



Connecticut Medical Assistance Program

Policy Transmittal 2013-37

PB 2013-86

December 2013

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2014

Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Physician Assistants, Advance Practice Registered Nurses (APRN), Nurse-Midwives, Podiatrists, Optometrists and Oral Surgeons

RE: Physician Fee Schedule Updates

Effective for dates of service January 1, 2014 and forward, the Department of Social Services (DSS) is incorporating the 2014 HCPCS changes (additions, deletions and description changes) to its Physician Fee Schedules. The Department is making these changes to ensure that its Physician Fee Schedule remains compliant with the Health Insurance Portability and Accountability Act. The changes apply to services reimbursed under all the HUSKY Health programs. Limits and cost sharing for HUSKY B clients remain as outlined in the HUSKY Health and Prior Authorizations Requirements grid for Physicians. This grid is available at www.huskyhealth.com under "For Providers" under "Benefits and Authorizations".

Injectable codes (A, J, Q, and S codes)

In conjunction with the annual update, DSS is adjusting its fees for the injectable procedure codes. The reimbursement rates for the drug codes (A, J, Q and some S codes) have been revised to equal 100% of the April 2013 Medicare rates for all providers who bill off the physician fee schedule. Please be aware that the system change necessary to pay APRNs and Nurse-midwives at 100% of the fee on file will not be in place on January 1, 2014. You will be notified via an Important Message on the www.ctdssmap.com Website when the system change has occurred.

Providers should bill the acquisition cost of the drug. Once the system changes have been implemented and claims reprocessed, providers will be notified via a banner message. All changes will be effective January 1, 2014 regardless of when the system changes are made. The Department will reprocess all paid claims. No action will be required by the provider.

Please note any inclusions and exclusions to the list of Family Planning Benefit Only codes found at the footer of the fee schedule.

Unlisted Procedures

The unlisted surgical procedure codes have been added to the Surgery section of the fee schedule with prior authorization required when done in a setting other than inpatient hospital. As a reminder, unlisted codes

may be used ONLY when no other code exists which accurately describes the service or procedure to be performed. Documentation supporting the need for the use of an unlisted code must accompany the prior authorization request. The claim for the surgery must be billed on a paper claim with a copy of the operation notes to be used for manual pricing.

Vaccine Administration Codes

The Department is removing procedure codes 90471-90474 (vaccine administration via various routes, per vaccine) from the physician fee schedule. These codes were billed in conjunction with vaccines provided free of charge through the VFC program. Providers should bill procedure code 90460 (immunization administration through 18 years of age...) when billing for vaccine administration for these products. This policy is consistent with CMS policy found in Sec. 1928(c)(2) of the Social Security Act and accompanying guidance and discussion in the Federal Register.

Enhanced Payments for Primary Care

In accordance with Section 1202 of the Patient Protection and Affordable Care Act, the Department of Social Services has established a fee table for 2014. This lists the procedure codes eligible for the enhanced payments.

To access the 2014 Fee Table for ACA Section 1202, from the www.ctdssmap.com Website, go to "Provider", and then to "Provider Fee Schedule Download". In the quick link in the top right hand corner, click on "Fee Schedule Instructions". Scroll down to the 2014 Fee Table for ACA Section 1202.

Accessing the Fee Schedule:

The updated physician fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Website: www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule Download", then to the appropriate "Physician" fee schedule. To access the CSV file,

press the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the web site at www.ctdssmap.com. Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedules with the new schedules.

The Department will post new fee schedules incorporating these changes in early January due to the delay in receipt of files from CMS. HP will place an Important Message (IM) on the web to notify providers when the fee schedule is available. All changes will be effective January 1, 2014 regardless of when the fee schedule is actually posted.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Medical Care Administration, Medical Policy and Regulations, Nina Holmes, Policy Consultant, at (860) 424-5486 or Ruth McGinley, Nurse Consultant, at (860) 424-5197.

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