

NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT

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

Obstetrical Services

This State Plan Amendment (SPA), TN # 12-024, will revise reimbursement methodologies for obstetrical services effective October 1, 2012. These changes are necessary to improve access to obstetrical services by increasing reimbursement rates for vaginal deliveries and related care.

DSS will amend Attachment 4.19-B of the Medicaid State Plan to revise the reimbursement methodology for obstetrical services. In particular, DSS will revise the fee schedule for obstetrical services. Based on the information that is available at this time, DSS estimates that the federal financial impact will be as follows:

FFY 2013: \$674,000

FFY 2014: \$687,000

ADDITIONAL INFORMATION:

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference the appropriate SPA heading listed above (*e.g.*, "SPA TN # 12-024: Obstetrical Services"). Written comments may be submitted by October 16, 2012.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (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 October 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,” then to “Provider Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.
- (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 Services” then to “Fee Schedule Download.” All governmental and private providers are reimbursed according to the same fee schedule.

TN # 12-024
Supersedes
TN # 11-018

Approval Date _____

Effective Date 10-01-2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (ii) Naturopaths – 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 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 October 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (7) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees. The agency's physician fee schedule was set as of October 1, 2012 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) Hospice services – fees will equal Medicare fees for the same services in accordance with §1902(a)(13)(B) of the Social Security Act. The rate setting methodology is in compliance with State Medicaid Manual 4306. Total payments to a hospice are limited by the cap amount specified in 42CFR 418.309. Payment to the hospice for inpatient care is limited in accordance with 42CFR 418.302(f). For clients living in a nursing facility, the per diem nursing facility rate will equal 100% of the rate for that nursing home under the Medicaid program.

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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. The agency’s physician fee schedule was set as of October 1, 2012 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.

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October 1, 2012 Obstetrics Fee Schedule

Codes	Code Description	Obstetrics Fees
Vaginal Delivery		
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY AND POSTPARTUM CARE	\$2,900
59409	VAGINAL DELIVERY ONLY;	\$1,300
59410	VAGINAL DELIVERY ONLY; INCLUDING POSTPARTUM CARE	\$1,500
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY AND POSTPARTUM CARE, AFTER PREVIOUS CESAREAN DELIVERY	\$3,000
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY	\$1,400
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY INCLUDING POSTPARTUM CARE	\$1,600
C-Section Delivery		
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	\$3,000
59514	CESAREAN DELIVERY ONLY	\$1,400
59515	CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE	\$1,600
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY	\$3,200
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	\$1,600
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY; INCLUDING POSTPARTUM CARE	\$1,800