

# Connecticut



## At A Glance

### MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: No
- Audio Only: Yes

### PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

### PROFESSIONAL REQUIREMENTS

- Licensure Compacts: IMLC, PSYPACT
- Consent Requirements: Yes

### FQHCs

- Originating sites explicitly allowed for Live Video: Yes
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: Yes

### STATE RESOURCES

1. Medicaid Program: CT Medical Assistance Program (CMAP)
2. Administrator: Connecticut Department of Social Services
3. Regional Telehealth Resource Center: Northeast Telehealth Resource Center

# Private Payer

## DEFINITIONS

*Last updated 01/10/2024*

“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 an insured’s physical, oral and mental health, and includes interaction between the insured at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through (A) facsimile, texting or electronic mail, or (B) audio-only telephone if the policy uses a provider network and the telehealth provider is out-of-network.

SOURCE: HB 5596 (2021 Session)& SB 2 (2022 Session). (Accessed Jan. 2024).

### Permanent Statute

“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 Jan. 2024).

## REQUIREMENTS

*Last updated 01/10/2024*

### Effective Now Until June 30, 2024

Insurers shall provide coverage for medical advice, diagnosis, care or treatment provided through telehealth, to the same extent coverage is provided for such advice, diagnosis, care or treatment when provided to the insured in person. The policy shall not, at any time during such period, exclude coverage for a service that is appropriately provided

through telehealth because such service is provided through telehealth or a telehealth platform selected by an in-network telehealth provider.

No telehealth provider who receives a reimbursement for a covered service shall seek any payment for such service from the insured who received such service, except for any coinsurance, copayment, deductible or other out-of-pocket expense set forth in the insured's policy. Such amount shall be deemed by the telehealth provider to be payment in full.

Notwithstanding any provision of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth during the period beginning on May 10, 2021, and ending on June 30, 2024, because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.

A telehealth provider that is an in-network provider or a provider enrolled in the Connecticut medical assistance program that provides telehealth services to a Connecticut medical assistance program recipient, may use any information or communication technology in accordance with the directions, modifications or revisions, if any, made by the Office for Civil Rights of the United States Department of Health and Human Services to the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L 104-191.

No telehealth provider shall charge a facility fee for a telehealth service provided during the period beginning on the effective date of this section and ending on June 30, 2024.

No telehealth provider shall provide health care or health services to a patient through telehealth unless the telehealth provider has determined whether or not the patient has health coverage for such health care or health services.

A telehealth provider who provides health care or health services to a patient through telehealth during the period beginning on the effective date of this section and ending on June 30, 2024, shall accept as full payment for such health care or health services:

- An amount that is equal to the amount that Medicare reimburses for such health care or health services if the telehealth provider determines that the patient does not have health coverage for such health care or health services; or
- The amount that the patient's health coverage reimburses, and any coinsurance, copayment, deductible or other out-of-pocket expense imposed by the patient's health coverage, for such health care or health services if the telehealth provider determines that the patient has health

coverage for such health care or health services. If the patient's health coverage uses a provider network, the amount of such reimbursement, and such coinsurance, copayment, deductible or other out-of-pocket expense, shall not exceed the in-network amount regardless of the network status of such telehealth provider.

If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivisions (1) and (2) of this subsection, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

SOURCE: HB 5596 (2021 Session) & SB 2 (2022 Session). (Accessed Jan. 2024).

## Permanent Statute

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 licensed in the state. Such coverage shall be subject to the same terms and conditions of the policy.

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 licensed in the state, 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.

Nothing in this section shall prohibit or limit a health insurer, health care center, hospital service corporation, medical service corporation or other entity from conducting utilization review for telehealth services, provided such utilization review is conducted in the same manner and uses the same clinical review criteria as a utilization review for an in-person consultation for the same service.

SOURCE: CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a, as amended by SB 2 (2022 Session). (Accessed Jan. 2024).

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## PARITY

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*Last updated 01/10/2024*

### SERVICE PARITY

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.

SOURCE: CT General Statute 38a, Sec. 499a. & 38a, Sec. 526a. (Accessed Jan. 2024).

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## **PAYMENT PARITY**

### **Effective Now Until June 30, 2024**

Until June 30, 2024, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.

SOURCE: HB 5596 p.18 (2021 Session) & SB 2 p. 47 (2022 Session). (Accessed Jan. 2024).

# **Medicaid**

## **OVERVIEW**

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*Last updated 01/04/2024*

CT has enacted temporary laws relative to telehealth, active until June 30, 2024, that require reimbursement of synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. After the law expires the law will revert back to what is CT's 'permanent statute' section, unless new legislation is passed before that time that further amends the law.

Based on a previous law and permanent statute, 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 though provider bulletins do indicate coverage and reimbursement for some services, including those rendered via audio-visual and audio-only modalities. CT Medicaid has

created a Telehealth Information page with FAQs and a CMAP Telehealth Table, which includes the list of procedure codes approved to be rendered via telehealth.

SOURCE: HB 5596 (2021 Session), SB 2 (2022 Session), CT Statute 17b-245e, CT Statute 17b-245g & CT Dept. of Social Services Provider Bulletin 2023-38. REVISED Guidance for Services Rendered via Telehealth. May 2023. (Accessed Jan. 2024).

An additional new law requires reimbursement of audio-only telehealth under certain circumstances and reimbursement for services provided by means of telehealth to the same extent as if the service was provided in person.

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## DEFINITIONS

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*Last updated 01/04/2024*

### Effective Now Until June 30, 2024

“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, oral and mental health, and includes interaction between the patient at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through facsimile, texting or electronic mail.

SOURCE: SB 2 (2022 Session), Sec. 32. & HB 5596 (2021 Session), Sec. 1. (Accessed Jan. 2024).

### Permanent Statute

“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 Jan. 2024).

Telehealth includes (1) telemedicine (synchronized audio-visual two-way communication services) and, where specified by DSS, (2) audio-only two-way synchronized communication services delivered via telephone.



SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. (Accessed Jan. 2024).

“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, oral 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, texting or electronic mail.

SOURCE: CT General Statute 17b, Sec. 245g. (Accessed Jan. 2024).

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 Jan. 2024).

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## LIVE VIDEO

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*Last updated 01/10/2024*

### POLICY

#### Effective Now Until June 30, 2024

During the period beginning on May 10, 2021 and ending on June 30, 2024, a telehealth provider may only provide a telehealth service to a patient when the telehealth provider:

- Is communicating through real-time, interactive, two-way communication technology or store and forward transfer technology;
- Has determined whether the patient has health coverage that is fully insured, not fully insured or provided through the Connecticut medical assistance program, and whether the patient’s health coverage, if any, provides coverage for the telehealth service;
- 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;
- 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

- Provides the patient with the telehealth provider's license number, if any, and contact information

A telehealth provider that is an in-network provider or a provider enrolled in the Connecticut medical assistance program that provides telehealth services to a Connecticut medical assistance program recipient, may, during the period beginning on May 10, 2021 and ending on June 30, 2024, use any information or communication technology in accordance with the directions, modifications or revisions, if any, made by the Office for Civil Rights of the United States Department of Health and Human Services to the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L. 104-191, as amended from time to time, or the rules and regulations adopted thereunder.

No telehealth provider shall provide health care or health services to a patient through telehealth unless the telehealth provider has determined whether or not the patient has health coverage for such health care or health services.

