

REVISED POSTING

**Changes to Medicaid State Plan for State Plan Amendment #12-010
Concerning Occupational Therapists and Other Practitioners**

On December 30, 2011, the State Department of Social Services (DSS) published notice of its proposal to submit Medicaid State Plan Amendments, including the following, to the Centers for Medicare & Medicaid Services:

12-010	Occupational Therapists and Other Practitioners Reimbursement Methodology
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The Department has extended the time frame for the submission of comments to April 4th 2012.

Comments may be directed to William Halsey, Director, Behavioral Health, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033.
(Phone: 860-424-5077, Fax: 860-424-5799, E-mail: William.Halsey@ct.gov).

Please reference the appropriate SPA heading listed above.

Please note that draft fees contained in the State Plan Amendment Pages may be subject to change.

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL

11. Independent Therapies.

a. Physical Therapy

- i Physical therapists must be licensed under Chapter 376 of the Connecticut General Statutes and meet the requirements of 42 CFR 440.110.
- ii The Department will pay enrolled physical therapists only for services provided to individuals under twenty-one (21) years of age.
- iii Services must meet the requirements of 42 CFR 440.110 and are limited to a physical therapist's scope of practice and services set forth in Sections 17b-262-630 through 640 of the Regulations of Connecticut State Agencies and the applicable published fee schedule.

b. Occupational Therapy

- i Occupational therapists must be licensed under Chapter 376a of the Connecticut General Statutes and meet the requirements of 42 CFR 440.110.
- ii The Department will pay enrolled occupational therapists only for services provided to individuals under twenty-one (21) years of age.
- iii Services must meet the requirements of 42 CFR 440.110 and are limited to an occupational therapist's scope of practice and services set forth in Section 17b-262-630 through 640 of the Regulations of Connecticut State Agencies and the applicable fee schedule.

TN # 12-010
Supersedes
TN # 09-013

Approval Date _____

Effective Date: 01-01-12

State: CONNECTICUT

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

11. Independent Therapies.

a. Physical Therapy

- i Physical therapists must be licensed under Chapter 376 of the Connecticut General Statutes and meet the requirements of 42 CFR 440.110.
- ii The Department will pay enrolled physical therapists only for services provided to individuals under twenty-one (21) years of age.
- iii Services must meet the requirements of 42 CFR 440.110 and are limited to a physical therapist's scope of practice and services set forth in Sections 17b-262-630 through 640 of the Regulations of Connecticut State Agencies and the applicable published fee schedule.

b. Occupational Therapy

- i Occupational therapists must be licensed under Chapter 376a of the Connecticut General Statutes and meet the requirements of 42 CFR 440.110.
- ii The Department will pay enrolled occupational therapists only for services provided to individuals under twenty-one (21) years of age.
- iii Services must meet the requirements of 42 CFR 440.110 and are limited to an occupational therapist's scope of practice and services set forth in Section 17b-262-630 through 640 of the Regulations of Connecticut State Agencies and the applicable fee schedule.

TN # 12-010
Supersedes
TN # 09-013

Approval Date _____

Effective Date: 01-01-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (b) Optometrists – 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 Services" then to "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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (d) Other practitioners –
- (i) Psychologists – 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 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 Services" then to "Fee Schedule Download."

TN # 12-010
Supersedes
TN # 09-013

Approval Date _____

Effective Date 01-01-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (ii) Naturopaths – 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 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (iii) Nurse practitioners – 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 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 Services" then to "Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.
- (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 Services" then to "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.

TN # 12-008 & 12-010
Supersedes
TN # 11-006

Approval Date _____

Effective Date 01-01-2012

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 Services" then to "Fee Schedule Download." The agency's rates were set as of January 1, 2012 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website.
- (vi) Physician assistants -100% of the department's fees for physicians. 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 Services" then to "fee Schedule Download." The agency's rates were set as of January 1, 2012 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.

TN # 12-008 & 12-010
Supersedes
TN # 09-013

Approval Date _____

Effective Date 01-01-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (10) Dental services (including dentures) – Fixed fee schedule. 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.
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.ctdssmap.com
- a) Physical therapy and related services – Uniform fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
 - b) Occupational therapy – Uniform fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date.
 - c) Audiology and speech pathology services – Uniform fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
- (12) Prescribed drugs and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist whichever the individual may select. The current fee schedule was set as of July 1, 2008 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 12-010
Supersedes
TN # 10-013

Approval Date _____

Effective Date 01/01/12

Independent Physical Therapy and Occupational Therapy

PA required when services exceed policy limits-HUSKY A; C (FFS); and D (MLIA)

PA required for ALL services beyond the initial evaluation - HUSKY B and Charter Oak

