

NOTICES OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 19-AA: Dental Fee Schedule Update – CDT Code D2990

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 November 1, 2019, SPA 19-AA will amend Attachment 4.19-B of the Medicaid State Plan to adjust the children and adult dental fee schedules as follows. Specifically, Current Dental Terminology (CDT) Code D2990, “Resin Infiltration for Incipient Smooth Surface Lesions” will be added to the dental fee schedules and dental providers will need to bill D2990 in place of D2330 and D2391 in cases where restorations are focused on small areas of one tooth surface. Because D2990 is a lower rate than the existing rates for D2330 or D2331, which are not being changed by this SPA, this SPA results in a lower rate being paid for restorations that are focused on small areas of one tooth surface. This SPA results in more accurate reimbursement when the restorations are focused on small areas of one tooth surface.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then go to the Adult or Children’s Dental Fee Schedule, as applicable. The fees for CDT code D2990 are as follows:

CDT Code	Description	Fee Adult	Fee Children
D2990	Resin Infiltration for Incipient Smooth Surface Lesions	\$40.00	\$40.00

Fiscal Impact

DSS estimates that this SPA will decrease aggregate annual expenditures by approximately \$39,000 in State Fiscal Year (SFY) 2020 and \$81,000 in SFY 2021.

Compliance with Federal Access Regulations

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to the dental services for which rates are being reduced or payment is being restructured in a manner that could affect access,

as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 19-AA: Dental Fee Schedule Update – CDT Code D2990”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 19-AG: Medical Equipment Devices and Supplies (MEDS)
Fee Schedule Changes**

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 (HHS).

Changes to Medicaid State Plan

Effective on or after November 1, 2019, SPA 19-AG will amend Attachment 4.19-B of the Medicaid State Plan in order to update the MEDS Fee Schedule as follows:

1. The pricing methodology for the following two Health Care Common Procedural Coding System (HCPCS) codes E0639 (Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories) and E0640 (Patient lift, fixed system, includes all components/accessories) is being updated as detailed below, including increasing specified components from actual acquisition cost (AAC) plus 15% to AAC plus 40% in order to reflect the complexity related to providing overhead patient lifts and the documentation of applicable costs related to provision of those items. The new pricing methodology for these overhead patient lifts is being modified to the following:

Category	Payment Methodology
Material cost	AAC plus 40%
Evaluation Time	Actual cost. No mark-up
Labor to install overhead lift	Actual cost. No mark-up.
1 Sling	AAC plus 40%
Freight	Actual cost. No mark-up

2. Procedure Code A4259 (lancets per box of 100) monthly quantities will be reduced from 4 boxes per month to 2 boxes per month. Current fee is \$10.25 each. Additional quantities may be approved with prior authorization.
3. The Department will be adding prior authorization (PA) to procedure codes L1960 (Ankle foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated) and L1970 (Ankle foot orthosis, plastic, with ankle joint, custom fabricated). Providers may be able to provide prefabricated AFO's in lieu of custom fabricated AFO's for those members which do not require a custom fabricated item that is individually made for the specific member without prior authorization.

Custom Fabricated AFO Code	Description of Custom Fabricated AFO	Crosswalk to prefabricated AFO code	Description of Prefabricated AFO
L1960	AFO posterior solid ankle plastic custom-fabricated	L1930	AFO plastic or other material prefabricated includes fitting and adjustment
L1970	AFO plastic with ankle joint custom-fabricated	L1971	AFO plastic or other material w/ankle joint prefabricated, includes fitting and adjustment

4. Lastly, this SPA will decrease the reimbursement to the following procedure codes effective November 1, 2019. Code A6198 is being reduced to align with available information regarding applicable cost. The 3 wheelchair codes below (E1028, E2620 and K0040) are being decreased to align the fees at 100% of the Medicare rate.

Procedure Code	Description of Code	Modifier	Current Fee	Proposed Fee
A6198	Alginate or other fiber gelling dressing wound cover sterile pad size more than 48 sq. in., each dressing		\$112.50	\$19.29
E1028	Wheelchair accessory manual swingaway retractable		\$177.39	\$128.10
E1028	Wheelchair accessory manual swingaway retractable	RR	\$17.74	\$12.81
E1028	Wheelchair accessory manual swingaway retractable	KA	\$177.39	\$128.10