A telehealth provider who provides health care or health services to a patient through telehealth during the period beginning on May 10, 2021 and ending on June 30, 2024, shall accept as full payment for such health care or health services:

- An amount that is equal to the amount that Medicare reimburses for such health care or health services if the telehealth provider determines that the patient does not have health coverage for such health care or health services; or
- The amount that the patient's health coverage reimburses, and any coinsurance, copayment, deductible or other out-of-pocket expense imposed by the patient's health coverage, for such health care or health services if the telehealth provider determines that the patient has health coverage for such health care or health services. If the patient's health coverage uses a provider network, the amount of such reimbursement, and such coinsurance, copayment, deductible or other out-of-pocket expense, shall not exceed the in-network amount regardless of the network status of such telehealth provider.

If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivisions (1) and (2) of this subsection, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

A telehealth provider may provide telehealth services pursuant to the provisions of this section from any location.

SOURCE: HB 5596 (2021 Session), Sec. 1, 6. & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).



## Permanent Statute

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. (Accessed Jan. 2024).

To the extent permissible under federal law, the commissioner shall provide Medicaid reimbursement for services provided by means of telehealth to the same extent as if the service was provided in person.

SOURCE: CT General Statute 17b, Sec. 245g. (Accessed Jan. 2024).

Effective for dates of service on and after May 12, 2023, which is the first day after the federal COVID-19 public health emergency declaration ends, in accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, the Department of Social Services (DSS) is issuing new guidance for services eligible for reimbursement under the Connecticut Medical Assistance Program (CMAP) when rendered via telehealth. DSS will continue to reimburse for specified services when rendered via telehealth as detailed in Provider Bulletin 2023-38 and on the CMAP Telehealth Table. This guidance applies to services rendered under CMAP for all HUSKY Health members.

Telehealth includes:

- telemedicine (synchronized audio-visual two-way communication services) and,
- where specified by DSS, audio-only two-way synchronized communication services delivered via telephone.

DSS' continued expectation is that enrolled CMAP providers will perform clinically appropriate services including, but not limited to, ensuring timely access to in-person services when medically necessary or requested by the HUSKY Health member for optimum quality of care. Therefore, all enrolled billing entities must have the capacity to

deliver services in-person and must provide services in-person to the full extent that is clinically appropriate for their patients and to the full extent necessary if the HUSKY Health member does not consent to receiving one or more services via telehealth. Having the capacity means that the provider must have a physical location in CT, (or an approved applicable border state as approved as part of enrollment) where the provider has a room or set of rooms to see members in-person and can maintain the member's privacy and confidentiality during the visit.

All applicable federal and state requirements for the equivalent in-person service apply to telehealth services. Therefore, consistent with all services billed to CMAP, all telehealth services must meet the statutory definition of medical necessity in section 17b-259b of the Connecticut General Statutes and all other applicable federal and state statutes, regulations, requirements, and guidance.

SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. (Accessed Jan. 2024).

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, Oct. 2020; CT Provider Manual. Psychologists. Sec. 17b-262-472. Oct. 2020. Pg. 7; & CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Oct. 2020. Pg. 6. (Accessed Jan. 2024).

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 Jan. 2024).

## ELIGIBLE SERVICES/SPECIALTIES

See specified services reimbursed when rendered via telehealth as detailed in Provider Bulletin 2023-38 and on the CMAP Telehealth Table. Comprehensive information regarding the specific procedure codes eligible are posted on the CMAP Telehealth Webpage as well. This web page will provide information on telehealth requirements, approved procedure codes, required modifiers, specific policy criteria and/or limitations, effective dates, and other telehealth policy information, including the Telehealth FAQs.

Providers are responsible for verifying coverage of a specific procedure code as a telehealth service as well as a covered service on their applicable fee schedule prior to delivering and billing CMAP for the service. Billing for a service via telehealth that is not listed as an approved service on the CMAP Telehealth Table or listed as a covered service on the applicable fee schedule or failure to adhere to the policy and applicable telehealth criteria/limitations, may result in a denied claim or may be at-risk for a financial adjustment during a post-payment review.

Services rendered via telehealth will be reimbursed at the same rate as if the service was rendered in-person. Providers must refer to their applicable reimbursement methodology or fee schedule to ensure that the service identified as eligible to be rendered as a telehealth service is payable for their specific provider type and the reimbursement rate.

SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. (Accessed Jan. 2024).

**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 )

SOURCE: CMAP Telehealth Table. (Accessed Jan. 2024).

Effective June 12, 2023, providers must ensure that the provision of 90853 (group psychotherapy) is performed via telemedicine (synchronized audio-visual) only. Providers are encouraged to monitor the CMAP website ([www.ctdssmap.com](http://www.ctdssmap.com)) frequently for updates to the DSS Telehealth policy and to ensure that you are accessing the most current version of the CMAP Telehealth Table.

SOURCE: CT Dept. of Social Services. Provider Message. June 2023. (Accessed Jan. 2024).

Effective June 21, 2023, and forward, providers eligible for reimbursement for procedure code T1017 (Targeted case management, 15 minutes) may perform this service via audio-only or telemedicine under the CMAP Telehealth policy.

SOURCE: CT Dept. of Social Services. Provider Message. June 2023. (Accessed Jan. 2024).

Effective for dates of service May 12, 2023, and forward, Medical Equipment Devices (MEDS) providers must comply with the face-to-face (F2F) requirements for certain DME as specified by 42 CFR 440.70. Compliance with this requirement includes the provision of the F2F encounter via telehealth as specified by 42 CFR 440.70(f)(6) when the service billed complies with the telehealth policies as outlined and specified by DSS.

Effective for dates of service May 12, 2023, and forward, physicians can conduct assessments for complex rehabilitative technology (CRT) equipment either in person or via synchronized telemedicine with the assistance of the physical therapist (PT) or occupational therapist (OT) which must be in person with the HUSKY Health member. The requirement of the PT or OT in-person with the member is to ensure the demonstration of the equipment and any features on a customized wheelchair will meet the clinical needs of members residing in skilled nursing facilities.

SOURCE: CT Policy – Provider Bulletin 2023-33. Apr. 2023. (Accessed Jan. 2024).

Effective for dates of service October 16, 2023, and forward, providers eligible for reimbursement for procedure code S0199 (Med abortion inc all ex drug) may perform this service via telemedicine only (synchronized audio-visual), under the CMAP Telehealth policy.

SOURCE: CT Policy – Provider Important Message. Oct. 2023. (Accessed Jan. 2024).

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 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 Jan. 2024).

CT does not pay for information or services furnished by a licensed behavioral health clinician to the client electronically or over the telephone, except for case management behavioral health services for clients age eighteen and under.

SOURCE: CT Provider Manual. Behavioral Health. Sec. 17b-262-918. Oct. 2020. Pg. 6. (Accessed Jan. 2024).

## **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, including medication management, are considered an all-inclusive rate to the hospital and therefore professional fees will not be paid separately.

SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. & CMAP Telehealth Table. (Accessed Jan. 2024).

Outpatient hospitals may bill for nutritional counseling services when rendered via telemedicine under procedure code G0463 – “clinic visit”. It should be noted that procedure code G0463 is approved for telemedicine nutritional counseling services only and that nutritional counseling can only be billed via telemedicine and cannot be billed via audio-only.

SOURCE: CT Medicaid Assistance Program Telehealth FAQ (May 2023), p. 3. (Accessed Jan. 2024).

## **School Based Child Health Providers**

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 in the CMAP Telehealth Table.



SOURCE: CT Policy – Provider Bulletin 2023-23. March 2023. & CMAP Telehealth Table. (Accessed Jan. 2024).

