

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 22-B: Physician and Audiology Services – HIPAA Compliance Fee Schedule Updates and Changes to Select Manually Priced Codes

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 January 1, 2022, SPA 22-B will amend Attachment 4.19-B of the Medicaid State Plan to make the updates to the payment for physician services described below.

First, this SPA will incorporate various January 2022 federal Healthcare Common Procedural Coding System (HCPCS) updates (additions, deletions and description changes) to the physician office and outpatient, physician-radiology, physician anesthesia, physician-surgery and audiology 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, in accordance with the existing federally approved methodology for physician-administered drugs in the Medicaid State Plan, this SPA will update the reimbursement methodology to 100% of the January 2022 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines, and toxoids.

For procedure codes that are not priced on the January 2022 Medicare ASP Drug Pricing File and procedure codes that are described as “unclassified”, the drug will be priced 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 CMS;
- 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.

Lastly, several procedure codes that are currently manually priced listed on the physician office and outpatient fee schedule, physician radiology and physician surgery fee schedule (specifically, codes 66987, 66988, 76499, 77520, 77522, 77522, 77523, 77525, 92229 and 92650) will be priced at 57.5% of the 2022 Medicare physician fee schedule.

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

Fiscal Impact

DSS does not anticipate that the HIPAA compliant updates to the physician office and outpatient, physician radiology, physician anesthesiology, and audiology fee schedules will have any significant changes in annual aggregate expenditures.

DSS estimates that the HIPAA compliance changes will increase annual aggregate expenditures for physician surgery by approximately \$22,498 in State Fiscal Year (SFY) 2022 and \$55,614 in SFY 2023.

DSS estimates that updating the physician-administered drugs to the January 2022 Medicare ASP Drug Pricing File, will increase aggregate expenditures by approximately \$4,302 in SFY 2022 and \$10,715 in SFY 2023.

DSS does not anticipate that the changes to several procedure codes listed on the physician office and outpatient fee schedule, physician radiology and physician surgery fee schedules will have any significant fiscal impact in annual aggregate expenditures.

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-B: Physician and Audiology Services – HIPAA Compliance Fee Schedule Updates and Changes to Select Manually Priced Codes”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 12, 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 ~~January~~^{October} 1, 202~~2~~¹ 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.

(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 # 22-B

Approval Date _____

Effective Date 01/01/2022

Supersedes

TN # 21-0035

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

- (4) 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 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.
 - 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. 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, ~~2021~~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.

TN # 22-B
Supersedes
TN # 21-0008

Approval Date _____

Effective Date 01/01/2022