



Connecticut Medical Assistance Program
Policy Transmittal 2014-30

Provider Bulletin 2014-75
November 2014

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2015
Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives

RE: HUSKY Health Primary Care Increased Payments Policy

As mandated under Section 1202 of the Affordable Care Act (ACA), Medicaid increased its payments to equal the 2013 and 2014 Medicare fee for certain primary care codes when billed by an eligible primary care provider, who has submitted a valid attestation to the Department of Social Services. **However, the ACA requirement ends with dates of service January 1, 2015 and forward.**

In order to continue increased primary care payments for dates of service beyond December 31, 2014, the Connecticut General Assembly appropriated funding within the Medicaid biennial (State Fiscal Years 2014/2015) budget. Accordingly, the Department is establishing a policy for primary care increased payments that falls within the available appropriation. This policy will be referred to as the HUSKY Health Primary Care Increased Payments Policy. PB 2014-75 amends previous requirements published in PB 2013-08, PB 2013-37, and PB 2014-11.

Eligible Codes, Dates of Service and Increased Payment Amounts

Consistent with the available appropriation, the Department is revising the list of codes eligible for an increased payment. The codes that are eligible under this HUSKY Health Primary Care Increased Payments Policy include specific services routinely used by primary care providers. Please see attached for a list of CPT codes that are eligible under the HUSKY Health Primary Care Increased Payments Policy.

Codes that are not listed on the attachment will be reimbursed at the standard applicable DEF, MPH, PED, FTD, FTM, or FTP fee listed on the physician office and outpatient fee schedule. This list will be posted on the Connecticut Medical Assistance Program (CMAP) Web site. To access the HUSKY Health Primary Care Increased Payments Policy Fee Table from the www.ctdssmap.com website go to "Provider", and then to "Provider Fee Schedule Download". Click "I Accept" at the end of the Connecticut Provider Fee Schedule End User License Agreements and then click on "Fee Schedule Instructions" in red text at the top of the page. Scroll down to the HUSKY Health Primary

Care Increased Payments Policy Fee Table. This information will be posted the week of 11/24/14.

The HUSKY Health Primary Care Increased Payments Policy is effective for dates of service **January 1, 2015 through June 30, 2015**. Continuation for the Primary Care Increased Payments Policy beyond June 30, 2015 is contingent upon whether funding is appropriated for State Fiscal Year 2016 by the General Assembly.

The non-facility (office based) increased payment amounts for the codes eligible under the HUSKY Health Primary Care Increased Payments Policy will remain the same rate as are currently payable under the 2014 ACA Fee. By contrast, the Department is setting a different payment amount for services rendered in a facility setting. Please see the section below for further details.

Reimbursement for Practitioner Services Rendered in Facility Setting

Effective for dates of service beginning January 1, 2015, the following CPT codes will have a fee differential specific to the place of service (POS) / facility type code (FTC). These codes are eligible under the HUSKY Health Primary Care Increased Payments Policy and also have a Medicare fee differential based on (POS) / (FTC). The codes that are impacted include:

- 99201 – 99215
- 99406 – 99407

When the above CPT code(s) are rendered in a facility setting, the service(s) will be reimbursed at a different level as compared to those rendered in a non-facility setting (site of service differential). Facility setting is defined as:

- 21 – Inpatient Hospital
- 22 – Outpatient Hospital
- 23 – Emergency Room
- 24 – Ambulatory Surgical Center
- 25 – Birthing Center
- 31 – Skilled Nursing Facility
- 32 – Nursing Facility

Please refer to the attached list of eligible codes for the applicable facility primary care increased payment and non-facility primary care increased payments.

The 2014 Medicare Physician RVU file and the 2009 Medicare Conversion Factor was used to calculate the facility primary care increased payments in order to be consistent with the methodology used to calculate the 2014 non-facility primary care increased payment. Please refer to PB 2014-60 "Reimbursement for Practitioner Services Rendered in a Facility Setting" for more information on reimbursement for practitioner services rendered in a facility setting.