## **Targeted Case Management for Integrated Care for Kids (InCK) in New Haven**

Monitoring and follow-up activities include making necessary adjustments in the care plan and related changes in the services performed by the provider, which may be performed by staff face-to-face, telehealth, or telephone contact with the individual; by chart review; by case conference; by collateral contact with individuals, family members, providers, legal representatives, or other persons or entities for the benefit of the Medicaid member; or any combination thereof. The care plan must be reviewed every 90 days and adjusted if needed. See bulletin for more information.

SOURCE: CT Policy – Provider Bulletin 2023-55. Jul. 2023. (Accessed Jan. 2024).

## **Sick Visits**

Sick Visits for adults and children are allowed to be performed via telehealth. Refer to CMAP Telehealth Table.

## **Hospice and Home Health Services, and Well Visits**

Hospice and home health services, in addition to Well Visits, cannot be performed via telemedicine. These services must be rendered in person. Refer to Provider Bulletin 2023-38.

SOURCE: CT Medicaid Assistance Program Telehealth FAQ (May 2023), p. 3. (Accessed Jan. 2024).

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## **ELIGIBLE PROVIDERS**

### **Effective Now Until June 30, 2024**

A telehealth provider may provide telehealth services from any location.

Telehealth providers include 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 or physical therapist assistant licensed under chapter 376
- Chiropractor licensed under chapter 372



- Naturopath licensed under chapter 373
- Podiatrist licensed under chapter 375
- Occupational therapist or occupational therapy assistant 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
- Nurse-midwife licensed under chapter 377
- Dentist licensed under chapter 379
- Behavior analyst licensed under chapter 382a
- Genetic counselor licensed under chapter 383d
- Music therapist certified in the manner described in chapter 383f
- Art therapist licensed in the manner described in chapter 383g
- Athletic trainer licensed under chapter 375a

A telehealth provider may also be an appropriately licensed, certified or registered provider as listed below, that is in another state or territory of the United States or the District of Columbia and that provides telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health and maintains professional liability insurance, or other indemnity against liability for

professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers:

- physician
- physician assistant
- physical therapist
- physical therapist assistant
- chiropractor
- naturopath
- podiatrist
- occupational therapist
- occupational therapy assistant
- optometrist
- registered nurse
- advanced practice registered nurse
- psychologist
- marital and family therapist
- clinical social worker
- master social worker
- alcohol and drug counselor
- professional counselor
- dietitian
- nutritionist
- speech and language pathologist
- respiratory care practitioner
- audiologist
- pharmacist
- paramedic
- nurse-midwife
- dentist

- behavior analyst
- genetic counselor
- music therapist
- art therapist
- athletic trainer

SOURCE: HB 5596 (2021 Session), Sec. 1, & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

## Permanent Policy

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 Jan. 2024).

## 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

### **Eligible providers to determine if patient to be homebound and/or provide and bill for such service:**

- 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 Jan. 2024).

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 or 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
- Nurse-Midwife licensed under chapter 377

- Behavior Analyst licensed under chapter 382a

SOURCE: CT Gen. Statutes Sec. 19a-906(a)(12). (Accessed Jan. 2024).

## Medication Assisted Treatment – Opioid Treatment Program

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

SOURCE: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Jan. 2024).

## FQHCs

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 the 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.

SOURCE: CMAP Telehealth Table. (Accessed Jan. 2024).

## Effective July 1, 2024

A telehealth provider also is to include an appropriately licensed, certified or registered provider as listed below in another state or territory of the United States or the District of Columbia, who (i) provides telehealth services under any relevant order issued pursuant to section 33 of this act, (ii) provides mental or behavioral health care through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession, and (iii) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut mental or behavioral health care providers:

- physician
- naturopath
- registered nurse
- advanced practice registered nurse
- physician assistant
- psychologist
- marital and family therapist



- clinical social worker
- master social worker
- alcohol and drug counselor
- professional counselor
- dietitian-nutritionist
- nurse-midwife
- behavior analyst
- music therapist
- art therapist

SOURCE: SB 2 (2022 Session), Sec. 30. (Accessed Jan. 2024).

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## 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 Jan. 2024).

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.

SOURCE: CMAP Telehealth Table. (Accessed Jan. 2024).

A practitioner who is enrolled with CMAP as an independent provider or as part of an independent provider group, or as a FQHC or outpatient hospital and maintains an approved service location as part of the CMAP enrollment, has the flexibility to perform

eligible telehealth services even when the performing/rendering practitioner is not physically in-person at one of the enrolled CT or border service locations at the time of the service, so long as the practitioner complies with all applicable state and federal requirements.

SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. (Accessed Jan. 2024).

## **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. The distant site provider must be located at a different service location/address than the originating site.

SOURCE: CT Policy – Provider Bulletin 2020-09. March 2020. (Accessed Jan. 2024).

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## **GEOGRAPHIC LIMITS**

No Reference Found

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## **FACILITY/TRANSMISSION FEE**

### **Effective Now Until June 30, 2024**

No telehealth provider shall charge a facility fee for a telehealth service provided during the period beginning on May 10, 2021 and ending on June 30, 2024.

SOURCE: HB 5596 (2021 Session), Sec. 1. & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

### **Permanent Statute**

No telehealth provider or hospital shall charge a facility fee for telehealth services. Such prohibition shall apply to hospital telehealth services whether provided on campus or otherwise. For purposes of this subsection, “hospital” has the same meaning as provided in section 19a490 and “campus” has the same meaning as provided in section 19a508c.

SOURCE: CT Gen. Statutes Sec. 19a-906(h). (Accessed Jan. 2024).

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## **STORE-AND-FORWARD**

*Last updated 01/10/2024*

## POLICY

### Effective Now Until June 30, 2024

Notwithstanding the provisions of section 19a-906 of the general statutes, as amended by this act, and subdivision (1) of this subsection, a telehealth provider that is an in-network provider or a provider enrolled in the Connecticut medical assistance program that provides telehealth services to a Connecticut medical assistance program recipient, may, during the period beginning on May 10, 2021 and ending on June 30, 2024, use any information or communication technology in accordance with the directions, modifications or revisions, if any, made by the Office for Civil Rights of the United States Department of Health and Human Services to the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L 104-191, as amended from time to time, or the rules and regulations adopted thereunder.

SOURCE: HB 5596 (2021 Session), Sec. 1 & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

### Permanent Policy

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.

SOURCE: CT Policy – Provider Bulletin 2019-75. Dec. 2019, (Accessed Jan. 2024).

“Asynchronous” means any transmission to another site for review at a later time that uses a camera or other technology to capture images or data to be recorded.

SOURCE: CT Statute Sec. 19a-906(a)(1). (Accessed Jan. 2024).

“Store and forward transfer” means the asynchronous transmission of a patient’s medical information from an originating site to the telehealth provider at a distant site.

SOURCE: CT Statute Sec. 19a-906(a)(9). (Accessed Jan. 2024).

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## ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

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## GEOGRAPHIC LIMITS

No Reference Found

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## TRANSMISSION FEE

No Reference Found

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# REMOTE PATIENT MONITORING

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*Last updated 01/10/2024*

## POLICY

### Effective Now Until June 30, 2024

Notwithstanding the provisions of section 19a-906 of the general statutes and subdivision (1) of this subsection, a telehealth provider that is an in-network provider or a provider enrolled in the Connecticut medical assistance program that provides telehealth services to a Connecticut medical assistance program recipient, may, during the period beginning on May 10, 2021 and ending on June 30, 2024, use any information or communication technology in accordance with the directions, modifications or revisions, if any, made by the Office for Civil Rights of the United States Department of Health and Human Services to the provisions of the Health Insurance Portability and Accountability Act of 1996 P.L 104-191, as amended from time to time, or the rules and regulations adopted thereunder.