Procedure (Proc description)	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA
97001 PHYSICAL THERAPY EVALUATION		PT	40.35	8/1/1999	12/31/2299	
97002 PHYSICAL THERAPY RE-EVALUATION		PT	16.89	8/1/1999	12/31/2299	
97003 OCCUPATIONAL THERAPY EVALUATION		OT	40.35	1/1/2012	12/31/2299	
97004 OCCUPATIONAL THERAPY RE-EVALUATION		OT	16.89	1/1/2012	12/31/2299	
97010 APPLICATION OF A MODALITY TO ONE OR MORE		OT	16.4	1/1/2012	12/31/2299	
97010 APPLICATION OF A MODALITY TO ONE OR MORE		PT	16.4	8/1/1999	12/31/2299	
97012 APPLICATION OF A MODALITY TO ONE OR MORE		OT	11.49	1/1/2012	12/31/2299	
97012 APPLICATION OF A MODALITY TO ONE OR MORE		PT	11.49	8/1/1999	12/31/2299	
97014 APPLICATION OF A MODALITY TO ONE OR MORE		OT	9.96	1/1/2012	12/31/2299	
97014 APPLICATION OF A MODALITY TO ONE OR MORE		PT	9.96	8/1/1999	12/31/2299	
97016 APPLICATION OF A MODALITY TO ONE OR MORE		OT	10.95	1/1/2012	12/31/2299	
97016 APPLICATION OF A MODALITY TO ONE OR MORE		PT	10.95	8/1/1999	12/31/2299	
97018 APPLICATION OF A MODALITY TO ONE OR MORE		OT	7.78	1/1/2012	12/31/2299	
97018 APPLICATION OF A MODALITY TO ONE OR MORE		PT	7.78	8/1/1999	12/31/2299	
97022 APPLICATION OF A MODALITY TO ONE OR MORE		OT	9.53	1/1/2012	12/31/2299	
97022 APPLICATION OF A MODALITY TO ONE OR MORE		PT	9.53	8/1/1999	12/31/2299	
97024 DIATHERMY EG MICROWAVE		OT	7.25	1/1/2012	12/31/2299	
97024 DIATHERMY EG MICROWAVE		PT	7.25	8/1/1999	12/31/2299	
97026 APPLICATION OF A MODALITY TO ONE OR MORE		OT	6.79	1/1/2012	12/31/2299	
97026 APPLICATION OF A MODALITY TO ONE OR MORE		PT	6.79	8/1/1999	12/31/2299	
97028 APPLICATION OF A MODALITY TO ONE OR MORE		OT	7.03	1/1/2012	12/31/2299	
97028 APPLICATION OF A MODALITY TO ONE OR MORE		PT	7.03	8/1/1999	12/31/2299	
97032 APPLICATION OF A MODALITY TO ONE OR MORE		OT	10.06	1/1/2012	12/31/2299	
97032 APPLICATION OF A MODALITY TO ONE OR MORE		PT	10.06	8/1/1999	12/31/2299	
97033 APPLICATION OF A MODALITY TO ONE OR MORE		OT	10.73	1/1/2012	12/31/2299	
97033 APPLICATION OF A MODALITY TO ONE OR MORE		PT	10.73	8/1/1999	12/31/2299	
97034 APPLICATION OF A MODALITY TO ONE OR MORE		OT	8.32	1/1/2012	12/31/2299	
97034 APPLICATION OF A MODALITY TO ONE OR MORE		PT	8.32	8/1/1999	12/31/2299	
97035 APPLICATION OF A MODALITY TO ONE OR AREA		OT	8.52	1/1/2012	12/31/2299	
97035 APPLICATION OF A MODALITY TO ONE OR AREA		PT	8.52	8/1/1999	12/31/2299	
97036 APPLICATION OF A MODALITY TO ONE OR MORE		OT	12.86	1/1/2012	12/31/2299	
97036 APPLICATION OF A MODALITY TO ONE OR MORE		PT	12.86	8/1/1999	12/31/2299	

97039 UNLISTED MODALITY (SPECIFY TYPE AND TIME	OT	11.3	1/1/2012	12/31/2299
97039 UNLISTED MODALITY (SPECIFY TYPE AND TIME	PT	11.3	8/1/1999	12/31/2299
97110 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	OT	15.16	1/1/2012	12/31/2299
97110 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	PT	15.16	8/1/1999	12/31/2299
97112 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	OT	14.66	1/1/2012	12/31/2299
97112 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	PT	14.66	8/1/1999	12/31/2299
97113 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	OT	16.39	1/1/2012	12/31/2299
97113 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	PT	16.39	8/1/1999	12/31/2299
97116 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	OT	13.08	1/1/2012	12/31/2299
97116 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	PT	13.08	8/1/1999	12/31/2299
97124 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	OT	11.84	1/1/2012	12/31/2299
97124 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	PT	11.84	8/1/1999	12/31/2299
97139 UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	OT	9.68	1/1/2012	12/31/2299
97139 UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	PT	9.68	8/1/1999	12/31/2299
97140 MANUAL THERAPY TECHNIQUES (EG MOBILIZAT	OT	15.42	1/1/2012	12/31/2299
97140 MANUAL THERAPY TECHNIQUES (EG MOBILIZAT	PT	15.42	8/1/1999	12/31/2299
97150 THERAPEUTIC PROCEDURE(S) GROUP (2 OR MO	OT	12.16	1/1/2012	12/31/2299
97150 THERAPEUTIC PROCEDURE(S) GROUP (2 OR MO	PT	12.16	8/1/1999	12/31/2299
97504 ORTHOTIC(S) FITTING AND TRAINING UPPER	OT	14.97	1/1/2012	12/31/2299
97504 ORTHOTIC(S) FITTING AND TRAINING UPPER	PT	14.97	8/1/1999	12/31/2299
97520 PROSTHETIC TRAINING UPPER AND/OR LOWER	OT	14.66	1/1/2012	12/31/2299
97520 PROSTHETIC TRAINING UPPER AND/OR LOWER	PT	14.66	8/1/1999	12/31/2299
97530 THERAPEUTIC ACTIVITIES DIRECT (ONE ON O	OT	15.46	1/1/2012	12/31/2299
97530 THERAPEUTIC ACTIVITIES DIRECT (ONE ON O	PT	15.46	8/1/1999	12/31/2299
97542 WHEELCHAIR MANAGEMENT (EG ASSESSMENT F	OT	10.83	1/1/2012	12/31/2299
97542 WHEELCHAIR MANAGEMENT (EG ASSESSMENT F	PT	10.83	8/1/1999	12/31/2299