DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-Y: Clinic Reimbursement Update – Medical Clinics, Rehabilitation Clinics, and Family Planning Clinics

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 July 1, 2022, SPA 22-Y will amend Attachment 4.19-B of the Medicaid State Plan to revise various clinic fee schedules as detailed below.

First, this SPA adds the following procedure codes for depression screenings to the medical clinic and family planning clinic schedules: procedure codes G8431 (screening for depression is documented as positive, and a follow-up plan is documented) and G8510 (screening for depression is documented as negative, a follow-up plan is not required). These codes are being priced at the same rate as code 96127, a similar type of screening that is already on each of those fee schedules. The purpose of adding these codes is to enable more detailed billing for depression screenings, indicating that there is either a positive or negative result for each screen.

Second, this SPA adds the following procedure codes to the rehabilitation clinic fee schedule for dry needling services: code 20560 (needle insertions without injections; 1 or 2 muscles) and 20561 (needle insertions without injections; 3 or more muscles). These codes are priced at 57.5% of the 2022 Medicare physician fee schedule rate. The purpose of this change is to increase access to alternative pain treatments for HUSKY Health members.

Finally, this SPA increases the rates of the following procedure codes on the Family Planning fee schedule:

Procedure	Description
Code	
99202	Office o/p new sf 15-29 min
99203	Office o/p new low 30-44 min
99204	Office o/p new mod 45-59 min
99205	Office o/p new hi 60-74 min

Off/op est may x req phy/qhp
Office o/p est sf 10-19 min
Office o/p est low 20-29 min
Office o/p est mod 30-39 min
Office o/p est hi 40-54 min
Prev visit new age 12-17
Prev visit new age 18-39
Prev visit new age 40-64
Prev visit est age 12-17
Prev visit est age 18-39
Prev visit est age 40-64

Specifically, these procedure codes are being rebased to increase the reimbursement these select evaluation and management services to be 90% of the obstetrics and gynecology (OBS) rate type on the Connecticut Medical Assistance Program Physician Office and Outpatient Services fee schedule. The purpose of this change is to help ensure sufficient access to these services.

Fee schedules are published at this link: http://www.ctdssmap.com, then select "Provider", then select "Provider Fee Schedule Download," then select the applicable fee schedule.

Fiscal Impact

DSS estimates that the updates to the medical clinic fee schedule and the addition of the depression screening codes to the family planning clinic fee schedule will not change annual aggregate expenditures because utilization of the added procedure codes is anticipated to replace utilization for existing procedure codes for similar services.

DSS estimates that the updates to the rehabilition clinic fee schedule will increase annual aggregate expenditures by \$49,397 in State Fiscal Year (SFY) 2023 and \$55,504 in SFY 2024.

DSS estimates that the rate increases on the family planning clinic fee schedule will increase gross costs by \$1,289,589 in SFY 2023 and \$1,449,030 in SFY 2024.

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 or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105. Please reference "SPA 22-Y: Clinic Reimbursement Update – Medical Clinics, Rehabilitation Clinics, and Family Planning Clinics".

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

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

(c) <u>Family Planning Clinics</u>: 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 <u>January July</u> 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.

TN # <u>22-Y</u> Supersedes TN # 22-0008 Approval Date_____

Effective Date <u>07/01/2022</u>

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

(d)	Medical Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates
	are the same for both governmental and private providers of medical clinic services. The
	agency's fee schedule rates were set as of January-July 1, 2022 and are effective for
	services provided on or after that date. All rates are published on the Connecticut Medica
	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 # <u>22-Y</u> Supersedes TN # <u>22-0008</u> Approval Date _____ Effective Date <u>07/01/2022</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT 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 <u>January 1, 2021 July 1, 2022</u> 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 # <u>22-Y</u> Supersedes TN # 21-0007 Approval Date

Effective Date <u>07/01/2022</u>