

HUSKY Health Proposed Post-Pandemic Telemedicine Policy

The following lists all of the HUSKY Health Provider Bulletins related to telemedicine, including a summary of the changes and the proposed post-pandemic policy. Please note that DSS' policy is dependent on federal and state waivers and authorities for many services.

Provider Bulletin	Title	Summary of Changes	Proposed CMAP Post-Pandemic Policy
2020-09	New Coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program (CMAP)	Implementation of synchronized telemedicine under CMAP for specified medical and BH services. BH services include psychotherapy, psychiatric evaluations, MAT services and medication management. Medical telemedicine is covered for ODS surgery or homebound members. There are specified originating site requirements for telemedicine services under this policy.	BH Post-pandemic - Continue to allow telemedicine for routine individual BH services; broaden the guidance regarding psychiatric diagnostic evaluations to remove the requirement that the service must be rendered in an approved originating facility; policy regarding group therapy and intermediate BH levels of care still under review. Medical post-pandemic - Update to expand medical telemedicine beyond out of state surgeries and homebound members. The list of specific services will be expanded beyond 99211-99215, Medicare list of approved services (pre-pandemic to serve as framework). Additional policy guidance and limitations still under development.
2020-10	CMAP COVID-19 Response – Bulletin 1: Emergency Temporary Telemedicine Coverage	CMAP waived the homebound requirement under telemedicine (PB 20-09). This allows all CMAP members to access covered telemedicine services in the home. Covered services are stated in PB 20-09. CMAP also added new patient E/M codes (99201-99205) and removed the originating site requirement off of psychiatric evaluations.	The PB will be end dated but specific provisions will be maintained and communicated in subsequent guidance (please refer to post-pandemic policy related to PB 2020-09).
2020-14	CMAP COVID-19 Response – Bulletin 4: Expanded Telemedicine and New Audio-Only (Telephonic) Services	Added children's BH rehab services as covered under telemedicine. CMAP also added two audio only codes (99442 and 99443) and BH codes (98967, 98968) which can be rendered for established patients only. Telephonic services are not considered telemedicine.	DSS is evaluating the pros and cons of whether or not to continue covering telephone services in this particular service category, including researching federal billing code constraints. Other provisions such as HIPAA compliant software is dependent on federal updates.
2020-17	CMAP COVID-19 Response – Bulletin 6: Emergency Remote Early Intervention Services	Explains coverage of Remote Early Intervention Services (EIS). These services to the full extent are authorized by the Office of Early Childhood (OEC)	Remote EIS services will be permitted post-pandemic as was communicated via PB 2020-16. DSS will work with the Office of Early Childhood to communicate the specific post-pandemic remote EIS policy, including any potential changes to the policy.
2020-23	CMAP COVID-19 Response – Bulletin 8: Emergency Temporary Telemedicine Coverage for Physical Therapy, Occupational Therapy & Speech Therapy Services	Expanded synchronized telemedicine to cover specified physical therapy, occupational therapy and speech and language pathology services for established patients only. This PB covers independent therapists and OP hospitals.	Post-pandemic policy will require in-person visits for PT, OT and SLP services in order to ensure clinical efficiency and optimal outcomes
2020-24	CMAP COVID-19 Response – Bulletin 9: Emergency Temporary Telemedicine Coverage for Specified Therapy Services Rendered at Rehabilitation Clinics	Expanded synchronized telemedicine to cover specified physical therapy, occupational therapy and speech and language pathology services for established patients only in Rehab Clinics	Post-pandemic policy will require in-person visits for rehabilitation clinic services in order to ensure clinical efficiency and optimal outcomes
2020-25	CMAP COVID-19 Response – Bulletin 10: Expanded Use of Synchronized Telemedicine for Specified Behavioral Health Group Therapy Services and Autism Spectrum Disorder Services	Expanded telemedicine to cover group psychotherapy, IOP, PHP, Adult Day Treatment	Post-pandemic BH policy will continue to allow for specific services to be rendered via telemedicine. Telemedicine policy guidance for <u>intermediate</u> level of care is still under development and specific permissibility and limitations will be identified and communicated once flushed out. Please refer to post-pandemic policy for PB 2020-09.
