

## **CONNECTICUT HOSPITAL PAYMENT MODERNIZATION**

Frequently Asked Questions (FAQs) — August 29, 2014

### **Transition to Outpatient Ambulatory Payment Classifications (APCs)**

#### ***General***

#### **What is the implementation date for the APC payment methodology?**

The department's implementation target for outpatient payment modernization is 1/1/2016.

#### **Regarding the CPTCPT/HCPCS requirement on outpatient claims effective May 1, 2014, why are the codes not required for the therapy codes?**

The therapy codes in question, Physical Therapy, Occupational Therapy, and Speech Therapy are excluded from Medicare's APC methodology and it is up to the individual payer to decide how to reimburse for these services. The Department plans to continue paying for these services as it does today, for example, a set per visit fee. DSS has no purpose or reason to append the CPT codes to the RCC. Any hospital may decide to include the CPT code on the claims for these RCCs for internal informational purposes. DSS will not be requiring them on therapy claims beginning May 1, 2014 or in the final APC rate setting methodology.