SOURCE: HB 5596 (2021 Session), Sec. 1 & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

“Remote patient monitoring” means the personal health and medical data collection from a patient in one location via electronic communication technologies that is then transmitted to a telehealth provider located at a distant site for the purpose of health care monitoring to assist the effective management of the patient’s treatment, care and related support.

SOURCE: CT Statute 19a-906(a)(8). (Accessed Jan. 2024).

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## TRANSMISSION FEE

No Reference Found

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## CONDITIONS

No Reference Found

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## PROVIDER LIMITATIONS

No Reference Found

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## OTHER RESTRICTIONS

No Reference Found

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## EMAIL, PHONE & FAX

SOURCE: CT Statute 17b-245g, CT HB 6470 (2021 Session). (Accessed Jan. 2024).

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## CONSENT REQUIREMENTS

*Last updated 01/10/2024*

### Effective Now Until June 30, 2024

Notwithstanding the provisions of section 19a-906 of the general statutes, as amended by this act, if a telehealth provider provides a telehealth service to a patient during the period beginning on May 10, 2021 and ending on June 30, 2024, the telehealth provider shall, at the time of the telehealth provider's first telehealth interaction with a patient, inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform, including, but not limited to, the limited duration of the relevant provisions of this section and sections 3 to 7, inclusive, of public act 21-9, as amended by this act, 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.

During the period beginning on May 10, 2021 and ending on June 30, 2024, each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records

concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions during such period to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive, of the general statutes.

During the period beginning on May 10, 2021 and ending on June 30, 2024, any consent or revocation of consent under this section shall be obtained from or communicated by the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

SOURCE: HB 5596 (2021 Session), Sec. 1 & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

### **Permanent Statute**

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 as applicable.

SOURCE: CT Gen. Statutes Sec. 19a-906(b)(2)&(e). (Accessed Jan. 2024).

### **Informed Consent**

In a method as determined by providers, informed consent must be obtained in writing (electronic consent is acceptable) from each HUSKY Health member before providing telehealth services and annually thereafter. DSS is not requiring the use of a specific form and providers may use their own form or format for obtaining informed consent. In addition, the provider must ensure each HUSKY Health member is aware they can optout or refuse telehealth services at any time.

### **Services Rendered to Minors**

If the HUSKY Health member is a minor child under age 18, a parent or legal guardian must be present for services to the same extent as it would be required for comparable in-person services unless exempted by state or federal law. In addition, informed



consent for telehealth services must be obtained by the parent or legal guardian prior to the provision of such services and obtained annually thereafter.

SOURCE: CT Medicaid Assistance Program Provider Bulletin 2023-38 (May 2023), p. 3. (Accessed Jan. 2024).

Verbal consent obtained during the PHE, as evidenced by a documentation in the medical record, may remain in effect for up to six months after the end of the PHE, after which, providers must obtain informed consent per the terms found in Provider Bulletin 2023-38 (cited above).

SOURCE: CT Medicaid Assistance Program Telehealth FAQ (May 2023), p. 2. (Accessed Jan. 2024).

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## OUT OF STATE PROVIDERS

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*Last updated 01/10/2024*

DSS' continued expectation is that enrolled CMAP providers will perform clinically appropriate services including, but not limited to, ensuring timely access to in-person services when medically necessary or requested by the HUSKY Health member for optimum quality of care. Therefore, all enrolled billing entities must have the capacity to deliver services in-person and must provide services in-person to the full extent that is clinically appropriate for their patients and to the full extent necessary if the HUSKY Health member does not consent to receiving one or more services via telehealth. Having the capacity means that the provider must have a physical location in CT, (or an approved applicable border state as approved as part of enrollment) where the provider has a room or set of rooms to see members in-person and can maintain the member's privacy and confidentiality during the visit.

### Location of Practitioner – Providers

*Independent Practitioners/Group Practitioners/Federally Qualified Health Centers/Outpatient Hospitals*

Except as otherwise specifically stated in subsequent provider guidance issued by DSS, stated as part of telehealth policy criteria for a specific service as outlined on the CMAP Telehealth Table, or for coverage of out-of-state services that are not available in-state or from a border provider as required under 42 CFR §431.52, a practitioner who is enrolled with CMAP as an independent provider or as part of an independent provider group, or as a FQHC or outpatient hospital and maintains an approved service location as part of the CMAP enrollment, has the flexibility to perform eligible telehealth services even when the performing/rendering practitioner is not physically in-person at one of the enrolled

CT or border service locations at the time of the service, so long as the practitioner complies with all applicable state and federal requirements. Enrolled border providers and out-of-state providers rendering services as approved in 42 CFR 431.52, are encouraged to research applicable licensing and scope of practice requirements that may apply specifically to their location at the time of the telehealth service.

In-state enrolled CMAP providers (facility/billing provider/parent company etc.) who contract with out-of-state practitioners to provide 100% telehealth services to HUSKY members must ensure that the billing provider can provide in-person services when medically necessary or when the member requests it. Consistent with current CMAP requirements, the out-of-state practitioner must hold an active CT license. The billing provider is responsible for providing the Department with supporting documentation for services during any audit review or investigation. If documentation is not provided, or if it is not sufficient to support the services billed, the billing provider will be responsible for any calculated overpayment that needs to be returned to the Department. Except for providers meeting the requirements under 42 CFR §431.52, out-of-state practitioners who are not contracted with an in-state CMAP provider are not eligible to enroll and bill for telehealth services.

SOURCE: CT Dept. of Social Services. Provider Bulletin 2023-38 REVISED Guidance for Services Rendered via Telehealth (May 2023). (Accessed Jan. 2024).

Border Providers who are enrolled with the CMAP and have a designation as a border provider may continue to render telehealth services in their border state. Border providers do not need to have an approved location within the state of Connecticut. Enrolled border providers follow the same rules as in-state CMAP enrolled providers, therefore they can perform approved telehealth services.

SOURCE: CT Medicaid Assistance Program Telehealth FAQ (May 2023), p. 6. (Accessed Jan. 2024).

### **Effective Now Until June 30, 2024**

The following providers in another state or territory of the United States or the District of Columbia, that provide telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health, and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers, are considered a telehealth provider:

- Physician
- Physician assistant

- Physical therapist or physical therapist assistant
- Chiropractor
- Naturopath
- Podiatrist
- Occupational therapist or occupational therapy assistant
- Optometrist
- Registered nurse or advanced practice registered nurse
- Psychologist
- Marital and family therapist
- Clinical social worker
- Master social worker
- Alcohol and drug counselor
- Professional counselor
- Dietitian-nutritionist
- Speech and language pathologist
- Respiratory care practitioner
- Audiologist
- Pharmacist
- Paramedic
- Nurse-midwife
- Dentist
- Behavior analyst
- Genetic counselor
- Music therapist
- Art therapist
- Athletic trainer

Ending on June 30, 2024, any Connecticut entity, institution or health care provider that engages or contracts with a telehealth provider that is licensed, certified or registered in another state or territory of the United States or the District of Columbia to provide

health care or other health services shall verify the credentials of such provider in the state in which he or she is licensed, certified or registered, ensure that such a provider is in good standing in such state, and confirm that such provider maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

Ending on June 30, 2024, the Commissioner of Public Health may temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner of Public Health or any boards or commissions as the Commissioner of Public Health deems necessary to reduce the spread of COVID-19 and to protect the public health for the purpose of providing residents of this state with telehealth services from out-of-state practitioners.

