



**Connecticut Medical Assistance Program
Policy Transmittal 2020-23**


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**Provider Bulletin 2020-25
March 2020**

Effective Date: March 23, 2020
Contact: William.halsey@ct.gov

TO: Behavioral Health Clinicians, Behavioral Health Clinics, Outpatient Hospitals and Autism Spectrum Disorder Providers

RE: CMAP COVID-19 Response – Bulletin 10 Expanded Use of Synchronized Telemedicine for Specified Behavioral Health Group Therapy Services and Autism Spectrum Disorder Services

As an interim measure in response to the Governor's recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is temporarily expanding telemedicine to cover specified group therapy services and autism spectrum disorder (ASD) services.

Effective for dates of service from March 23, 2020 until the Department has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency (the "Temporary Effective Period"), the following group therapy and ASD services will be permissible to be rendered via synchronized telemedicine, which is defined as an audio and video telecommunication system with real-time communication between the patient and practitioner. These services **cannot** be rendered using audio-only telephone.

Please refer to **PB 2020-09 – New Coverage of Specified Telemedicine Services under the Connecticut Medical Assistance Program (CMAP)** for the Department's general telemedicine coverage parameters. Except as otherwise specified below, all provisions of PB 2020-09 and PB 2020-14 remain in effect.

Effective for all behavioral health services, the requirement for members to sign initial and updated treatment plans or plans of care may be satisfied through verbal consent if it is documented in the treatment plan or plan of care.

Note: Please carefully review the entirety of this bulletin along with all other provider bulletins and documents (i.e. FAQs) found on the Connecticut Medical Assistance Program (CMAP) Web site, www.ctdssmap.com.

Behavioral Health Group Therapy Services:

The following behavioral health (BH) services may be rendered via synchronized telemedicine:

Procedure Code	Description
90853	Group Therapy
90849	Multi-family Group Psychotherapy
S9480	Intensive Outpatient Program - Psychiatric
H0015	Intensive Outpatient Program – Chemical Dependency
H0035	Partial Hospitalization Program
H2013	Adult Day Treatment

Eligible Providers:

The following providers are eligible to render the services listed above within such individuals' applicable scope of practice under state law:

- Behavioral Health Clinics
- Behavioral Health Clinicians

Outpatient Hospitals:

Outpatient hospitals must continue to follow the Connecticut Medical Assistance Program (CMAPs) Addendum B regarding reimbursement for outpatient hospital behavioral health (BH) services. All BH services rendered in the outpatient hospital must continue to be billed by the hospital.

The following services are approved to be rendered via telemedicine during The Temporary Effective Period. Providers must continue to render services within such individuals' applicable scope of practice under state law.

RCC	Procedure Code	Description
915	90853	Group Therapy
916	90849	Multi-family Group Psychotherapy
905	S9480	Intensive Outpatient Program - Psychiatric
906	H0015	Intensive Outpatient Program – Chemical Dependency
913	H0035	Partial Hospitalization Program

GENREAL GUIDELINES FOR GROUP THERAPY AND INTERMEDIATE LEVELS OF CARE

Group Therapy and Intermediate Level of Care services are billable in accordance with the provisions below:

1. Group psychotherapy, including the intermediate levels of care referenced above, can only be billed for members who have completed a psychiatric diagnostic evaluation, admitted to treatment and determined to need the applicable group psychotherapy level of care, as documented in the plan of care;
2. Comply with all CMAP requirements that would otherwise apply to the

same service performed face-to-face (in-person), including, but not limited to, applicable provider categories, enrollment, scope of practice, licensure, documentation, and other applicable requirements;

3. The provider must obtain verbal consent to treat in a group psychotherapy setting using telemedicine from each member and document such consent in the medical record; and
4. The provider must conduct group psychotherapy using telemedicine in a private setting and advise members receiving group psychotherapy about privacy precautions.

Autism Spectrum Disorder (ASD) Direct Observation and Direction (H0046)

Licensed Behavior Analysts (also known as Board Certified Behavior Analysts (BCBAs)) and other licensed practitioners who are already authorized to provide ASD services under Medicaid may perform the Direct Observation and Direction services via telemedicine when a technician is delivering treatment services in the home of a member. Direct Observation and Direction may also be billed when all three individuals (member, technician and BCBA or licensed practitioner) are simultaneously using the same telemedicine platform to deliver the ASD treatment service and observe the technician providing the ASD treatment services.

Telemedicine Direct Observation and Direction is not permissible when the technician is delivering treatment via telemedicine and the BCBA or licensed practitioner is using a separate telemedicine device to observe the technician.

**HEALTH INSURANCE PORTABILITY
AND ACCOUNTABILITY ACT (HIPAA):**

In a notice issued on March 17, 2020 (posted at this link: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>), the U.S. Department of Health and Human Services, Office of Civil Rights (OCR) posted updated guidance on the enforcement discretion for telehealth remote communications during the COVID-19 public health emergency. Providers should consult with this communication and future communications from OCR regarding their obligations under HIPAA.

Providers must continue to ensure that they comply with all applicable federal requirements and guidance. While the COVID-19 national public emergency may result in exceptions issued by OCR, the Department still recommends that, whenever possible, providers should fully comply with all details of HIPAA privacy and security rule provisions as written in order to best safeguard the privacy and security of protected health information. For more information, please utilize the following link: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html> and any other federal guidance that may be issued in the future.

Billing Questions:

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program (CMAP) Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Unit:

DSS, Division of Health Services, Integrated Care Unit – William Halsey at William.halsey@ct.gov

Date Issued: March 2020