E1028	Wheelchair accessory manual swingaway retractable	RB	\$177.39	\$128.10
E2620	Positioning wheelchair back cushion planar back . . .		\$442.27	\$325.60
E2620	Positioning wheelchair back cushion planar back . . .	RR	\$44.23	\$32.56
E2620	Positioning wheelchair back cushion planar back . . .	KA	\$442.27	\$325.60
E2620	Positioning wheelchair back cushion planar back . . .	RB	\$442.27	\$325.60
K0040	Adjustable angle footplate each		\$60.30	\$45.60
K0040	Adjustable angle footplate each	RR	\$6.33	\$4.56
K0040	Adjustable angle footplate each	KA	\$60.30	\$45.60
K0040	Adjustable angle footplate each	RB	\$60.30	\$45.60

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

Fiscal Impact

Based on available information, DSS estimates that this SPA will result in a reduction of annual aggregate expenditures of proximately \$105,000 in State Fiscal Year (SFY) 2020 and \$185,000 in SFY 2021.

Compliance with Federal Access Regulations

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to medical equipment, devices, and supplies for which rates are being reduced or payment is being restructured in a manner that could affect access, as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 19-AG: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Changes”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 19-AH: Updates to the Physician Office & Outpatient Fee Schedule
and Physician-Surgery Fee Schedule**

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 (HHS).

Changes to Medicaid State Plan

Effective on or after October 1, 2019, SPA 19-AH will amend Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient fee schedule as follows:

This SPA will increase the rates for the Long-Acting Reversible Contraceptive (LARCs) Devices specified below. This change will apply to providers who bill these LARCs off the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of this device in order to ensure sufficient access to the device.

Code	Description	Price
J7297	Liletta, 52 mg	\$934.82
J7307	Etonogestrel implant	\$749.40

This SPA will also update several procedure codes on the physician-surgery fee schedule that are currently manually priced, which will be set as a fixed fee at 57.5% of the 2019 Medicare physician fee schedule. These changes are necessary because Medicare very recently added fixed fees for those codes for the first time. Setting those codes at 57.5% of applicable Medicare rates is consistent with the percentage of applicable Medicare rates used for other codes on the fee schedule. The purpose of this change is to remain aligned with Medicare now that fixed fees have been set for Medicare. The chart below lists the reimbursement rates that will be effective October 1, 2019:

CPT Code	Description	Proposed Rate
33981	Replace vad pump ext	\$541.30
33982	Replace vad intra w/o bp	\$1272.26
33983	Replace vad intra w/bp	\$1493.31
62380	Ndsc dcprn 1 ntrspc lumbar	\$976.25

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

Fiscal Impact

Based on available information, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$188,000 in State Fiscal Year (SFY) 2020 and \$290,000 in SFY 2021.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 19-AH: Updates to the Physician Office & Out-patient Fee Schedule and Physician-Surgery Fee Schedule”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 9, 2019.

DEPARTMENT OF SOCIAL SERVICES

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 19-AI: Rate Increase for Home Health Aide Services**

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 (HHS).

Changes to Medicaid State Plan

Effective on or after October 1, 2019, SPA 19-AI will amend Attachment 4.19-B of the Medicaid State Plan to update the home health services fee schedule by increasing the rates by one percent (1%) for Health Care Procedural Coding System (HCPCS) codes T1004 (Services of a qualified nursing aide, up to 15 minutes) and T1021 (Home Health aide or certified nurse assistant, per visit) provided by licensed home health agencies. This SPA is intended to reflect the costs of home health agencies paying increased wages in order to comply with the state's October 1, 2019 increase in the state minimum wage.

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

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$149,000 in State Fiscal Year (SFY) 2020 and \$223,000 in SFY 2021.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this 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 19-AI: Rate Increase for Home Health Aide Services".

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 9, 2019.

Department of Social Services

**Notice of Proposed Medicaid State Plan Amendment (SPA)
SPA 19-AJ: Reimbursement for Individuals in a
Disaster Struck Nursing Facility**

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 November 1, 2019, SPA 19-AJ will amend Attachment 4.19-D of the Medicaid State Plan to update the payment rates for nursing facility residents to provide for reimbursement when a resident of a Disaster Struck Nursing Facility must be temporarily evacuated to another facility due to a disaster for a period of up to thirty (30) days, as detailed in the SPA. The nursing facility accepting the temporary resident will be reimbursed at the same rate as the Disaster Struck Nursing Facility. The Disaster Struck Nursing Facility must enter into a contract with the facility accepting the temporary resident.

Fiscal Impact

DSS estimates that this SPA will have a nominal impact on annual aggregate expenditures in State Fiscal Year (SFY) 2020 and SFY 2021.

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: Medical Policy Unit, Department of Social Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “Reimbursement for Individuals in a Disaster Struck Nursing Facility”.

Anyone may send DSS written comments about the SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.