SOURCE: HB 5596 (2021 Session) & SB 2 (2022 Session). (Accessed Jan. 2024).

### **Effective July 1, 2022**

The Commissioner of Public Health may issue an order authorizing telehealth providers who are not licensed, certified or registered to practice in this state to provide telehealth services to patients in this state. Such order may be of limited duration and limited to one or more types of providers described in subdivision (13) of subsection (a) of section 1 of public act 21-9, as amended by this act, or subdivision (12) of subsection (a) of section 19a906 of the general statutes, as amended by this act. The commissioner may impose conditions including, but not limited to, a requirement that any telehealth provider providing telehealth services to patients in this state pursuant to such order shall submit an application for licensure, certification or registration, as applicable. The commissioner may suspend or revoke any authorization provided pursuant to this section to a telehealth provider who violates any condition imposed by the commissioner or applicable requirements for the provision of telehealth services under the law. Any such order issued pursuant to this section shall not constitute a regulation, as defined in section 4-166 of the general statutes.

SOURCE: SB 2 (2022 Session), Sec. 33 (Accessed Jan. 2024).

### **Out-of-State Surgery**

Physicians rendering inpatient surgical services for a CMAP member must ensure the hospital has submitted and obtained an approved prior authorization for the inpatient surgery. Once the hospital has an approved authorization on file for the CMAP member, the member is eligible to receive their pre- and/or post-surgical consultations via

telemedicine. Any telemedicine service related to the surgery must be rendered by the Out-of-State (OOS) provider who will be performing the surgery. All telemedicine services must be clinically appropriate and medically necessary. Pre/Post surgery instructions are not eligible for reimbursement via telemedicine.

SOURCE: CT Medical Assistance Program, Provider Bulletin 2020-09 (March 2020), p. 4. (Accessed Jan. 2024).

## **Border Hospital Reimbursement**

The Department of Social Services (DSS) is notifying border and out-of-state (OOS) hospitals that the rates and parameters for reimbursement of inpatient and outpatient hospital services, provided to Connecticut Medicaid members, have been updated effective for dates of discharges on or after January 1, 2023.

SOURCE: CT Medical Assistance Program, Provider Bulletin 2022-95 (Dec. 2020), p. 1. (Accessed Jan. 2024).

The Commissioner of Public Health, in consultation with the Commissioner of Early Childhood, shall develop and implement a plan to establish licensure by reciprocity or endorsement of a person who (1) is (A) a speech and language pathologist licensed or certified to provide speech and language pathology services, or entitled to provide speech and language pathology services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, or (B) an occupational therapist licensed or certified to provide occupational therapy services, or entitled to provide occupational therapy services under a different designation, in another state having requirements for practicing in such capacity that are substantially similar to or higher than the requirements in force in this state, (2) has no disciplinary action or unresolved complaint pending against such person, and (3) intends to provide early intervention services under the employment of an early intervention service program participating in the birth-to-three program established pursuant to section 17a-248b of the general statutes.

When developing and implementing such plan, the Commissioner of Public Health shall consider eliminating barriers to the expedient licensure of such persons in order to immediately address the needs of children receiving early intervention services under the birth-to-three program. The provisions of any interstate licensure compact regarding a speech and language pathologist or occupational therapist adopted by the state shall

supersede any program of licensure by reciprocity or endorsement implemented under this section for such speech and language pathologist or occupational therapist.

On or before January 1, 2023, the Commissioner of Public Health shall (1) implement the plan to establish licensure by reciprocity or endorsement, and (2) report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and children regarding such plan and recommendations for any necessary legislative changes related to such plan.

SOURCE: SB 2 (2022 Session), Sec. 26. (Accessed Jan. 2024).

### **Effective July 1, 2024**

A telehealth provider also is to include an appropriately licensed, certified or registered provider as listed below in another state or territory of the United States or the District of Columbia, who (i) provides telehealth services under any relevant order issued pursuant to section 33 of this act, (ii) provides mental or behavioral health care through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession, and (iii) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut mental or behavioral health care providers:

- physician
- naturopath
- registered nurse
- advanced practice registered nurse
- physician assistant
- psychologist
- marital and family therapist
- clinical social worker
- master social worker
- alcohol and drug counselor
- professional counselor
- dietitian-nutritionist



- nurse-midwife
- behavior analyst
- music therapist
- art therapist

SOURCE: SB 2 (2022 Session), Sec. 30. (Accessed Jan. 2024).

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## MISCELLANEOUS

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*Last updated 01/10/2024*

### Effective Now Until June 30, 2024

A telehealth provider may only provide a telehealth service to a patient when the telehealth provider:

- Is communicating through real-time, interactive, two-way communication technology or store and forward transfer technology;
- Has determined whether the patient has health coverage that is fully insured, not fully insured or provided through Medicaid or the Children's Health Insurance Program, and whether the patient's health coverage, if any, provides coverage for the telehealth service;
- 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;
- 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
- Provides the patient with the telehealth provider's license number, if any, and contact information.

Nothing prevents a health care provider from:

- Providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer;
- consulting with another health care provider concerning a patient's care;
- ordering care for hospital outpatients or inpatients; or
- using telehealth for a hospital inpatient, including for the purpose of ordering medication or treatment for such patient in accordance with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time.

“Health care provider” means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j of the general statutes or licensed or certified pursuant to chapter 368d or 384d of the general statutes.

A telehealth provider who provides health care or health services to a patient through telehealth until June 30, 2024, shall:

- Accept as full payment for such health care or health services:
  1. An amount that is equal to the amount that Medicare reimburses for such health care or health services if the telehealth provider determines that the patient does not have health coverage for such health care or health services; or
  2. The amount that the patient’s health coverage reimburses, and any coinsurance, copayment, deductible or other out-of-pocket expense imposed by the patient’s health coverage, for such health care or health services if the telehealth provider determines that the patient has health coverage for such health care or health services. If the patient’s health coverage uses a provider network, the amount of such reimbursement, and such coinsurance, copayment, deductible or other out-of-pocket expense, shall not exceed the in-network amount regardless of the network status of such telehealth provider.
  3. If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivisions (1) and (2) of this subsection, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

SOURCE: HB 5596 (2021 Session) & SB 2 (2022 Session). (Accessed Jan. 2024).

## Permanent Statute/Policy

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 Jan. 2024).

Effective for dates of service January 1, 2021 and forward, telemedicine claims should no longer be billed with POS 02.

SOURCE: CT Department of Social Services, Medical Assistance Program, Provider Bulletin 2020-100, Dec. 2020. (Accessed Jan. 2024).

The executive director of the Office of Health Strategy, established under section 19a-754a of the general statutes, shall conduct a study regarding the provision of, and coverage for, telehealth services in this state. Such study shall include, but need not be limited to, an examination of (1) the feasibility and impact of expanding access to telehealth services, telehealth providers and coverage for telehealth services in this state beginning on July 1, 2024, and (2) any means available to reduce or eliminate obstacles to patient access to telehealth services, telehealth providers and coverage for telehealth services in this state, including, but not limited to, any means available to reduce patient costs for telehealth services and coverage for telehealth services in this state. Not later than January 1, 2023, the executive director shall submit a report on the findings of such study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

SOURCE: SB 2 (2022 Session), sec. 41. (Accessed Jan. 2024).

