric evaluation has been performed. Once a CMAP member has been inducted, routine psychotherapy services may be rendered via telemedicine.

MAT services that may be rendered via telemedicine include medication management and psychotherapy services.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Eligible medical services include select established patient evaluation and management services. The select established patient E/M services may be rendered via telemedicine only if the following criteria are met:

- The CMAP member has been approved to have or has received surgery from a provider in a non-contiguous state; or
- The CMAP member has been determined to be homebound by a CMAP-enrolled physician, APRN, Certified Nurse Midwife (CNM), PA, or podiatrist.

See manual for certain restrictions for out-of-state surgery.

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. 2020).

Only the following categories of CMAP-enrolled providers may provide and bill for such psychotherapy services or psychiatric diagnostic evaluations within their scope of practice via telemedicine:

- Physician
- Physician Assistant
- Advanced Practice Registered Nurses
- Licensed Behavioral Health Clinicians (defined below and which includes only the following: Licensed Psychologists, Licensed Clinical Social Workers, Licensed Marital and Family Therapists, Licensed Professional Counselors, and Licensed Alcohol and Drug Counselors)
- Behavioral Health Clinics – including Enhanced Care Clinics (ECCs)
- Behavioral Health Federally Qualified Health Centers (FQHCs)
- Medical Clinics – excluding School Based Health Centers (SBHCs)
- Rehabilitation Clinics
- Outpatient Hospital Behavioral Health (BH) Clinics
- Outpatient Psychiatric Hospitals
- Outpatient Chronic Disease Hospitals (CDHs)



Modifiers GT is used when the member's originating site is located in a healthcare facility or office; or modifier 95 is used when the member is located at home.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Medication Assisted Treatment

- Eligible providers:
- Physician
- APRNs
- PAs
- Behavioral Health Clinics

Medication Management

- Eligible Providers:
- Physicians
- PAs
- APRNs
- Medical Clinics – excluding SBHCs
- Behavioral Health Clinics – including ECCs
- Behavioral Health FQHCs
- Outpatient Hospital BH Clinics
- Outpatient Chronic Disease Hospitals

Eligible providers for out of state surgery and homebound patients include:

- Physicians
- PAs
- APRNs
- CNMs
- Podiatrists

For homebound patients, provider must document the reason the member is being determined homebound.

Documentation must be maintained by both the originating site provider and the distant site provider to substantiate the services provided. Originating site documentation must indicate the member received or has been referred for telehealth services.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

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 licensed under chapter 376
- Chiropractor licensed under chapter 372
- Naturopath licensed under chapter 373
- Podiatrist licensed under chapter 375
- Occupational therapist licensed under chapter 376a
- Optometrist licensed under 380
- Registered nurse or advanced practice registered nurse licensed under chapter 378
- Physician assistant licensed under chapter 370
- Psychologist licensed under chapter 383
- Marital and family therapist licensed under chapter 383a
- Clinical social worker or master social worker licensed under chapter 383b
- Alcohol and drug counselor licensed under chapter 376b
- Professional counselor licensed under chapter 383c
- Dietitian-nutritionist licensed under chapter 384b
- Speech and language pathologist licensed under chapter 399
- Respiratory care practitioner licensed under chapter 381a
- Audiologist licensed under chapter 397a
- Pharmacist licensed under chapter 400j
- Paramedic licensed under chapter 384d

Source: CT Gen. Statutes Sec. 19a-906(a)(12) & Senate Bill 920 (2020 Session). (Accessed Sept. 2020).



Eligible Providers

Medication Assisted Treatment

The distant site provider cannot bill for the physical evaluation component rendered via telemedicine.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Eligible Sites

There is no limitation on the originating site for a member receiving individual therapy, family therapy or psychotherapy with medication management.

Psychiatric diagnostic evaluations may be rendered via telemedicine only if the member is located at a CMAP-enrolled originating site.

Modifiers GT is used when the member’s originating site is located in a healthcare facility or office; or modifier 95 Is used when the member is located at home.

Documentation must be maintained by both the originating site provider and the distant site provider to substantiate the services provided. Originating site documentation must indicate the member received or has been referred for telehealth services.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Medication Assisted Treatment

Due to Opioid Treatment Programs (Methadone Maintenance Clinics) receiving a daily payment rate for all MAT services provided, the daily payment rate will continue to be paid to the originating site only.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Medical and Behavioral Health Federally Qualified Health Centers (FQHCs) are eligible to bill their encounter rate when an approved, medically necessary telemedicine service is rendered.

