

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 20-Y: Updates to the Physician Office and Outpatient, Physician Surgical, Physician Radiology and Independent Radiology 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 September 1, 2020, SPA 20-Y will amend Attachment 4.19-B of the Medicaid State Plan to make the following updates:

- The following procedure codes that are currently manually priced on the physician surgical and office and outpatient fee schedule will be priced at 57.5% of the 2020 Medicare Physician Fee Schedule rate: 33981, 33982, 33983, 95700, 95705, 95706, 95707, 95708, 95709, 95710, 95711, 95712, 95713, 95714, 95715, and 95716.
- The following procedure codes that are currently manually priced on the physician radiology and independent radiology fee schedules will be priced at 57.5% of the 2020 Medicare Physician Fee Schedule: 77520, 77522, 77523 and 77525.
- On the physician office and outpatient fee schedule, procedure code J9198 (Injection, infugem, 100 mg) is added to replace discontinued code J9199 (Injection infugem 200 mg). Consistent with the federally approved methodology for payment of physician-administered drugs, procedure code J9198 will be manually priced based on the national drug code (NDC) at the lowest of:
 - The usual and customary charge to the public or the actual submitted ingredient cost;
 - The National Average Drug Acquisition Cost (NADAC) established by the Centers for Medicare and Medicaid Services;
 - The Affordable Care Act Federal Upper Limit (FUL); or
 - Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for the specific drug.

- Procedure G2066 is being added to the physician office and outpatient fee schedule to replace the discontinued procedure code 93299 and is priced at 57.5% of the 2020 Medicare Physician Fee Schedule rate.

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.

DSS is making these changes in order to establish more consistent reimbursement for codes that are currently manually priced, which is more feasible now that Medicare has recently established fixed fees for these codes. The methodology at 57% of the available Medicare rate is consistent with the percentage of the applicable Medicare fee for other codes on the fee schedules. Pricing for replacement codes for codes noted above that have been discontinued is necessary in order to continue reimbursing for comparable services while maintaining compliance with the federal Health Insurance Portability and Accountability Act (HIPAA).

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$16,000 in Federal Fiscal Year (FFY) 2021 and \$16,000 in FFY 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 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-Y: Updates to the Physician Office and Outpatient, Physician Surgical, Physician Radiology and the Independent Radiology Fee Schedule Updates.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than September 9, 2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of September 1, 2020 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same 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.

(a) 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, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 20-Y

Approval Date _____

Effective Date 09/01/2020

Supersedes

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