DSS' continued expectation is that enrolled CMAP providers will perform clinically appropriate services including, but not limited to, ensuring timely access to in-person services when medically necessary or requested by the HUSKY Health member for optimum quality of care. Therefore, all enrolled billing entities must have the capacity to deliver services inperson and must provide services in-person to the full extent that is clinically appropriate for their patients and to the full extent necessary if the HUSKY Health member does not consent to receiving one or more services via telehealth. Having the capacity means that the provider must have a physical location in CT, (or an approved applicable border state as approved as part of enrollment) where the provider has a room or set of rooms to see members in-person and can maintain the member's privacy and confidentiality during the visit.

Each provider is responsible for ensuring that the provision of a service performed via telehealth complies with all applicable requirements, including, but not limited to Department of Public Health (DPH) practitioner licensing and scope of practice requirements, DSS regulations, provider bulletins/Important Messages, Frequently Asked Questions (FAQs), billing and documentation requirements and any other applicable State or Federal statute, regulation, or any other requirement. Note that, in accordance with sections 17b-245e and 17b-245g of the Connecticut General Statutes, services detailed in this bulletin as covered via telehealth are authorized by DSS under that authority, notwithstanding any DSS regulations or policies that may otherwise have prohibited those services to be rendered via telehealth.

## HIPAA and Privacy Related Requirements

Information and data related to telehealth services are protected health information (PHI) to the same extent as in-person services and to the full extent applicable, fall under the scope of the federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal and state health information privacy and security requirements.

Providers must ensure they comply with all applicable requirements, including, but not limited to, using telehealth software, protocols, and procedures that fully comply with HIPAA and all other applicable requirements. Popular social media and telecommunications applications with video capabilities may not comply with HIPAA requirements and in those instances should not be used. Providers must ensure that they fully comply with such requirements, including researching applicable federal HIPAA requirements and, as appropriate, using only HIPAA compliant software to provide audio-visual or audio-only telephone telehealth services. Providers should check with their telehealth vendor to determine if the software is HIPAA compliant.

Providers must develop and implement procedures to verify provider and patient identity prior to provision of a telehealth service. Additionally, providers must ensure that an appropriate, secure, and private location is available for all HUSKY Health members participating in telehealth services.

SOURCE: CT Policy – Provider Bulletin 2023-38. May 2023. (Accessed Jan. 2024).

## Hospice Hospital at Home Pilot Program

Recently passed legislation provides that not later than Jan. 1, 2024, the CT Department of Public Health shall establish, in collaboration with a hospital in the state and the CT Department of Social Services, a Hospice Hospital at Home pilot program to provide hospice care to patients in the home through a combination of in-person visits and telehealth.

SOURCE: CT SB 1075 (2023 Session). (Accessed Jan. 2024).

# Professional Requirements

## DEFINITIONS

*Last updated 01/10/2024*

**Effective Now Until June 30, 2024**

“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, oral and mental health, and includes interaction between the patient at the originating site and the telehealth provider at a distant site, synchronous interactions, asynchronous store and forward transfers or remote patient monitoring, but does not include interaction through facsimile, texting or electronic mail.

Source: HB 5596 (2021 Session) sec. 1 & SB 2 (2022 Session) sec. 32. (Accessed Jan. 2024).

**Permanent Statute**

“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 Jan. 2024).

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## CONSENT REQUIREMENTS

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*Last updated 01/10/2024*

**Effective Now Until June 30, 2024**

Notwithstanding the provisions of section 19a-906 of the general statutes, as amended by this act, if a telehealth provider provides a telehealth service to a patient during the period beginning on May 10, 2021 and ending on June 30, 2024, the telehealth provider shall, at the time of the telehealth provider’s first telehealth interaction with a patient, inform the patient concerning the treatment methods and limitations of treatment using a telehealth platform, including, but not limited to, the limited duration of the relevant provisions of this section and sections 3 to 7, inclusive, of public act 21-9, as amended by this act, 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.

During the period beginning on May 10, 2021 and ending on June 30, 2024, each telehealth provider shall, at the time of the initial telehealth interaction, ask the patient whether the patient consents to the telehealth provider's disclosure of records concerning the telehealth interaction to the patient's primary care provider. If the patient consents to such disclosure, the telehealth provider shall provide records of all telehealth interactions during such period to the patient's primary care provider, in a timely manner, in accordance with the provisions of sections 20-7b to 20-7e, inclusive, of the general statutes.

During the period beginning on May 10, 2021 and ending on June 30, 2024, any consent or revocation of consent under this section shall be obtained from or communicated by the patient, or the patient's legal guardian, conservator or other authorized representative, as applicable.

SOURCE: HB 5596 (2021 Session), sec. 1 & SB 2 (2022 Session), sec. 32. (Accessed Jan. 2024).

### **Permanent Statute**

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, conservator or other authorized representative, as applicable.

SOURCE: CT Gen. Statutes Sec. 19a-906(b)(2)&(e). (Accessed Jan. 2024).

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## **ONLINE PRESCRIBING**

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*Last updated 01/10/2024*

### **Effective Now Until June 30, 2024**

Notwithstanding the provisions of this section or title 20 of the general statutes, no telehealth provider shall, during the period beginning on May 10, 2021 and ending on June 30, 2024, 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, as defined in section 20-14o of the general statutes, in a manner fully consistent with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time, for the treatment of a person with a psychiatric disability or a person with a substance use disorder, as defined in section 17a-458 of the general statutes, including, but not limited to, medication-assisted treatment. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically transmit the prescription pursuant to section 21a-249 of the general statutes, as amended by public act 21-9.

SOURCE: HB 5596 (2021 Session), Sec. 1 & SB 2 (2022 Session), Sec. 32. (Accessed Jan. 2024).

Notwithstanding any provision of the general statutes or any regulation of Connecticut state agencies concerning the certification of qualifying patients through telehealth services, a physician, physician assistant or advanced practice registered nurse may issue a written certification to a qualifying patient and provide any follow-up care utilizing telehealth services, provided all other requirements for issuing such written certification to the qualifying patient, including, but not limited to, all recordkeeping requirements, are satisfied.

SOURCE: HB 6768 (2023 Session), Sec. 13. (Accessed Jan. 2024).

## **Permanent Statute**

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. A telehealth provider using telehealth to prescribe a schedule II or III controlled substance pursuant to this subsection shall electronically submit the prescription pursuant to section 21a-249 of the general statutes, as amended by this act.

SOURCE: CT General Statute 19a, Sec. 906(c). (Accessed Jan. 2024).

A licensed practitioner shall not be required to electronically transmit a prescription when:

- Electronic transmission is not available due to a temporary technological or electrical failure. In the event of a temporary technological or electrical failure, the practitioner shall, without undue delay, reasonably attempt to correct any cause for the failure that is within his or her control. A practitioner who issues a prescription, but fails to electronically transmit the

prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record as soon as practicable, but in no instance more than seventy-two hours following the end of the temporary technological or electrical failure that prevented the electronic transmittal of the prescription. For purposes of this subdivision, "temporary technological or electrical failure" means failure of a computer system, application or device or the loss of electrical power to such system, application or device, or any other service interruption to such system, application or device that reasonably prevents the practitioner from utilizing his or her certified application to electronically transmit the prescription in accordance with subsection (b) of this section;

