Connecticut Medical Assistance Program Provider Bulletin 2016-99
Policy Transmittal 2016-44 December 2016

Roderick L. Bremby, Commissioner

Effective Date: January 1, 2017
Contact: Colleen Johnson @ 860-424-5195

TO: **General Acute Care Hospitals, Chronic Disease Hospitals, Children's Hospitals, and Psychiatric Hospitals**

RE: **Annual Update – Outpatient Hospitals**
(1) 2017 Annual Update – CMAP's Addendum B
(2) JW Modifier
(3) Coding Changes

The Department of Social Services is updating the Connecticut Medical Assistance Program's (CMAP's) Addendum B effective for dates of service January 1, 2017 and forward. A follow up important message will be sent once the addendum is updated and posted.

(1) Annual Update-CMAP's Addendum B

The Department will revise CMAP's Addendum B to incorporate the 2017 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

Any changes in coding that affect reimbursement are being priced using a comparable methodology to other codes in the same or similar category. The majority of codes being added and deleted will follow the Outpatient Prospective Payment System (OPPS) methodology and will be reimbursed based off the Ambulatory Payment Classification (APC) payment as described in CMAP's Addendum B. Please refer to CMAP's Addendum B to identify if a Current Procedural Terminology (CPT) or HCPCS code is payable. As a reminder, the "Payment Type" column on CMAP'S Addendum B determines the method of payment.

For dates of service January 1, 2017 and forward, the wage index, outlier threshold and the cost to charge ratios used in the outlier calculations will be updated. The annual update will also include the addition of two new status indicators (SI) "E1" and "E2". The addition of the two new status indicators is replacing the former SI "E" for non-covered services.

SI	Description
E1	items and services not covered by Medicare
E2	items and services for which pricing/claims data is not available

CMAP's Addendum B can be accessed via www.ctdssmap.com Web site by selecting the "Hospital Modernization" Web page. CMAP's Addendum B (Excel) is located under "Important Messages – Connecticut Hospital Modernization".

(2) JW Modifier

Effective January 1, 2017, the Department will mirror Medicare by requiring the JW modifier for claims with unused **single-use** drugs or biologicals. When a provider must discard the remainder of a **single-use** vial or other **single-use** package after administering a dose of the drug or biological, the Department will reimburse for the amount of drug/biological that was administered, as well as discarded with the use of the JW modifier.

For example, a single use vial that is labeled to contain 100 units of a drug has 95 units administered to a HUSKY Health member with 5 units discarded. The 95 units are billed on one detail line, while the discarded 5 units are billed on a separate detail line with the JW modifier. Both details will process for payment.

Documentation of the discarded drug/biological **must be** in the HUSKY Health member's medical record. The provider must accurately document the amount administered, as well as the amount of the discarded drug or biological. The JW modifier is only applied to the amount of drug or biological that is discarded. Multi-use vials are not subject to payment for discarded drugs or biologicals.

The Department is mirroring Medicare's requirements for the use of the JW modifier as outlined in the Medicare Learning Network (MLN) "JW Modifier: Drug Amount

Discarded/Not Administered to any Patient". This MLN is posted at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9603.pdf. Accordingly, CMAP providers must also comply with those requirements.

(3) CODING CHANGES

Mammography

Effective for dates of service January 1, 2017 and forward, the CPT coding for screening and diagnostic mammography is changing. Instead of billing for the computer aided detection (CAD) services as a separate add-on code, CAD will be included in the description for the screening and diagnostic mammography codes. Although the CPT codes are changing, there will be **no change** in reimbursement for the new mammography codes. The following CPT codes must be billed in conjunction with the applicable Revenue Center Code (RCC):

Deleted Codes	Replacement Code	New Description	RCC
77051 77055	77065	Diagnostic mammography, including CAD, when performed; unilateral	401
77051 77056	77066	Diagnostic mammography, including CAD, when performed; bilateral	401
77052 77057	77067	Screening mammography, bilateral (2-view study of each breast) including CAD, when performed	403

Coding Changes – Physical and Occupational Therapy

Effective for dates of service January 1, 2017 and forward, the existing CPT codes for physical therapy (PT) and occupational therapy (OT) evaluations and re-evaluations will be replaced. The existing codes will be replaced by new codes that identify the level of complexity and specificity with regards to the patient's history and clinical presentation, as well as the level of decision making required by the provider. Although the CPT codes are changing, there will be **no change** in reimbursement. The following CPT codes must be billed in conjunction with the applicable RCC:

Deleted Codes	Description	Replacement Codes	RCC
97001	PT evaluation	**97161:** PT evaluation low complexity	424
		97162: PT evaluation moderate complexity	
		97163: PT evaluation high complexity	
97002	PT re-evaluation	**97164:** re-evaluation of PT	424
97003	OT evaluation	**97165:** OT evaluation low complexity	434
		97166: OT evaluation moderate complexity	
		97167: OT evaluation high complexity	
97004	OT re-evaluation	**97168:** re-evaluation of OT	434

Accessing Fee Schedules

Fee schedules can be accessed and downloaded by going to the CMAP website: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", and then click on the "I accept" button to proceed to the

appropriate fee schedules. To access the CSV file, press control key while clicking the CSV link, then select "Open".

Posting Instructions: Policy transmittals can be downloaded from the web site at www.ctdssmap.com

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

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