



**TO: Outpatient Hospitals**

**RE: Coding and Reimbursement Updates for Outpatient Hospitals**

Effective for dates of service July 1, 2017 and forward, the Department of Social Services (DSS) is making the following updates for claims submitted by outpatient hospitals.

**Low Dose CT Scan for Lung Cancer Screening**

DSS is adding Healthcare Common Procedure Coding System (HCPCS) code G0297-*low dose CT scan for lung cancer screening* to the Connecticut Medical Assistance Program’s (CMAP’s) Addendum B. HCPCS code G0297 is eligible for reimbursement to outpatient hospitals via the Ambulatory Payment Classification (APC) methodology, effective for dates of service July 1, 2017 and forward.

Beginning July 1, 2017, providers should use code G0297 when submitting prior authorization requests and billing for Low Dose Computed Tomography (LDCT) lung cancer screening.

Clinical guidelines pertaining to lung cancer screening may be found in the U.S. Preventive Services Task Force (USPSTF) and the clinical guidelines are available on the HUSKY Health Web site at [www.ct.gov/husky](http://www.ct.gov/husky). To access the guidelines click on “*For Providers*”, followed by “*Policies, Procedures and Guidelines*” under the “*Medical Management*” menu item. Next select “*U.S. Preventive Services Task Force (USPSTF) Guide to Clinical Preventive Services*” in the “*Clinical Guidelines*” section.

Low Dose CT Scan for Lung Cancer is covered under HUSKY A, B, C, and D.

A follow up important message will be sent once CMAP’s Addendum B is updated and posted. The updated version will include coverage for G0297.

CMAP’s Addendum B can be accessed and downloaded by going to the CMAP Web site: [www.ctdssmap.com](http://www.ctdssmap.com) and selecting the “Hospital Modernization” Web page.

**LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)**

**Skyla**

Effective for dates of service July 1, 2017 and forward, DSS is revising the reimbursement rate for HCPCS code J7301 - *Levonorgestrel-releasing intrauterine contraceptive system (Skyla)* for non 340-B outpatient hospitals. Consistent with the payment types listed on CMAP’s Addendum B, non 340-B outpatient hospitals will be reimbursed for Skyla based off of the Physician Office and Outpatient fee schedule.

Non 340-B Outpatient Hospitals	
HCPCS Code	J7301 - Skyla
Rate Effective 7/1/17	\$714.00

340-B hospitals will continue to be reimbursed off of the Family Planning Clinic fee schedule.

**Kyleena**

Effective for dates of service July 1, 2017 and forward, a unique HCPCS code will be assigned to Kyleena. Outpatient hospitals should no longer bill Kyleena under C9399 - *Unclassified Drugs or Biologicals* and must instead use the assigned HCPCS code Q9984 – *Levonorgestrel-releasing intrauterine*

*contraceptive system (Kyleena)* with the appropriate NDC. Kyleena will be reimbursed based on the payment type listed on CMAP's Addendum B.

A follow up important message will be sent once CMAP's Addendum B is updated and posted. The updated version will include coverage for Q9984.

**Please note:** LARCs are covered under the Family Planning Limited Benefit program as well as under HUSKY A, B, C, and D.

### **Accessing Fee Schedules**

Fee schedules can be accessed by going to [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the applicable 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 Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.