- The practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by an electronically transmitted prescription in a timely manner and that such delay would adversely impact the patient's medical condition, provided if such prescription is for a controlled substance, the quantity of such controlled substance does not exceed a five-day supply for the patient, if the controlled substance was used in accordance with the directions for use. A practitioner who issues a prescription, but fails to electronically transmit the prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record;
- The prescription is to be dispensed by a pharmacy located outside this state. A practitioner who issues a prescription, but fails to electronically transmit the prescription, as permitted by this subsection, shall document the reason for the practitioner's failure to electronically transmit the prescription in the patient's medical record;
- Use of an electronically transmitted prescription may negatively impact patient care, such as a prescription containing two or more products to be compounded by a pharmacist, a prescription for direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion, a prescription that contains long or complicated directions, a prescription that requires certain elements to be included by the federal Food and Drug Administration, or an oral prescription communicated to a pharmacist by a health care practitioner for a patient in a chronic and convalescent nursing home, licensed pursuant to chapter 368v; or
- The practitioner demonstrates, in a form and manner prescribed by the commissioner, that such practitioner does not have the technological capacity to issue an electronically transmitted prescription. For the purposes of this subsection, "technological capacity" means possession of a computer system, hardware or device that can be used to electronically transmit controlled substance prescriptions consistent with federal law. The provisions of this subdivision shall not apply to a practitioner when such practitioner is prescribing as a telehealth provider, as defined in section 19a-906, as amended by this act, section 1 of public act 20-2 of the July special session\* or section 1 of public act 21-9\*, as amended by this act, as applicable, pursuant to subsection (c) of section 19a-906, subsection (c) of section 1 of public act 20-2 of the July special session\* or subsection (c) of section 1 of public act 21-9\*, as amended by this act, as applicable.

SOURCE: CT General Statute 21a-249 (c). As amended by HB 5596 (2021 Session) & SB 2 (2022 Session), sec. 34. (Accessed Jan. 2024).

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## CROSS-STATE LICENSING

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*Last updated 01/10/2024*

### Effective Now Until June 30, 2024

Until June 30, 2024, the following providers in another state or territory of the United States or the District of Columbia, that provide telehealth services pursuant to his or her authority under any relevant order issued by the Commissioner of Public Health, and maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers, are considered a telehealth provider:

- Physician
- Physician assistant
- Physical therapist or physical therapist assistant
- Chiropractor
- Naturopath
- Podiatrist
- Occupational therapist or occupational therapy assistant
- Optometrist
- Registered nurse or advanced practice registered nurse
- Psychologist
- Marital and family therapist
- Clinical social worker
- Master social worker
- Alcohol and drug counselor
- Professional counselor
- Dietitian-nutritionist
- Speech and language pathologist
- Respiratory care practitioner

- Audiologist
- Pharmacist
- Paramedic
- Nurse-midwife
- Dentist
- Behavior analyst
- Genetic counselor
- Music therapist
- Art therapist
- Athletic trainer

Ending on June 30, 2024, any Connecticut entity, institution or health care provider that engages or contracts with a telehealth provider that is licensed, certified or registered in another state or territory of the United States or the District of Columbia to provide health care or other health services shall verify the credentials of such provider in the state in which he or she is licensed, certified or registered, ensure that such a provider is in good standing in such state, and confirm that such provider maintains professional liability insurance or other indemnity against liability for professional malpractice in an amount that is equal to or greater than that required for similarly licensed, certified or registered Connecticut health care providers.

Ending on June 30, 2024, the Commissioner of Public Health may temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner of Public Health or any boards or commissions as the Commissioner of Public Health deems necessary to reduce the spread of COVID-19 and to protect the public health for the purpose of providing residents of this state with telehealth services from out-of-state practitioners.

SOURCE: HB 5596 (2021 Session) & SB 2 (2022 Session) (Accessed Jan. 2024).

The Commissioner of Public Health may issue an order authorizing telehealth providers who are not licensed, certified or registered to practice in this state to provide telehealth services to patients in this state. Such order may be of limited duration and limited to one or more types of providers described in subdivision (13) of subsection (a) of section 1 of public act 21-9, as amended by this act, or subdivision (12) of subsection (a) of section 19a906 of the general statutes, as amended by this act. The commissioner may impose

conditions including, but not limited to, a requirement that any telehealth provider providing telehealth services to patients in this state pursuant to such order shall submit an application for licensure, certification or registration, as applicable. The commissioner may suspend or revoke any authorization provided pursuant to this section to a telehealth provider who violates any condition imposed by the commissioner or applicable requirements for the provision of telehealth services under the law. Any such order issued pursuant to this section shall not constitute a regulation, as defined in section 4-166 of the general statutes.

SOURCE: SB 2 (2022 Session), Sec. 33. (Accessed Jan. 2024).

### **Permanent Statute**

The 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 Jan. 2024).

### **Effective Now Until July 1, 2024**

Notwithstanding the provisions of section 1 of public act 21-9 and section 19a-906 of the general statutes, prior to July 1, 2024, a person who is appropriately licensed as a social worker in another state or territory of the United States or the District of Columbia may provide telehealth services to a resident of another state while such resident is in this state, provided the social worker (1) has a preexisting professional relationship with such resident, and (2) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is equal to or greater than that required for clinical or master social workers licensed pursuant to chapter 383b of the general statutes.

SOURCE: HB 5001 (2022 Session), Sec. 5. (Accessed Jan. 2024).

### **Effective July 1, 2024**

A telehealth provider also is to include an appropriately licensed, certified or registered provider as listed below in another state or territory of the United States or the District of Columbia, who (i) provides telehealth services under any relevant order issued pursuant to section 33 of this act, (ii) provides mental or behavioral health care through the use of telehealth within such person's scope of practice and in accordance with the standard of care applicable to the profession, and (iii) maintains professional liability insurance, or other indemnity against liability for professional malpractice, in an amount that is

equal to or greater than that required for similarly licensed, certified or registered Connecticut mental or behavioral health care providers:

- physician
- naturopath
- registered nurse
- advanced practice registered nurse
- physician assistant
- psychologist
- marital and family therapist
- clinical social worker
- master social worker
- alcohol and drug counselor
- professional counselor
- dietitian-nutritionist
- nurse-midwife
- behavior analyst
- music therapist
- art therapist

SOURCE: SB 2 (2022 Session), Sec. 30. (Accessed Jan. 2024).

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## LICENSURE COMPACTS

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*Last updated 01/10/2024*

Enacted the Psychology Interjurisdictional Compact.

SOURCE: SB 2 (2022 Session), sec. 42. PSYPACT Map. (Accessed Jan. 2024).

Enacted the Interstate Medical Licensure Compact

SOURCE: SB 2 (2022 Session), sec. 43. IMLC Map. (Accessed Jan. 2024).

\* See Compact websites for implementation and license issuing status and other related requirements.

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## PROFESSIONAL BOARDS STANDARDS



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*Last updated 01/10/2024*

No Reference Found

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## MISCELLANEOUS

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*Last updated 01/10/2024*

### Effective Now Until June 30, 2024

A telehealth provider may only provide a telehealth service to a patient when the telehealth provider:

- Is communicating through real-time, interactive, two-way communication technology or store and forward transfer technology;
- Has determined whether the patient has health coverage that is fully insured, not fully insured or provided through the Connecticut medical assistance program, and whether the patient's health coverage, if any, provides coverage for the telehealth service;
- 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;
- 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
- Provides the patient with the telehealth provider's license number, if any, and contact information.

The Commissioner of Public Health may temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner of Public Health or any boards or commissions under chapters 368a, 368d, 368v, 369 to 381a, inclusive, 382a, 383 to 388, inclusive, 397a, 398, 399, 400a, 400c, 400j and 474 of the general statutes as the Commissioner of Public Health deems necessary to reduce the spread of COVID-19 and to protect the public health for the purpose of providing residents of this state with telehealth services from out-of-state practitioners.

