

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment

HIPAA Billing Code Update, Reimbursement Update, and Completion of Implementation of Facility-Type Code Reimbursement – Non-Clinic Providers (SPA 15-001)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after January 1, 2015, SPA 15-001 will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the following fee schedules: Physician, Psychologist, Independent Radiology, and Behavioral Health Clinician. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. The Department is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

In addition to the HIPAA compliance update described above, this SPA will also amend Attachment 4.19-B to establish rates for several surgical, physician radiology and office and outpatient services, which were not previously priced by Medicare and as a result, were previously manually priced by the Department. The rates will be effective on or after January 1, 2015 and will be set at a percentage of the 2015 Medicare fee schedule based on the applicable physician reimbursement methodology for the applicable or comparable type of service.

Finally, this SPA also completes the implementation of the facility type codes using the Medicare methodology for reimbursement of procedures performed in the facility setting. Pending SPA 14-031 implements this change for most codes effective October 1, 2014, but seventeen codes could not be included as part of that SPA due to system constraints and in order to ensure compliance with section 1202 of the Affordable Care Act. Specifically, these changes in SPA 15-001 will align the Medicaid program more closely with Medicare by mirroring Medicare's methodology for reimbursing practitioners based on the facility type code / place of service (FTC / POS) in which the service is rendered. This change will also ensure that DSS does not reimburse for the overhead and similar charges incurred by the facility. Accordingly, this SPA will amend Attachment 4.19-B of the Medicaid State Plan in order to revise reimbursement for physicians and other practitioners who bill using the physician fee schedule to establish a

lower fee for procedures that have an established Medicare facility fee for the remaining seventeen codes that were not included as part of this change in pending SPA 14-031.

Fiscal Information

Based on available information, DSS does not anticipate that the HIPAA compliant update will result in a change to annual aggregate expenditures. At this time, the fiscal impact of establishing rates for the previously manually priced services has not yet been determined. At this time, the fiscal impact of implementing facility type codes pursuant to Medicare's pricing methodology has not yet been determined, which will result in a decrease in annual aggregate expenditures in Federal Fiscal Years 2015 and 2016.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates".

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference "SPA 15-001: HIPAA Billing Code Updates, Reimbursement Update, and Completion of Implementation of Facility-Type Code Reimbursement for Non-Clinic Providers".) Members of the public may also submit written comments concerning the proposed change. Written comments must be received at the above contact information by January 13, 2015.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut**

- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in www.ctdssmap.com. Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.
- Laboratory Services were set as of November 1, 2013. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 90% of the Medicare fee or the Medicare floor whichever is higher.
 - X-ray services provided by independent radiology centers were set as of January 1, 2015. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 15-001

Approval Date _____

Effective Date 01-01-2015

Supersedes

SPA 13-036 (SPA 15-008 touch this same page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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- (5) Physician's services – fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

- (a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 15-001

Approval Date _____

Effective Date 01/01/2015

Supersedes

TN # 14-012 (SPA 14-031 and SPA 14-037, SPA 14-039 touch this same page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2008 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
 - (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
 - (d) Other practitioners –
 - (i) Psychologists – 85% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

TN # 15-001
Supersedes

Approval Date _____

Effective Date 01/01/2015

TN # 14-012 (SPA 14-031 and SPA 14-037, SPA 14-039 touch this same page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (ii) Naturopaths – The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (iii) Nurse practitioners – 90% of physician fees as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

- (iv) Dental Hygienists - 90% of the department’s fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.
- (vi) Physician assistants – 90% of the department’s fees for physicians, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

The agency's physician fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page go to "Provider Services" then to "Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.

- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates—ACTION". The hospice fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider" then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.

TN # 15-001

Approval Date _____

Effective Date 01/01/2015

Supersedes

TN # 14-012 (SPA 14-031 and SPA 14-037, SPA 14-039 touch this same page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (21) Pediatric and family nurse practitioners – are paid off of the physician fee schedule at 90% of physician fees, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The agency’s physician fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider” then to “Provider Fee Schedule Download”. All governmental and private providers are reimbursed according to the same fee schedule.

Pediatric and family nurse practitioner groups and individual pediatric and family nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Pediatric and family nurse practitioner services within PCMH practices run by pediatric and family nurse practitioners are authorized by Section 1905(a)(21) (services by certified pediatric and family nurse practitioners). Pediatric and family nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

TN # 15-001

Supersedes

TN # 14-012 (SPA 14-031 and SPA 14-037, SPA 14-039 touch this same page)

Approval Date _____

Effective Date 01/01/2015