Source: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Sept. 2020).

Geographic Limits

No reference found.

Facility/Transmission Fee

No telehealth provider shall charge a facility fee for telehealth services.

Source: CT Gen. Statutes Sec. 19a-906(h). (Accessed Sept. 2020).



Medicaid Telehealth Reimbursement

Store-and-Forward	Policy	<p>Although CT Medicaid previously covered electronic consultations, as of January 1, 2020 and forward, the codes used to bill for electronic consultations are no longer payable under the CT Medical Assistance Program. This is due to guidance received by the Centers for Medicare and Medicaid Services (CMS), that reimbursement for electronic consultations does not meet the federal requirements.</p> <p>Source: CT Policy – Provider Bulletin 2019-75. Dec. 2019. (Accessed Sept. 2020).</p>
	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.



Email / Phone / Fax

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.

Source: CT Provider Manual. Clinic. Sec. 17b-262-823. Jan. 31, 2018. Ch. 7, pg. 20; Behavioral Health. Sec. 17b-262-918. Feb. 1, 2013. Ch. 7, Pg. 6; CT Provider Manual. Physician and Psychiatrist. Sec. 17b-262-342 & 17b-262-456. Aug. 2013. Pg. 9 & 20; CT Provider Manual. Psychologist. Sec. 17b-262-472. Jan. 1, 2018. Ch. 7, pg. 7; CT Provider Manual. Hospital Inpatient Services. Sec. 150.2(E)(III)(I). Dec. 7, 2015. Ch. 7, pg. 44; CT Provider Manual. Chiropractic. Sec. 17b-262-540. Jan. 1, 2008. Ch. 7, pg. 6; CT Provider Manual. Dental. Sec. 17b-262-698. Jan. 1, 2008. Ch. 7, Pg. 44; CT Provider Manual. Home Health. Sec. 17b-262-729. Jan. 1, 2008. Ch. 7, pg. 12; CT Provider Manual. MEDS. Sec. 17b-262-720. July 6, 2011. Ch. 7, pg. 8; CT Provider Manual. Natureopath. Sec. 17b-262-552. Feb. 26, 2014. Ch. 7, pg. 6; CT Provider Manual. Nurse Practitioner/Midwife. Sec. 17b-262-578. Jan. 1, 2008. Ch. 7, pg. 7; CT Provider Manual. Podiatry. Sec. 17b-262-624. Feb. 26, 2009. Ch. 7, pg. 6; CT Provider Manual. Vision Care. Sec. 17b-262-564. Jan. 1, 2008. Ch. 7, pg. 4. (Accessed Sept. 2020).

The price for any supply listed in the fee schedule published by the department shall include and the department shall pay the lowest: ... information furnished by the provider to the client over the telephone.

Source: CT Provider Manual. Medical Services, Sec. 17b-262-720, p. 7. (Accessed Sept 2020).

Telephonic consultations are not reimbursable under CMAP.

Source: CT Policy Transmittal 2019-12. Effective Jan. 1, 2019. Released Mar. 1, 2019. (Accessed Sept. 2020).

Consent

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.

Consent must be obtained by the parent or the patient's legal guardian.

Source: CA Gen. Statutes Sec. 19a-906(b)(2). (Accessed Sept. 2020).

Out of State Providers

No reference found.

Miscellaneous

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.

Source: CT General Statute 17b, Sec. 245e. (Accessed Sept. 2020).

Definitions

"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."

Source: CT General Statute 19a, Sec. 906(a)(11). (Accessed Sept. 2020).



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: CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a. (Accessed Sept. 2020).</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 all other benefits under such policy</p> <p>Source: CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a. (Accessed Sept 2020).</p>
		Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	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: CT General Statute 19a, Sec. 906. (Accessed Sept. 2020).</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 patients legal guardian, conservator or other authorized representative, as applicable.</p> <p>Source: CT General Statute 19a, Sec. 906(b)(2). (Accessed Sept. 2020).</p>	



Online Prescribing

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.

Source: *CT General Statute 19a, Sec. 906(c).* (Accessed Sept. 2020).

Cross-State Licensing

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.

Source: *CT General Statutes 20, Sec. 12.* (Accessed Sept. 2020).

Miscellaneous

No reference found.

