

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-E: Dialysis, Family Planning, Medical, and Rehabilitation Clinics – HIPAA Billing Code and Reimbursement Update

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 January 1, 2018, SPA 18-E will amend Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedules for the following Clinics: Dialysis, Family Planning, Medical, and Rehabilitation Clinics. This SPA incorporates the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to these fee schedules to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), all as described below. Unless otherwise specified below, codes that are being added are being priced using a comparable methodology to other codes in the same or similar category. Additional changes for each clinic category are described in more detail below.

Dialysis Clinic

Additional to the overall HIPAA changes, the following code (90945-Dialysis procedure other than hemodialysis (e.g. Peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), single evaluation by a physician or other qualified health care professional) is being added to the Dialysis Clinic fee schedule.

Family Planning Clinics

The following code (90756- Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular) is being added to the Family Planning Clinic fee schedule in order to ensure that the fee schedule remains HIPAA compliant.

The following services are also being added to the family planning clinic fee schedule in order to accurately reflect the services rendered in the family planning setting. The codes include the following:

- 87880-Streptococcus, group A.
- 87804-Influenza93000-Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

- 94150-Vital capacity, total (separate procedure)
- 94640-Pressurized or non-pressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such a sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device
- 96127-Brief emotional/behavioral assessment (e.g. Depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
- 99152- Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older
- 99156- Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older

Medical Clinics

Additional to the overall HIPAA changes, the following code (90756- Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage for intramuscular) is being added to the Medical Clinic fee schedule in order to ensure that the fee schedule remains HIPAA compliant.

Rehabilitation Clinics

This SPA does not make any additional changes to reimbursement for rehabilitation clinic services other than the HIPAA update described above.

All fee schedules (including for all clinic types referenced above) are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

Fiscal Impact

DSS estimates that SPA 18-E all together will increase annual aggregate expenditures for each of the referenced type of clinics below. Collectively, SPA 18-E expenditures will increase by \$32,000 for State Fiscal Year (SFY) 2018 and by \$79,000 for SFY 2019.

Dialysis Clinic

DSS estimates that this SPA will increase annual aggregate expenditures for dialysis clinics. Expenditures will increase by \$31,000 for State Fiscal Year (SFY) 2018 and \$76,000 for SFY 2019.

Family Planning Clinics

DSS estimates that this SPA will increase annual aggregate expenditures for family planning clinics. Expenditures will increase by \$580 for State Fiscal Year (SFY) 2018 and \$1,400.00 for SFY 2019.

Medical Clinic

DSS estimates that this SPA will increase annual aggregate expenditures for medical clinics. Expenditures will increase by \$580 for State Fiscal Year (SFY) 2018 and \$1,400.00 for 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-E: Dialysis, Family Planning, Medical, and Rehabilitation Clinics – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (b) Dialysis Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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Supersedes
TN # 17-0009

Approval Date _____

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

- (d) Medical Clinics: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com. Rates are the same for private and governmental providers.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Connecticut

(f) Rehabilitation Clinics:

The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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