

## DEPARTMENT OF SOCIAL SERVICES

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

#### SPA 22-0022: July HCPCS Updates and Other Changes

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 July 1, 2022, SPA 22-0022 will amend Attachment 4.19-B of the Medicaid State Plan to make the reimbursement updates detailed below.

First, this SPA incorporates various July 2022 federal Healthcare Common Procedure Coding System (HCPCS) billing code updates (additions, deletions and description changes) to the physician office and outpatient fee schedule. Newly added codes are being priced using a comparable methodology to other codes in the same or similar category. The purpose of this change is to ensure that this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Second, this SPA adds the following procedure codes to the physician surgical and physical therapy fee schedules to bill 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.

Third, this SPA increases the rates for the professional components of the following procedure codes for mammograms, code 77065 (Dx mammo incl cad uni) and 77067 (scr mammo bi incl cad) on the physician radiology fee schedule to \$32.00. In order to retain internal consistency within the fee schedule, the technical component of those codes is reduced by the same amount that the professional component is being increased in order to ensure that the technical and professional components combined continue to equal the rate for the global fee that includes both professional and technical components. Based on negligible past utilization of the technical component of these codes, DSS anticipates that the overall change will result in a significant increase in expenditures, as summarized below. The purpose of these changes is to help ensure sufficient access to mammography professional services.

Fourth, this SPA adds 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) for depression screenings to the physician office and outpatient fee schedule. These codes are being priced at the same rate as code 96127, a similar type of screening that is already on the fee schedule. 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.

Lastly, this SPA increases the rates by 5.2% for the following home health aide services: Healthcare Common Procedure Coding System (HCPCS) codes T1004 (Services of a qualified nursing aide, up to 15 minutes) and T1021 (Home Health aide or certified nurse assistant, per visit) provided by licensed home health agencies. The purpose of this change is to reflect that home health agencies have increased costs in paying higher wages to home health aides in order to comply with the July 1, 2022 increase in the state's minimum wage.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

### **Fiscal Impact**

DSS estimates that the HIPAA compliant updates to the physician office and outpatient fee schedule will increase annual aggregate expenditures by \$14,053 in State Fiscal Year (SFY) 2023 and \$15,790 in SFY 2024.

DSS estimates the rate increases on the mammogram codes detailed above will increase annual aggregate expenditures by \$284,354 in SFY 2023, \$319,510 in SFY 2024, and \$329,096 in SFY 2025.

DSS estimates that by adding dry needling codes to the physician surgical fee schedule will increase annual aggregate expenditures by \$53,373 in SFY 2023 and \$59,972 in SFY 2024.

DSS estimates that adding procedure codes for depression screening 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 home health aide rate increases will increase annual aggregate expenditures by \$1,275,405 in SFY 2023 and \$1,433,091 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](mailto: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 CT 22-0022 July HCPCS Updates and Other Changes".

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

(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-July 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](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,

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Supersedes

TN # 22-0017

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

State Connecticut

## 7. Home Health Services –

- (a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.
- (b) Home health aide services provided by a home health agency with limitations.
- (c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of ~~August 1, 2021~~ July 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. In addition to the fee schedule rate, effective August 1, 2021, the state pays a value-based payment rate add-on of up to 1% of the applicable rate for any home health service set forth in (a), (b), and (c) above in accordance with the following:

The first 1% performance payment will be paid on or before March 31, 2022 and is effective for and based on expenditures from August 1, 2021 through February 28, 2022 for each qualifying provider that meets the following standards:

- (a) Participation in the Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the first training by February 1, 2022; and,
- (b) Provider has Data Sharing Agreement executed with the state's Health Information Exchange (HIE) Payment methodology.

The second 1% performance payment will be paid on or before July 31, 2022 and is effective for and based on expenditures from March 1, 2022 through June 30, 2022 for each qualifying provider that meets the following standards:

- (a) Participation in Department of Social Services Racial Equity Training – 80% of all supervisors employed by the agency must complete the second training and 50% of all other staff employed by the agency must complete the first training; and,
- (b) Signing, at a minimum, the HIE Empanelment Use Case; and,
- (c) Action plan detailing how the provider sends their client roster in an approved format to the state's HIE.

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TN # 21-0034

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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- (11) Physical Therapy and Related Services (Physical Therapy, Occupational Therapy, Audiology and Speech and Language Pathology Services).
- a) 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~~ July 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](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download,” then select the applicable fee schedule.
  - b) 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: [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.
  - c) 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 January 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](http://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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