Please note, due to the need to make MMIS system changes, the site of service differential will be applied **retroactively**. Providers who are eligible for the primary care increased payments should take note that until the appropriate system changes are made, the Department will not have the capacity to reimburse an increased payment for the codes listed above when the service is rendered in a facility setting. Providers will be reimbursed at the FTM, FTD, or FTP rate type located on the Physician Office and Outpatient Fee Schedule until system changes to reimburse increased payments based on the facility FTC/POS are implemented. Providers will not need to resubmit impacted claims. HP will automatically identify (ID) and reprocess all impacted claims for providers eligible under the HUSKY Health Primary Care Increased Payment Policy. Providers will be notified when the ID and reprocess is ready to occur.

Attestation Criteria under the HUSKY Health Primary Care Increased Payment Policy

Providers who are already attested and remain eligible under the ACA Increased Payments for Primary Care Services will continue to be eligible under the HUSKY Health Primary Care Increased Payments Policy and do **not** need to resubmit an attestation. If a provider is already attested and not found to be ineligible during the Department's attestation validation process, such provider is automatically eligible under the HUSKY Health Primary Care Increased Payment Policy.

For providers who must attest eligibility for the first time, for dates of service January 1, 2015 through June 30, 2015, please see the following criteria.

Physicians

Please note the criteria that was required for physician attestation under ACA Section 1202 will also be used under the HUSKY Health Primary Care Increased Payments Policy. Please note that the effective date for increased payments for eligible physicians will

continue to attach to the date of the approved attestation.

Primary Care physicians must self-attest to practicing in one or more of the following specialties recognized by the American Board of Medical Specialists (ABMS), the American Board of Physician Specialists (ABPS), or the American Osteopathic Association (AOA):

- Pediatric medicine;
- Family Medicine;
- Internal Medicine; or
- Subspecialists within one or more of the specialties listed above.

To qualify, the primary care physician must attest that he or she actually practices in primary care and that:

- He or she is board certified in a specialty or subspecialty listed above; or
- At least 60% of billed Medicaid codes are comprised of the qualifying Evaluation and Management services and vaccine administration codes on the attached list.

The following is a list of Board certification specialties and subspecialties that may qualify under the HUSKY Health Primary Care Increased Payments Policy:

ABMS:

Family Medicine: Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine: Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology
 Pediatrics: Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities, Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology; Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine

AOA:

Family Physicians:

Internal Medicine: Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology
Pediatrics: Adolescent and Young Adult Medicine; Neonatology; Pediatric Allergy/Immunology; Pediatric Endocrinology; Pediatric Pulmonology

ABPS:

Board of Certification in Family Practice

Non-Physician/Midlevel Practitioners: Advanced Practice Registered Nurses (APRNs) Physician Assistants (PAs) and Certified Nurse Midwives (CNMs)

Please note that if a non-physician/midlevel already has a valid attestation on file with the Department, there is no need to submit a new attestation.

APRNs:

Effective for dates of service January 1, 2015 through June 30, 2015, certain advanced practice registered nurses (APRN) practicing primary care may self-attest eligibility for primary care increased payments independent of a supervising physician attestation. An APRN must self-attest that he/she is practicing primary care **and** that 60% billed Medicaid codes are comprised of the codes eligible under the HUSKY Health Primary Care Increased Payments Policy (see attached list of eligible codes).

Please note that due to the need to make MMIS system changes, there may be a delay in primary care increased payments for newly attested APRNs. Once MMIS system changes are in place HP will automatically identify and reprocess all impacted claims. The effective date for the increased payments will be made retroactive to January 1, 2015 for APRN attestations received by March 31, 2015. For APRN attestations submitted April 1, 2015 and after, the effective date for increased payments will be the date of the approved attestation.