2020-26	CMAP COVID-19 Response – Bulletin 11: Emergency School Based Child Health (SBC) Program Changes	Expanded telemedicine to cover individual and group psychotherapy, psychiatric evaluations, PT,OT,SLP, mental health assessment and behavior modification services for School Based Child Health.	Post-pandemic policy relies upon the State of CT's decision to resume school in the fall. Once schools are open telemedicine services will be discontinued as the expectation for school based child health services is for the delivery of in-person services.
2020-28	CMAP COVID-19 Response – Bulletin 13: Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services and Hospice Services	Allowing medication administration via telemedicine or telephonically. Non-waiver home health can render specified PT/OT/SLP services. EVV waived for medication administration and face to face requirements may be completed via telemedicine only.	Post-pandemic policy will require in-person visits for home health services and discontinue telephonic services in order to ensure clinical efficiency, optimal outcomes and to fulfill the intent of home health services which is the delivery of in-person care in the patient's home
2020-34	CMAP COVID-19 Response – Bulletin 21: Select Added Services to the Emergency Temporary Telemedicine Coverage/Telephonic Coverage for Specified Home Health Services	The following services will be permissible to be rendered via telemedicine to established patients: • Nursing services and • Re-certifications	Post-pandemic policy will require in-person visits for home health services in order to ensure clinical efficiency, optimal outcomes and to fulfill the intent of home health services which is the delivery of in-person care in the patient's home
2020-38	CMAP COVID-19 Response - Bulletin 26: Additional Changes to the Synchronized Telemedicine Program	Expanded emergency telemedicine and telephonic services by expanding eligible distant sites and updated the list of approved telemedicine codes under CMAP	Post-pandemic policy will continue to allow specific provider types to render telemedicine services (i.e. family planning clinics). Other provider types, such as school based health centers, depends on State of CT decisions regarding opening of schools. Specific codes from the approved telemedicine visits will continue to be permitted, while others will be discontinued. Medicare pre-pandemic list of services permitted to be rendered via telemedicine will serve as a baseline for policy decisions. Please refer to post-pandemic policy outlined for PB 2020-09.
2020-44	CMAP COVID-19 Response – Bulletin 30: Updated Audio-Only Behavioral Health (Telephonic) Services - NEW Billing Guidance	This PB supersedes the guidance stated in PB 2020-14 under section "Behavioral Health Services Rendered to Established Patients via the Telephone" and PB 2020-45 "Updated Guidance Regarding Audio-Only Telephone Services and Guidance Regarding the Use of Synchronized Telemedicine Services for Supervision of Resident Services". This PB allows specified BH services to be rendered telephonically by using BH procedure codes with the CR modifier.	DSS is evaluating the pros and cons of whether or not to continue covering telephone services in this particular service category, including researching federal billing code constraints.
2020-45	CMAP COVID-19 Response – Bulletin 29: Updated Guidance Regarding Audio-Only Telephone Services and Guidance Regarding the Use of Synchronized Telemedicine Services for Supervision of Resident Services	This PB expands coverage for the following audio-only telephone procedure codes to new patients. 99442, 99443, 98967, 98968. This PB also states DSS is following guidance issued by CMS regarding the supervision requirements of services performed by residents when services are rendered via synchronized telemedicine.	DSS is evaluating the pros and cons of whether or not to continue covering telephone services in this particular service category, including researching federal billing code constraints. This guidance is dependent upon federal Medicare guidance since DSS CMAP defers to the Medicare guidance for supervision of medical residents.
2020-47	CMAP COVID-19 Response – Bulletin 31: Updated Synchronized Telemedicine (Audio and Video) Services – for Autism Spectrum Disorder Providers	Effective May 18, 2020 until the state has declared COVID-19 to no longer be a public health emergency; behavior assessments (H0031) may be rendered via synchronized telemedicine (audio and video).	DSS is evaluating the pros and cons of whether or not to continue covering telephone services in this particular service category, including researching federal billing code constraints.