**DEPARTMENT OF SOCIAL SERVICES**

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

**SPA** **22-****Q: HIPAA Compliance Billing Code and Reimbursement Updates: Physician, Dialysis Clinic, Medical Equipment Devices and Supplies (MEDS), Vision, Rehabilitation Clinic, Audiology, Speech & Language Pathology Services and Updated Rates for Select Long-Acting Reversible Contraceptive Devices**

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 April 1, 2022, SPA 22-Q will amend Attachment 4.19-B of the Medicaid State Plan to make the updates detailed below. First, this SPA will incorporate various federal Healthcare Common Procedure Coding System (HCPCS) updates (additions, deletions and description changes) to the physician office and outpatient, dialysis clinic, MEDS (durable medical equipment [DME] and medical surgical supply [MSS]), vision, rehabilitation clinic, and independent audiology/speech and language pathology fee schedules. 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).

Second, this SPA increases the rates for the following long-acting reversible contraceptive (LARC) devices on the physician office and outpatient fee schedule, which applies to providers who bill for these LARC devices under the physician office and outpatient fee schedule. This change is necessary to properly reimburse providers for the increased acquisition cost of these devices and to ensure continued access to the devices.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Description** | **Old Rate** | **New Rate** |
| J7296 | Kyleena 19.5 mg | $999.28 | $1049.24 |
| J7298 | Mirena 52 mg | $999.28 | $873.67 |
| J7301 | Skyla 13.5 mg | $832.07 | $1049.24 |

The changes apply to services reimbursed under the HUSKY Health (A, B, C, and D) programs. Fee schedules are published at this link: <https://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download,” then select the applicable fee schedule.

**Fiscal Impact**

DSS anticipates that the HIPAA compliance updates to the physician office and outpatient, dialysis clinic, MEDS (DME and MSS), vision, rehabilitation clinic, and independent audiology/speech and language pathology fee schedules are not likely to change annual aggregate expenditures in State Fiscal Year (SFY) 2022 and SFY 2023.

DSS estimates that increasing the rates for the select LARC devices on the physician office and outpatient fee schedule will increase annual aggregate expenditures by approximately $19,023 in SFY 2022 and $114,137 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](file:///C%3A%5CUsers%5CHolmesN%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CI538MMOL%5CPublic.Comment.DSS%40ct.gov) or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference “SPA 22-Q: HIPAA Compliance Billing Code and Reimbursement Updates: Physician, Dialysis Clinic, Medical Equipment Devices and Supplies (MEDS), Vision, Rehabilitation Clinic, Audiology, Speech & Language Pathology Services and Updated Rates for Select Long-Acting Reversible Contraceptive Devices”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than April 13, 2022.

**Attachment 4.19-B**

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: CONNECTICUT**

(5) Physician’s services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician’s services. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of recognition). PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

1. Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 22-Q Approval Date \_\_\_\_\_\_\_\_\_\_ Effective Date 04/01/2022

Supersedes

TN # 22-0005

**Attachment 4.19-B**

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State Connecticut**

**Home Health Services (Continued)**

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule. Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP).

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Supersedes

TN # 22-0012

**Attachment 4.19-B**

**Page 1(b)i**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State Connecticut**

(b) Dialysis Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of dialysis clinic services. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

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TN # 22-0007

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**State of Connecticut**

(f) Rehabilitation Clinics:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of rehabilitation clinic services. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

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 Supplement 1 to

 Attachment 4.19-B

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 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

 STATE: CONNECTICUT

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1. Prosthetic devices

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of prosthetic devices. The agency’s fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

1. Eyeglasses

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

1. Hearing Aids

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hearing aids. The agency’s fee schedule rates were set as of March 1, 2019 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule. The price allowed for hearing aids shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Hearing Aid/Prosthetic Eye fee schedule.

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Supersedes

TN # 21-0021

**Attachment 4.19-B**

**Page 1(f)**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State Connecticut**

1. Physical Therapy and Related Services (Physical Therapy, Occupational Therapy, Audiology and Speech and Language Pathology Services).
2. Physical therapy and related services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physical therapy and related services. The agency’s fee schedule rates were set as of January 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.
3. Occupational therapy – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of occupational therapy services. The agency’s fee schedule rates were set as of January 1, 2020 and are effective for services provided on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.
4. Audiology and speech and language pathology services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of audiology and speech and language pathology services. The agency’s fee schedule rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.

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