Physician Assistants and Certified Nurse Midwives:

No changes have been made to the attestation requirements for PAs and CNMs. PAs and CNMs who practice primary care may receive primary care increased payments **ONLY** if the service is rendered under the personal supervision of a qualifying and attested physician. The expectation is that the attested physician assumes professional responsibility for the services provided under his or her supervision. This would mean that the physician is legally liable for the quality of services provided by the practitioners he or

she is supervising. The effective date for increased payments for eligible PAs and CNMs will continue to be the date of the approved attestation.

Accessing the Attestation

Physicians and non-physician/midlevel practitioners who must attest eligibility for the first time under the HUSKY Health Primary Care Increased Payments Policy can access the following link starting January 1, 2015:

<https://www.surveymonkey.com/r/HUSKYHealthpcattest>.

Attestation Approval Letters

Providers will receive a letter stating whether they have been approved or denied for the HUSKY Health Primary Care Increased Payments. The Department will annually conduct a review and validation of attestations. If the review determines that information provided in the attestation was incorrect or false, the increased payments will be subject to recoupment, recovery, and any other action authorized under the provider enrollment agreement. All attested providers must maintain documentation to validate responses in their attestations and must produce those documents if requested by the Department.

The HUSKY Health Primary Care Increased Payments Policy applies to services reimbursed under HUSKY Health (HUSKY A, B, C and D) for dates of service **January 1, 2015 through June 30, 2015**.

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 1-800-842-8440.

Posting Instructions: Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com

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

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Nina Holmes, Policy Consultant, (860) 424-5486.

Date Issued: November 2014

HUSKY Health Primary Care Increased Payments Policy
Effective DOS 01/01/2015 - 06/30/2015

	Code	Description	Increased Non-Facility Payment	Increased Facility Payment
1	90460	IM ADMIN 1ST/ONLY COMPONENT	\$23.41	N/A
2	90471	IMMUNIZATION ADMINISTRATION	\$27.66	N/A
3	90472	IMMUNIZATION ADMIN EACH ADD	\$13.63	N/A
4	90473	IMMUNIZATION ADMINISTRATION BY	\$27.66	N/A
5	90474	IMMUNIZATION ADMINISTRATION BY	\$13.63	N/A
6	99201	OFFICE/OUTPATIENT VISIT NEW	\$47.28	\$28.36
7	99202	OFFICE/OUTPATIENT VISIT NEW	\$80.94	\$53.96
8	99203	OFFICE/OUTPATIENT VISIT NEW	\$117.39	\$82.38
9	99204	OFFICE/OUTPATIENT VISIT NEW	\$179.63	\$140.99
10	99205	OFFICE/OUTPATIENT VISIT NEW	\$223.24	\$181.78
11	99211	OFFICE/OUTPATIENT VISIT EST	\$21.99	\$9.91
12	99212	OFFICE/OUTPATIENT VISIT EST	\$47.68	\$27.15
13	99213	OFFICE/OUTPATIENT VISIT EST	\$79.19	\$55.04
14	99214	OFFICE/OUTPATIENT VISIT EST	\$116.60	\$84.40
15	99215	OFFICE/OUTPATIENT VISIT EST	\$155.76	\$118.73
16	99304	NURSING FACILITY CARE INIT	\$100.17	N/A
17	99305	NURSING FACILITY CARE INIT	\$142.74	N/A
18	99306	NURSING FACILITY CARE INIT	\$180.36	N/A
19	99307	NURSING FAC CARE SUBSEQ	\$47.96	N/A
20	99308	NURSING FAC CARE SUBSEQ	\$74.13	N/A
21	99309	NURSING FAC CARE SUBSEQ	\$97.43	N/A
22	99310	NURSING FAC CARE SUBSEQ	\$144.90	N/A
23	99315	NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$78.61	N/A
24	99316	NURSING FACILITY DISCHARGE DAY MANAGEMEN	\$112.46	N/A
25	99318	ANNUAL NURSING FAC ASSESSMNT	\$103.03	N/A
26	99324	DOMICIL/R-HOME VISIT NEW PAT	\$59.73	N/A
27	99325	DOMICIL/R-HOME VISIT NEW PAT	\$86.75	N/A
28	99326	DOMICIL/R-HOME VISIT NEW PAT	\$149.29	N/A
29	99327	DOMICIL/R-HOME VISIT NEW PAT	\$199.52	N/A
30	99328	DOMICIL/R-HOME VISIT NEW PAT	\$230.92	N/A
31	99334	DOMICIL/R-HOME VISIT EST PAT	\$65.17	N/A
32	99335	DOMICIL/R-HOME VISIT EST PAT	\$101.79	N/A
33	99336	DOMICIL/R-HOME VISIT EST PAT	\$143.33	N/A
34	99337	DOMICIL/R-HOME VISIT EST PAT	\$206.81	N/A
35	99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PA	\$84.34	N/A
36	99341	HOME VISIT NEW PATIENT	\$59.33	N/A
37	99342	HOME VISIT NEW PATIENT	\$85.59	N/A
38	99343	HOME VISIT NEW PATIENT	\$139.64	N/A
39	99344	HOME VISIT NEW PATIENT	\$195.36	N/A
40	99345	HOME VISIT NEW PATIENT	\$235.43	N/A
41	99347	HOME VISIT EST PATIENT	\$59.77	N/A
42	99348	HOME VISIT EST PATIENT	\$90.24	N/A
43	99349	HOME VISIT EST PATIENT	\$136.51	N/A
44	99350	HOME VISIT EST PATIENT	\$190.46	N/A
45	99381	INIT PM E/M NEW PAT INFANT	\$120.22	N/A
46	99382	INIT PM E/M NEW PAT 1-4 YRS	\$125.08	N/A
47	99383	PREV VISIT NEW AGE 5-11	\$130.43	N/A
48	99384	PREV VISIT NEW AGE 12-17	\$147.23	N/A
49	99385	PREV VISIT NEW AGE 18-39	\$143.07	N/A
50	99386	PREV VISIT NEW AGE 40-64	\$164.73	N/A
51	99387	INIT PM E/M NEW PAT 65+ YRS	\$179.15	N/A
52	99391	PER PM REEVAL EST PAT INFANT	\$108.14	N/A

