

## NOTICES OF CONNECTICUT STATE AGENCIES

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### DEPARTMENT OF SOCIAL SERVICES

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#### Notice of Proposed Medicaid State Plan Amendment (SPA)

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#### SPA 20-M: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Update and Revised Payment Methodology for Repairs

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 March 1, 2020, SPA 20-M will amend Attachment 4.19-B of the Medicaid State Plan in order to make the changes described below. This SPA will incorporate the following 2020 Healthcare Common Procedure Coding System (HCPCS) additions:

New Code	Short Description	Fee
E2398	Wheelchair dynamic positioning back hardware	Manufacturers Suggested Retail Price (MSRP) minus 18%
K0553	Therapeutic Continuous glucose monitor supply allowance – 1 month supply	Lesser of MSRP minus 15% or Actual Acquisition Cost (AAC) plus 25%
K0554	Therapeutic continuous glucose monitor receiver/monitor	Lesser of MSRP minus 15% or AAC plus 25%
L2006	Knee Ankle Foot Device, single/double swing/stance microprocessor control, includes all components, custom fabricated	Lesser of MSRP minus 15% or AAC plus 50%
L8033	Nipple prosthesis, custom fabricated, reusable, each	Lesser of MSRP minus 15% or AAC plus 50%

These revisions are necessary to ensure that the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

In addition, DSS will revise the payment methodology for repairs for all codes on the MEDS fee schedule in which a repair is allowed. Effective March 1, 2020 and forward, providers must bill repairs at the lesser of the Manufacturer's Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus a percentage as described below:

- Medical surgical supplies – AAC plus 25%.
- Orthotic and Prosthetic Devices – AAC plus 50%
- Parenteral/Enteral Supplies – AAC plus 25%
- Durable medical equipment (DME) – AAC plus 35%.

As a reminder, items considered to be complex rehab technology (CRT) are reimbursed at list price minus 18% including repairs as specified on the DSS Pricing Policy for MEDS Items. The MEDS Durable Medical Equipment (DME) fee schedule will also reflect this information.

Lastly, DSS has updated the MEDS fee schedules, where applicable, by removing repair rate segments for items for which repairs are not practical.

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

### **Fiscal Impact**

Due to the limitations on current available data, it is not possible to quantify specific fiscal impacts at this time. Based on information that is available, overall, it is anticipated that this SPA will not have a significant 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](mailto: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 "SPA 20-M: MEDS Fee Schedule Update and Revised Payment Methodology for Repairs".

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than March 4, 2020.

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**DEPARTMENT OF SOCIAL SERVICES**

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**Notice of Proposed Medicaid State Plan Amendment (SPA)**

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**SPA 20-N: Updates to the Physician Office and Outpatient Fee Schedule**

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 March 1, 2020, SPA 20-N 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	\$786.87
J7307	Etonogestrel implant	\$884.50

This SPA will also amend Attachment 4.19-B of the Medicaid State Plan to update the physician office and outpatient fee schedule with the addition of Healthcare Common Procedure Coding System (HCPCS) code J2350-Ocrelizumab. It will be reimbursed \$57.42 based on the reimbursement methodology to 100% of the January 2020 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines and toxoids.

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 the LARC rate increase portion of this SPA will increase annual aggregate expenditures by approximately \$6,000 in State Fiscal Year (SFY) 2020 and \$24,000 in SFY 2021.

DSS estimates that the addition of HCPCS code J2350-Ocrelizumab will increase annual aggregate expenditures by approximately \$400 in State Fiscal Year (SFY) 2020, \$4,400 in SFY 2021 and \$9,600 in SFY 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](mailto: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-N: Updates to the Physician Office and Outpatient 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 March 4, 2020.

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**DEPARTMENT OF SOCIAL SERVICES**

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**Notice of Proposed Medicaid State Plan Amendment (SPA)**

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**SPA 20-O: Clinics – Updates to Medical Clinic and  
Family Planning Clinic Fee Schedules**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment 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 March 1, 2020, SPA 20-B will amend Attachment 4.19-B of the Medicaid State Plan as follows:

This SPA will revise the Family Planning Clinic fee schedule to increase the rate for Liletta, a Long-Acting Reversible Contraceptive (LARCs) Device. 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	\$100.00

This SPA will also remove procedure code 90461 - Immunization administration from the Medical Clinic fee schedule in order to ensure more accurate billing in accordance with the national billing code definitions.

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 the change to the family planning clinic fee schedule will increase annual aggregate expenditures by approximately \$22 in State Fiscal Year (SFY) 2020 and \$90 SFY 2021.

DSS estimates that the change to the medical clinic fee schedule will not change annual aggregate expenditures in SFY 2020 or 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](mailto: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-O: Updates to Medical Clinic and Family Planning Clinic 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 March 4, 2020.

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