

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

UPDATE: Please be advised the DSS website notification was not posted, therefore, to rectify the omission, DSS has **extended the comment period to November 7, 2024**. See below.

SPA 24-AB: October 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule and Medical Clinics Fee Schedule/ Updates to the Chiropractor Fee Schedule 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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

Effective on or after October 1, 2024, SPA 24-AB will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the October 2024 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions, and description changes) to the physician office and outpatient, DMEPOS and medical clinic fee schedules. DSS is making these changes to ensure the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Secondly, effective October 1, 2024, the following evaluation/ management (E/M) procedure codes will be added to the chiropractor fee schedule (see below):

Procedure Code*	Description	Rate
99202	Office o/p new sf 15 min	\$44.98
99203	Office o/p new low 30 min	\$66.40
99204	Office o/p new mod 45 min	\$100.17
99205	Office o/p new hi 60 min	\$125.34
99211	Office o/p est sf phy/qhp	\$14.94
99212	Office o/p est 10 min	\$26.83
99213	Office o/p est low 20 min	\$42.93
99214	Office o/p est mod 30 min	\$64.99
99215	Office o/p est hi 40 min	\$87.60

Third, The family planning clinic fee schedule is being update with the addition of procedure code 57522- Conization of cervix, with or without. fulguration, with or without dilation, effective October 1, 2024.

Fee schedules are published at this link: <http://www.ctdssmap.com> (select “Provider,” then “Provider Fee Schedule Download,” accept the terms and conditions, and select the applicable fee schedule).

Fiscal Impact

The HIPAA updates to the physician office and outpatient fee schedule are estimated to increase annual aggregate expenditures by \$6,885 in state fiscal year (SFY) 2025, and \$10,637 in SFY 2026.

The HIPAA updates to the DMEPOS fee schedule are estimated to increase annual aggregate expenditures by \$178,433 in SFY 2025, and \$275,679 in SFY 2026.

The HIPAA updates to the medical clinic fee schedule are not expected to have any fiscal impact, since similar procedure codes have no clinical utilization in SFY 2024.

The addition of select E/M procedure codes to the chiropractor fee schedule is estimated to increase annual aggregate expenditures by \$828,281 in SFY 2025, and \$1,270,377 in SFY 2026.

The update to the family planning clinic fee schedule is estimated to increase annual aggregate expenditures by \$29,756 in SFY 2025 and \$45,973 in SFY 2026.

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 resource center, 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 24-AB: October 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule, Durable Medical Equipment, Medical Surgical Supplies and Orthotics and Prosthetics Fee Schedule and Medical Clinics Fee Schedule/ Updates to the Chiropractor Fee Schedule 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 9, 2024~~ **November 7, 2024**.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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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 ~~October 1, 2024~~ October 1, 2024, 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 # 24-AB

Supersedes

TN # 24-AA

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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. 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. 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~~October 1, 2024 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. 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.
 - (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. 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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Home Health Services (Continued)

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of medical supplies, equipment and appliances suitable for use in the home. The agency’s fee schedule rates were set as of ~~April~~ October 1, 2024, 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. Over-the-counter products provided by pharmacies, **including COVID-19 at-home test kits**, are reimbursed at Average Wholesale Price (AWP) with no dispensing fee, except for blood glucose testing strips which are reimbursed at WAC (Wholesale Acquisition Cost) with no dispensing fee and alcohol prep pads which are reimbursed at a maximum amount of \$6.00 per 100 prep pads with no dispensing fee. **COVID-19 vaccines will be reimbursed at AWP + \$1.00 with no dispensing fee.**

Prescription products and devices provided by pharmacies, including continuous glucose monitoring (CGM) devices, are reimbursed at the device cost specified below plus the professional dispensing fee specified for pharmacies in section 12 of Attachment 4.19-B of the Medicaid State Plan, which is currently \$10.75. Reimbursement for the device cost shall be the lowest of: (i) the usual and customary charge to the public or the pharmacy’s actual submitted ingredient cost; (ii) the National Average Drug Acquisition Cost (NADAC) established by CMS; (iii) the Affordable Care Act Federal Upper Limit (FUL); or (iv) Wholesale Acquisition Cost (WAC) plus zero (0) percent when no NADAC is available for a specific drug.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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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 ~~October 1, 2024~~ October 1, 2024 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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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1. 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-October~~ 1, 2024, 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.

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(b) Prosthetic devices

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of prosthetic devices. The agency's fee schedule rates were set as of ~~April~~October 1, 2024, 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.

(c) Eyeglasses

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency's fee schedule rates were set as of July 1, 2008, 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.

(d) Hearing Aids

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hearing aids. The agency's fee schedule rates were set as of March 1, 2019, 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. The price allowed for hearing aids shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Hearing Aid/Prosthetic Eye fee schedule.