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 Effective DOS 01/01/2015 - 06/30/2015

	Code	Description	Increased Non-Facility Payment	Increased Facility Payment
53	99392	PREV VISIT EST AGE 1-4	\$115.39	N/A
54	99393	PREV VISIT EST AGE 5-11	\$114.99	N/A
55	99394	PREV VISIT EST AGE 12-17	\$125.60	N/A
56	99395	PREV VISIT EST AGE 18-39	\$128.25	N/A
57	99396	PREV VISIT EST AGE 40-64	\$136.65	N/A
58	99397	PER PM REEVAL EST PAT 65+ YR	\$147.23	N/A
59	99401	PREVENTIVE COUNSELING INDIV	\$39.59	N/A
60	99402	PREVENTIVE COUNSELING INDIV	\$67.48	N/A
61	99403	PREVENTIVE COUNSELING INDIV	\$93.79	N/A
62	99404	PREVENTIVE COUNSELING INDIV	\$119.98	N/A
63	99406	BEHAV CHNG SMOKING 3-10 MIN	\$14.94	\$13.12
64	99407	BEHAV CHNG SMOKING > 10 MIN	\$29.46	\$27.86
65	99408	AUDIT/DAST 15-30 MIN	\$37.86	N/A
66	99409	AUDIT/DAST OVER 30 MIN	\$73.71	N/A
67	99411	PREVENTIVE COUNSELING GROUP	\$18.06	N/A
68	99412	PREVENTIVE COUNSELING GROUP	\$23.36	N/A

Facility is defined as FTC/POS: 21, 22, 23, 24, 25, 31, and 32

Please refer to PB 2014-75 for details regarding eligibility and policy for the HUSKY Health Primary Care Increased Payments Policy