Connecticut Medical Assistance Program Provider Bulletin 2017-46
Policy Transmittal 2017-19 June 2017

Effective Date: July 1, 2017
Roderick L. Bremby, Commissioner Contact: Dana Robinson-Rush @ 860-424-5615

TO: Physicians, Physician Assistants, Advanced Practiced Registered Nurses, Certified Nurse Midwives, and Independent Radiologists

RE: Updates to the Physician Office and Outpatient, Physician Radiology, Physician Surgical and the Independent Radiology Fee Schedules

The Department of Social Services (DSS) will be updating the physician office and outpatient, physician radiology and physician surgical fee schedules with the following:

- addition of a procedure code for low dose CT scan (LDCT) for lung cancer screening,
- adjustment of reimbursement rates for select mammography procedure codes, and;
- adjustment of reimbursement rates for long-acting reversible contraception (LARC) options.

All changes will be effective for dates of service, July 1, 2017 and forward, and apply to services reimbursed under HUSKY A, B, C and D.

A separate policy transmittal will be released providing guidance and instructions to hospitals.

Low Dose CT Scan for Lung Cancer Screening:

Healthcare Common Procedure Coding System (HCPCS) code G0297-low dose CT scan (LDCT) for lung cancer screening will be added to the physician radiology and independent radiology fee schedules.

Rates will be effective for dates of service July 1, 2017 and forward:

Procedure Code	Modifier	Rates
G0297	Global	$162.71
G0297	Technical (TC)	$131.42
G0297	Professional (26)	$31.29

Prior Authorization:

Requests may be submitted via fax by navigating to www.ct.gov/hh. From the home page, click on "For Providers" followed by "Provider Forms" under the "Medical Management" sub-menu and then "Advanced Imaging prior Authorization Request Form". Once on the eviCore site, click on "Radiology" under the "Select Solution" drop down menu, select "+View More" at the bottom of the page. A listing of HUSKY Health radiology PA forms will appear. Select the appropriate form, complete and fax to 888.693.3210.

Requests may also be submitted by calling the HUSKY Health provider line at 1.800.440.5071 and following the prompts to radiology authorizations.

Requests may also be submitted via an on-line web portal by navigating to www.ct.gov/hh. From the home page, click on "For Providers" and then "Radiology Authorization Portal".

Clinical Guidelines:
Clinical guidelines pertaining to lung cancer screening may be found in the U.S. Preventive Services Task Force (USPSTF) clinical guidelines, which are available on the HUSKY Health website at 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".***

Long-Acting Reversible Contraceptive:
Skyla is a LARC option that prevents unplanned pregnancies for up to three years. Skyla is billed under HCPCS J7301-Levonogestrel-releasing intrauterine contraceptive system, 13.5 mg, with the applicable national drug code (NDC), and is eligible for reimbursement when billed by HUSKY Health enrolled physicians, advanced practice registered nurses (APRNs), physician assistants (PAs), and certified nurse mid-wives (CNMs). Effective for dates of service July 1, 2017 and forward, DSS is increasing the rate for Skyla as follows:

Procedure Code	Description	Rate
J7301	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	$714.70

Effective for dates of service July 1, 2017 and forward, DSS is adding the unique HCPCS code Q9984 (Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg) to the physician office and outpatient fee schedule. HCPCS Q9984, in addition to the applicable NDC, must be used when billing for Kyleena, a LARC option that prevents pregnancy for up to 5 years. DSS will continue to reimburse for Kyleena at the current rate:

Procedure Code	Description	Rate
Q9984	Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	$858.33

DSS covers Skyla and Kyleena under the Family Planning Limited Benefit program as well as under HUSKY A, B, C, and D.

Hydroxyprogesterone Caproate
HCPCS J1725 (injection, hydroxyprogesterone caproate) will be end dated June 30, 2017. Effective for dates of service July 1, 2017 and forward, providers must use one of the HCPCS listed below, with the applicable NDC, when billing for hydroxyprogesterone caproate:

Procedure Code	Description	Rate
Q9985	Injection, hydroxyprogesterone caproate, NOS, 10 mg	M.P.
Q9986	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	M.P.

Hydroxyprogesterone Caproate will be reimbursed as a manually priced service, based on the NDC that submitted. The current reimbursement methodology for manually priced physician administered drugs is the lowest of:

- the usual and customary charge to the public or the pharmacy's actual submitted ingredient cost;
- the National Average Drug Acquisition Cost (NADAC) established by the Centers for Medicare and Medicaid Services (CMS);
- the Affordable Care Act Federal Upper Limit (FUL); or
- the Wholesale Acquisition Cost (WAC) plus zero (0) percent, when no NADAC is available for a specific drug.

Mammography Rates:
Effective for dates of service, July 1, 2017 and forward, the Department is adjusting the reimbursement rates for mammography services billed under procedure codes 77065-77067 to reimburse at the same rate as the comparable mammography HCPCS code billed under G0202-G0206. The Department is making this change in order to ensure that mammography services have a uniform pricing methodology.

HCPCS	CPT	Modifier	Rate
G0202	77067		$97.38
G0202	77067	TC	$75.10
G0202	77067	26	$22.28
G0204	77066		$104.28
G0204	77066	TC	$77.14
G0204	77066	26	$27.14
G0206	77065		$86.21
G0206	77065	TC	$63.92
G0206	77065	26	$22.28

Accessing the Fee Schedules:
Fee schedules can be downloaded from the Connecticut Medical Assistance Program Web site: 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 appropriate 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 CMAP 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.

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 by DXC Technology.

Responsible Unit: DSS, Medical Care Administration, Medical Policy and Regulations, Dana Robinson-Rush, Health Policy Consultant, Medical Policy at (860) 424-5615.

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