

NOTICES OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 18-F: Changes to Physician Office and Outpatient, Physician Radiology, and Independent Radiology Fee Schedules

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 February 1, 2018, SPA 18-F will amend Attachment 4.19-B of the Medicaid State Plan to make changes on the physician office and outpatient, physician radiology, and independent radiology fee schedules as described below. The physician radiology and independent radiology fee schedules will be revised to ensure the rates for the codes on those fee schedules are consistent with the standard reimbursement methodology of 57.5% of the 2007 Medicare fee schedule if the code was in effect at that time or 57.5% of the applicable year of the Medicare fee schedule coinciding with the initial activation of the procedure code.

This SPA will also incorporate the deletion of select Current Procedure Terminology (CPT) codes from the Physician Office and Outpatient Services fee schedule. Specifically, the following CPT codes are being end-dated or deleted from the physician office and outpatient fee schedule in order to be consistent with Medicaid regulations and coverage policies:

- CPT code 96040 (Genetic counseling, 30 minutes) when billed by a genetic counselor, which is not an enrollable provider type under the HUSKY Health provider network. Any service performed by a genetic counselor is not eligible for HUSKY Health reimbursement because genetic counselors are not categorized as an allied health professional, and they cannot render services under the supervision of a health professional.
- CPT code 97607 (Neg press wnd tx \leq 50 sq cm, non-durable) and CPT 97608 (Neg press wound tx $>$ 50 cm, non-durable) when billed as a professional service when a disposable wound vacuum is used. A disposable wound vacuum is classified as non-durable medical equipment which is not covered under the Connecticut Medical Assistance Program (CMAP). The Healthcare Common Procedure Coding System (HCPCS) codes for disposable wound vacuum will not be added to the durable medical equipment (DME) fee schedule. In order to be consistent, the CPT codes (97607 and 97608) for the professional service attached to the disposable wound vacuum are being deleted from the physician office and outpatient fee schedule since the HCPCS code for the wound vacuum will not be added to this fee schedule.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Information

DSS estimates that the updates to the physician-radiology and independent radiology fee schedules will increase annual aggregate Medicaid expenditures for independent radiology and physician radiology by approximately \$7,800 in State Fiscal Year (SFY) 2018 and \$19,200 in SFY 2019.

DSS estimates that the deletion of specified procedure codes from the physician office and outpatient fee schedule will result in a nominal decrease of gross Medicaid expenditures by approximately \$1,000 in SFY 2018 and \$3,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments.” The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-F: Changes to Physician Office and Outpatient, Physician Radiology, and Independent Radiology Fee Schedules”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than February 14, 2018.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 18-K: Chemical Maintenance Clinic Reimbursement Update**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 February 1, 2018, SPA 18-K will amend Attachment 4.19-B of the Medicaid State Plan to update the reimbursement methodology for chemical maintenance clinics as follows. Previously CMS notified DSS that the provider-specific reimbursement methodology for chemical maintenance clinics needed to be updated in order to comply with federal Medicaid requirements. Based on CMS guidance, this SPA makes various changes as outlined on the SPA pages, including: pro-rating the weekly rate to account for weeks in which services are provided on fewer than seven days in the week, specifying in detail the services that are included in the rate, and providing for specific types of documentation regarding the services that are provided. The SPA also removes references to specific provider locations, establishes provisions for merged clinics and newly licensed clinics, and authorizes payment for take-home doses in compliance with federal guidelines. No changes are being made to the provider-specific weekly rates, although an increase in expendi-

tures is anticipated from one or more new chemical maintenance clinic locations being added.

This SPA is necessary in order to ensure that the reimbursement methodology for chemical maintenance clinics remains in compliance with federal Medicaid requirements.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$392,000 in State Fiscal Year (SFY) 2018 and \$1.3 million in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-K: Chemical Maintenance Clinic Reimbursement”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than February 14, 2018.
