

NOTICES OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 20-Y: Updates to the Physician Office and Outpatient, Physician Surgical, 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 September 1, 2020, SPA 20-Y will amend Attachment 4.19-B of the Medicaid State Plan to make the following updates:

- The following procedure codes that are currently manually priced on the physician surgical and office and outpatient fee schedule will be priced at 57.5% of the 2020 Medicare Physician Fee Schedule rate: 33981, 33982, 33983, 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, and 95716.
- The following procedure codes that are currently manually priced on the physician radiology and independent radiology fee schedules will be priced at 57.5% of the 2020 Medicare Physician Fee Schedule: 77520, 77522, 77523 and 77525.
- On the physician office and outpatient fee schedule, procedure code J9198 (Injection, infugem, 100 mg) is added to replace discontinued code J9199 (Injection infugem 200 mg). Consistent with the federally approved methodology for payment of physician-administered drugs, procedure code J9198 will be manually priced based on the national drug code (NDC) at the lowest of:
 - The usual and customary charge to the public or the actual submitted ingredient cost;
 - The National Average Drug Acquisition Cost (NADAC) established by the Centers for Medicare and Medicaid Services;
 - The Affordable Care Act Federal Upper Limit (FUL); or
 - Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.
- Procedure G2066 is being added to the physician office and outpatient fee schedule to replace the discontinued procedure code 93299 and is priced at 57.5% of the 2020 Medicare Physician Fee Schedule rate.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download", then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

DSS is making these changes in order to establish more consistent reimbursement for codes that are currently manually priced, which is more feasible now that Medicare has recently established fixed fees for these codes. The methodology at 57% of the available Medicare rate is consistent with the percentage of the applicable Medicare fee for other codes on the fee schedules. Pricing for replacement codes for codes noted above that have been discontinued is necessary in order to continue reimbursing for comparable services while maintaining compliance with the federal Health Insurance Portability and Accountability Act (HIPAA).

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$16,000 in Federal Fiscal Year (FFY) 2021 and \$16,000 in FFY 2022.

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 20-Y: Updates to the Physician Office and Outpatient, Physician Surgical, Physician Radiology and the Independent Radiology Fee Schedule Updates.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than September 9, 2020.

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA) SPA 20-Z: COVID-19 Temporary Rate Increase for Non-Sterile Gloves

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 September 1, 2020 and continuing until 90 days after the termination of the state or federal Coronavirus Disease 2019 (COVID-19) Public Health Emergency declarations, as extended, whichever is later, SPA 20-Z will amend Attachments 4.19-B of the Medicaid State Plan in order to revise the medical surgical supplies fee schedule to increase the rate for non-sterile gloves as detailed below, which is necessary to address access to care issues which have escalated during this pandemic. In addition, effective on or after September 1, 2020, the Department will reduce the quantities from 4 boxes a month to 3 boxes per month, which is necessary due to the limited quantities that many suppliers and manufacturers are

facing and in order for the fiscal impact of the rate increase to have a minimal increase in federal and state expenditures.

Specifically, the Department will temporarily increase reimbursement of non-sterile gloves as follows:

Code	New Quantities per month	New Reimbursement per box
A4927 – Gloves, non-sterile, per 100	3 boxes	\$8.00

Please note that non-sterile gloves are covered in order to prevent an individual from coming into contact with bodily fluids (e.g., during wound care, incontinence care, applying an ostomy or colostomy, tube feedings etc.). Non-sterile gloves are classified as personal protection equipment (PPE) against COVID-19 or in other contexts in which sterile gloves are necessary.

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$205,000 in Federal Fiscal Year (FFY) 2021 and \$211,000 in FFY 2022.

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 20-Z: COVID-19 Temporary Rate Increase for Non-Sterile Gloves.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than September 9, 2020.
