

## 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.

<b>HCPCS Code</b>	<b>Description</b>	<b>Rates</b>
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:

<b>HCPCS Code</b>	<b>Description</b>	<b>Rates</b>
J7294	Segesterone acetate and ethinyl estradiol 0.15mg, 0.013mg per 24 hours; yearly vaginal system, each	\$1,238.15 + dispensing fee  \$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](mailto: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.

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S): ALL**

- c. Chiropractor Services—~~Not Covered~~
- i. Chiropractors must be licensed by the state in accordance with state law.
  - ii. Services are limited to a chiropractor's scope of practice.
  - iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).
- d. Licensed Psychologist Services
- i Psychologists must be licensed under Chapter 383, Section 20-186 through 195 of the Connecticut General Statutes
  - ii Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
    - (1) Only one diagnostic interview in any ~~twelve-month~~twelve-month period by a psychologist for the same beneficiary; and
    - (2) Only two staff consultations per year by a psychologist for the same beneficiary.
- e. Naturopathic Services
- i Naturopaths must be licensed pursuant to Chapter 373 of the Connecticut General Statutes (CGS), Section 20-34 through 20-42.
  - ii The Department will pay enrolled naturopaths only for services provided to individuals under twenty-one (21) years of age.
  - iii Services are limited to a naturopath's scope of practice and as set forth in Sections 17b-262-547 through 558 of the Regulations of Connecticut State Agencies and the applicable published fee schedule.

Supersedes  
TN # 14-028

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S): ALL**

m. Acupuncturists-

- i. Acupuncturists must be licensed by the state in accordance with state law.
- ii. Services are limited to an acupuncturist's scope of practice.

TN # 21-AG  
Supersedes  
TN # NEW

Approval Date \_\_\_\_\_

Effective Date: 10/01/2021

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

- f. Chiropractor Services —~~Not Covered~~
- i. Chiropractors must be licensed by the state in accordance with state law.
  - ii. Services are limited to a chiropractor's scope of practice.
  - iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).
- g. Licensed Psychologist Services
- i. Psychologists must be licensed under Chapter 383, Section 20-186 through 195 of the Connecticut General Statutes
  - ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
    - (3) Only one diagnostic interview in any ~~twelve-month~~twelve-month period by a psychologist for the same beneficiary; and
    - (4) Only two staff consultations per year by a psychologist for the same beneficiary.
- h. Naturopathic Services
- i. Naturopaths must be licensed pursuant to Chapter 373 of the Connecticut General Statutes (CGS), Section 20-34 through 20-42.
  - ii. The Department will pay enrolled naturopaths only for services provided to individuals under twenty-one (21) years of age.
  - iii. Services are limited to a naturopath's scope of practice and as set forth in Sections 17b-262-547 through 558 of the Regulations of Connecticut State Agencies and the applicable published fee schedule.

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**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**MEDICALLY NEEDY GROUP(S): ALL**

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- m. Acupuncturists.
- i. Acupuncturists must be licensed by the state in accordance with state law.
  - ii. Services are limited to an acupuncturist's scope of practice.

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Approval Date \_\_\_\_\_

Effective Date: 10/01/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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(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 July-October 1, 2021 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](http://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.

(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, 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 # 21-AG  
Supersedes  
TN # 21-0023

Approval Date \_\_\_\_\_

Effective Date: 10/01/2021

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

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – 100% of physician fees as noted in (5) above. The current fee schedule was set as of July 1, 2021 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.
  - (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.
  - (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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. ~~Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.~~
  - (d) Other licensed practitioners –
    - (i) Psychologists – The current fee schedule was set as of January 1, 2020 and is effective for services provided on or after that date. The fee schedule for psychologists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.

TN # 21-AG  
Supersedes  
TN # 21-0023

Approval Date \_\_\_\_\_

Effective Date 10/01/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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(v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2019 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

(vi) Physician assistants – 90% of the department’s fees for physicians, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

(vii) Acupuncturists - 100% of physician fees as noted in (5) above. The current fee schedule was set as of October 1, 2021 and is effective for services provided on or after that date. The fee schedule for acupuncturists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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.

TN # 21-AG  
Supersedes  
TN # 19-0003

Approval Date \_\_\_\_\_

Effective Date 10/01/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of ~~January~~October 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.

TN # 21-AG  
Supersedes  
TN # 21-0007

Approval Date \_\_\_\_\_

Effective Date 10/01/2021