

NOTICES OF CONNECTICUT STATE AGENCIES

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-AG: Reinstating Coverage of Chiropractic Services, Adding Coverage of Acupuncture Services, October 2021 Health Care Procedure Coding System (HCPCS) Update, and Other Updates to the Physician Office & Outpatient and Family Planning Clinic 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 October 1, 2021, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B of the Connecticut Medicaid State Plan as follows. Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

First, in accordance with the recent change to state law in Section 331 of Public Act 21-2 of the June 2021 special session, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B to implement the reinstatement of coverage for chiropractic services. Licensed chiropractors will be authorized to bill for services that meet the requirements set forth in federal regulations at 42 C.F.R. § 440.60(b) and applicable state regulations. Specifically, by reinstating coverage, licensed acupuncturists will be able to enroll and bill for providing covered chiropractic services within their scope of practice to Connecticut Medicaid members. The fee schedule rates for chiropractic services are not changing from the fee schedule that has been in place since these services were previously covered (and which has remained in place for those services that were covered pursuant to section 1905(r)(5) of the Social Security Act).

Second, also in accordance with the recent change to state law in Section 331 of Public Act 21-2 of the June 2021 special session, this SPA amends Attachments 3.1-A, 3.1-B, and 4.19-B to add coverage for acupuncture services. Licensed acupuncturists will be able to enroll and bill for providing covered acupuncturist services within their scope of practice to Connecticut Medicaid members. A new fee schedule is being established for acupuncturist services, which was developed based on available applicable rates for the services that are within the scope of practice to be provided by licensed acupuncturists. Specifically, within that new acupuncturist fee schedule, the acupuncture service billing codes were set at 100% of applicable 2021 Medicare rates, the evaluation and management (E/M) codes were set at 100% of the Connecticut Medicaid physician office and outpatient fee schedule rates for the same codes, and the other codes not within either of those categories were set at 100% of the Medicaid physical therapy/occupational therapy fee schedule rates for the same codes.

Third, this SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the Physician Office and Outpatient and Family Planning Clinic fee schedules as described below. These revisions incorporate the various Healthcare Common Procedure Coding System (HCPCS) billing codes updates (additions, deletions, and description changes) from the most recent federal HCPCS quarterly update issued by CMS. These changes will be implemented as necessary to each of the applicable fee schedules, which will be determined as soon as possible after DSS has been able to analyze the relevant changes within this quarterly HCPCS update. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Fourth, this SPA amends Attachment 4.19-B to add HCPCS code Q9950-Injection, sulfur hexafluoride lipid microspheres, per ml to the physician office and outpatient fee schedule and will be priced \$18.77. The purpose of this change is to add the necessary enhancing agent for ultrasounds for improved accuracy of billing and payment.

Finally, this SPA amends Attachment 4.19-B to implement the following increases to the rates for the following long-acting reversible contraceptive [LARC] devices on the physician office and outpatient fee schedule.

HCPCS Code	Description	Rates
J7300	Intraut copper contraceptive	\$937.00
J7307	Etonogestrel implant system	\$1030.64

This SPA is also adjusting the coding for the following LARC devices on the family planning clinic fee schedule to incorporate adjustments to the HCPCS billing code set in compliance with HIPAA. DSS also anticipates that the rates will be increased to reflect an increase in 340B pricing that reflects an increase in the acquisition cost of the device plus a \$10.75 dispensing fee:

HCPCS Code	Description	Rates
J7294	Segesterone acetate and ethinyl estradiol 0.15mg,	\$1,238.15 + dispensing fee
	0.013mg per 24 hours; yearly vaginal system, each	\$1,248.90
J7295	Ethinyl estradiol and etonogestrel 0.015mg, 0.12mg per 24 hours; monthly vaginal ring, each	Manually Priced based on NDC + dispensing fee

Procedure code J7295 covers the brand name LARC (Nuvaring) and generic LARC (Eluryng), therefore, this code will be set to manually priced and pay 100% of the 340-B rate for the applicable LARC.

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. This SPA is necessary to reflect a recent increase in the providers’ acquisition cost for each of these LARC devices and ensure continued access to this device for Medicaid members.

Fiscal Impact

DSS estimates that reinstating coverage of chiropractic services will increase annual aggregate expenditures by approximately \$75,000 in State Fiscal Year (SFY) 2022 and \$116,000 in SFY 2023.

DSS estimates that adding coverage for acupuncturist services will increase annual aggregate expenditures by approximately \$205,000 in SFY 2022 and \$317,000 in SFY 2023.

Based on the information that is available at this time, DSS does not anticipate that the HCPCS update portion of this SPA will significantly change annual aggregate expenditures in SFY 2022 or SFY 2023.

Based on the information that is available at this time, DSS does not anticipate that adding code Q9950 will significantly change annual aggregate expenditures in SFY 2022 or SFY 2023.

Based on the information that is available at this time, DSS estimates that the LARC reimbursement changes detailed above will increase annual aggregate expenditures by approximately \$250,000 in SFY 2022 and \$390,000 in SFY 2023.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/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 21-AG: Reinstating Chiropractic Services, Adding Acupuncture Services, October 2021 HCPCS Update, and Other Changes to the Physician Office & Outpatient 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 October 13, 2021.

Notice of Ground Water Quality Reclassification Decision

The Commissioner of Energy and Environmental Protection hereby provides notice that pursuant to Section 22a-426 of the Connecticut General Statutes, she has approved a change to the state’s Ground Water Quality Classifications. A request was made to lower the ground water quality classification to Class GC by Wheelabrator Putnam as part of a proposed 68-acre expansion of the existing Putnam Ash Residue Landfill, 200 Technology Park Drive, Putnam, CT.

The request was made pursuant to Section 22a-426-7(k)(3) of the Regulations of Connecticut State Agencies and the request met the applicable criteria. A public hearing was noticed and conducted in accordance with the statutory requirements on July 14, 2021. A copy of the Final Language and Statement of Reasons from the hearing, which includes the Commissioner's decision, is available on the Department's website on the "Water Quality Reclassification" link from www.ct.gov/deep/wqsc. This approved change to the ground water quality classifications will be incorporated into the Water Quality Classification Maps as new editions are prepared. Any questions can be directed to Corinne Fitting at corinne.fitting@ct.gov or (860) 424-3724.
