

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 24-Q: July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule/ Updates to the Reimbursement Rates of Select Manually Priced Procedure 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). Public comment information is at the bottom of this document.

Changes to Medicaid State Plan

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

Secondly, several physician-administered drugs that are currently manually priced listed on the physician office and outpatient fee schedule will be updated to equal 100% of the revised April 2024 Medicare Average Sales Price (ASP) Drug Pricing file.

Procedure Code	Current Rate	*Maxfee Rate eff. 7/1/2024
A9574	MP	\$5.13
J0283	MP	\$2.55
J0612	MP	\$0.05
J0874	MP	\$0.07
J1961	MP	\$22.01
J9029	MP	\$63,505.40
J9314	MP	\$9.96
J9333	MP	\$22.85
J9334	MP	\$33.17
Q4184	MP	\$624.34
Q4188	MP	\$637.63
Q4259	MP	\$1,007.00
Q4283	MP	\$1,297.54

Fee schedules are published at: <http://www.ctdssmap.com>. Select “Provider”, then select “Provider Fee Schedule Download”; after accepting the Terms and Conditions, proceed to the applicable fee schedule.

Fiscal Impact

The HIPAA updates to the physician office and outpatient fee schedule are not expected to have any fiscal impact, since there was not any utilization of these codes during CY 2023.

There was no utilization of the select manually priced physician-administered drugs listed on the physician office and outpatient fee; therefore, it is not expected to have any fiscal impact.

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-Q: July 2024 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule/ Updates to the Reimbursement Rates of Select Manually Priced Procedure 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 **July 10, 2024**.

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 ~~May~~July 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-Q

Supersedes

TN # 24-0011

Approval Date _____

Effective Date 07/01/2024