Nothing prohibits a health care provider from:

- Providing on-call coverage pursuant to an agreement with another health care provider or such health care provider's professional entity or employer;
- consulting with another health care provider concerning a patient's care;

- ordering care for hospital outpatients or inpatients; or
- using telehealth for a hospital inpatient, including for the purpose of ordering medication or treatment for such patient in accordance with the Ryan Haight Online Pharmacy Consumer Protection Act, 21 USC 829(e), as amended from time to time.

“Health care provider” means a person or entity licensed or certified pursuant to chapter 370, 372, 373, 375, 376 to 376b, inclusive, 378, 379, 380, 381a, 383 to 383c, inclusive, 384b, 397a, 399 or 400j of the general statutes or licensed or certified pursuant to chapter 368d or 384d of the general statutes.

No telehealth provider shall provide health care or health services to a patient through telehealth unless the telehealth provider has determined whether or not the patient has health coverage for such health care or health services.

A telehealth provider who provides health care or health services to a patient through telehealth during the period beginning on May 10, 2021 and ending on June 30, 2024, shall accept as full payment for such health care or health services:

- An amount that is equal to the amount that Medicare reimburses for such health care or health services if the telehealth provider determines that the patient does not have health coverage for such health care or health services; or
- The amount that the patient’s health coverage reimburses, and any coinsurance, copayment, deductible or other out-of-pocket expense imposed by the patient’s health coverage, for such health care or health services if the telehealth provider determines that the patient has health coverage for such health care or health services. If the patient’s health coverage uses a provider network, the amount of such reimbursement, and such coinsurance, copayment, deductible or other out-of-pocket expense, shall not exceed the in-network amount regardless of the network status of such telehealth provider.

If a telehealth provider determines that a patient is unable to pay for any health care or health services described in subdivisions (1) and (2) of this subsection, the provider shall offer to the patient financial assistance, if such provider is otherwise required to offer to the patient such financial assistance, under any applicable state or federal law.

A telehealth provider may provide telehealth services from any location.

SOURCE: HB 5596 (2021 Session) & SB 2 (2022 Session). (Accessed Jan. 2024).

## Family and Medical Leave Act

Recent regulations expanded the right to Family and Medical leave under the law to most workers in the state. Amendments include references to allowing telemedicine for

the required continuing treatment and periodic visits by a health care provider in certain instances.

SOURCE: Regulations of CT State Agencies Section 31-51qq-1. (Accessed Jan. 2024).

## Federally Qualified Health Center (FQHC)

### DEFINITION OF VISIT

*Last updated 01/10/2024*

“Encounter” means a face-to-face visit between a client and health professional or an allied health professional for medically necessary services and includes the client’s visit to the FQHC and all services and supplies incidental to the health professional’s services. Visits with more than one health professional or allied health professional or multiple visits with the same health professional or allied health professional that take place on the same day shall be considered one encounter, except under either of the following circumstances: (A) A client, subsequent to the first encounter, suffers an illness or injury requiring additional diagnosis or treatment; or (B) A client has different types of encounters (medical, behavioral health and dental) for different diagnoses on the same day;

SOURCE: CT FQHC Provider Manual, p. 4 (Oct. 1, 2020). (Accessed Jan. 2024).

### MODALITIES ALLOWED

*Last updated 01/10/2024*

#### Live Video

CT Medicaid covers specified synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner.

See: CT Medicaid Live Video

#### Store and Forward

CT Medicaid doesn’t have explicit coverage of store-and-forward services.

See: CT Medicaid Store-and-forward

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## Remote Patient Monitoring

CT Medicaid doesn't cover RPM.

See: CT Medicaid RPM

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## Audio-Only

No explicit reimbursement for telephone for FQHCs.

See: CT Medicaid Email, Phone, & Fax

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# SAME DAY ENCOUNTERS

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*Last updated 01/10/2024*

Visits with more than one health professional or allied health professional or multiple visits with the same health professional or allied health professional that take place on the same day shall be considered one encounter, except under either of the following circumstances: (A) A client, subsequent to the first encounter, suffers an illness or injury requiring additional diagnosis or treatment; or (B) A client has different types of encounters (medical, behavioral health and dental) for different diagnoses on the same day.

Each FQHC shall bill for FQHC services per encounter. Claims are limited to one all-inclusive encounter per day to include all services received by a client on the same day unless the client suffers an illness or injury subsequent to the first encounter that requires additional diagnosis or treatment or if the client has different types of visits on the same day such as medical and dental or medical and behavioral health. Medicaid pays for one medical, one dental, and one behavioral health encounter per day.

SOURCE: CT FQHC Provider Manual, p. 4 & 14 (Oct. 1, 2020). (Accessed Jan. 2024).

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# ELIGIBLE ORIGINATING SITE

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*Last updated 01/10/2024*

Medical and Behavioral Health FQHCs cannot bill their encounter rate when serving as an originating site only; meaning no other services were rendered to the member on that date of service outside of facilitating the telemedicine call by providing the space and technology.

SOURCE: CT Policy – Provider Bulletin 2020-09. P. 5, March 2020. (Accessed Jan. 2024).

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## ELIGIBLE DISTANT SITE

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*Last updated 01/10/2024*

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 the CMAP 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.

SOURCE: CMAP Telehealth Table. (Accessed Jan. 2024).

FQHCs are listed as eligible providers for a variety of services via telehealth and guidance states that the modifier 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 Jan. 2024).

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## FACILITY FEE

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*Last updated 01/10/2024*

There is a general prohibition on providers charging a facility fee for telehealth services.

See: CT Medicaid Live Video Facility/Transmission Fee

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## PPS RATE

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*Last updated 01/10/2024*

All covered telehealth services provided by an FQHC are paid at the same encounter rate referenced in the state plan that would be paid to the FQHC for comparable in-person services.

SOURCE: CT Department of Social Services. FQHC Medicaid Reimbursement. (Accessed Jan. 2024).

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 the CMAP 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.

SOURCE: CMAP Telehealth Table. (Accessed Jan. 2024).

“Encounter rate” means the all-inclusive PPS rate that the Department reimburses a FQHC for an encounter pursuant to 42 USC 1396a (bb).

SOURCE: CT FQHC Provider Manual, p. 4 (Oct. 1, 2020). (Accessed Jan. 2024).

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## HOME ELIGIBLE

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*Last updated 01/10/2024*

Billable services for FQHCs shall include core and noncore services identified in section 17b-262-997 of the Regulations of Connecticut State Agencies. Covered core and noncore services shall be billed on an encounter basis in accordance with section 17b-262-1002 and are subject to the following limitations:

Billable encounters shall include encounters that:

1. Take place at a service site approved by HRSA as part of a FQHC; or
2. Take place in a patient’s home for the purpose of providing services to FQHC patients; and
3. Are documented in the patient health records.

The services of a registered nurse may be billed as a medical encounter unless provided incident to a medical encounter as described below. Encounters with more than one health professional for the same type of service (e.g., a nurse and a physician provide a medical encounter) and multiple interactions with the same health professional that take place on the same day constitute a single encounter except when the patient, after the first interaction, suffers illness or injury requiring additional diagnosis and treatment.

SOURCE: CT FQHC Provider Manual, p. 9 (Oct. 1, 2020) (Accessed Jan. 2024).

Guidance for eligible providers, including FQHCs, states that the modifier 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 Jan. 2024).

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## PATIENT-PROVIDER RELATIONSHIP

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*Last updated 01/10/2024*

No Reference Found.

For general information about prescribing see: CT Professional Requirements Online Prescribing