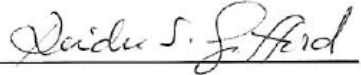




Connecticut Medical Assistance Program
Policy Transmittal 2019-24

Provider Bulletin 2019-60
 October 2019


 Deidre Gifford, MD, MPH, Commissioner

Effective Date: October 1, 2019
 Contact: Dana Robinson-Rush @ 860-424-5615

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Mid-wives, and General Acute Care Hospitals

RE: 1. Increasing the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices (REVISED)

2. Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes

Increasing Reimbursement Rates for Select Long-Acting Reversible Contraceptives Devices:

Effective for dates of service October 1, 2019 and forward, the Department of Social Services (DSS) is increasing the reimbursement rate for the following Long-Acting Reversible Contraceptive (LARC) devices on the physician office and outpatient fee schedule as follows:

| Code | Description | CORRECTED Reimbursement Rates |
|-------|----------------------|-------------------------------|
| J7297 | Liletta 52 mg | \$749.40 |
| J7307 | Etonogestrel implant | \$934.82 |

Any claims billing these LARCs, date of service of October 1, 2019 and forward will be automatically identified and re-processed. No further action will be required by the provider.

Outpatient Hospitals

Reimbursement for LARC devices in the outpatient hospital setting will be determined by the specific procedure code billed for the LARC device inserted/placed. The reimbursement rate for LARC devices will be the rate published for the specified procedure code on the physician office and outpatient fee schedule or, for 340B hospitals, the family planning clinic fee schedule. Hospitals should

utilize Connecticut Medical Assistance Program's (CMAP's) Addendum B to determine the payment type for outpatient hospital procedures.

CMAP's Addendum B can be accessed via the 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".

Inpatient Hospitals

Inpatient hospitals will be separately reimbursed for a LARC device provided in the inpatient hospital setting. In order to receive separate reimbursement for the LARC device, the inpatient hospital shall bill the LARC device on an outpatient hospital claim. The reimbursement rate for the LARC device inserted/placed as part of an inpatient admission will be determined by the rate published for the specified procedure code on the physician office and outpatient fee schedule or, for 340B hospital, the family planning clinic fee schedule.

All other services related to the inpatient stay shall continue to be billed on the inpatient hospital claim and reimbursed based on the inpatient hospital payment methodology.

Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes:

Effective for dates of service, October 1, 2019 and forward, several procedure codes that are currently manually priced will be reimbursed based on the calculation of 57.5% of the 2019 Medicare physician fee schedule. The chart below lists the reimbursement rates:

| CPT Code | Description | Proposed Rate |
|----------|----------------------------|---------------|
| 33981 | Replace vad pump ext | \$541.30 |
| 33982 | Replace vad intra w/o bp | \$1272.26 |
| 33983 | Replace vad intra w/bp | \$1493.31 |
| 62380 | Ndsc dcprn 1 ntrspc lumbar | \$976.25 |

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded from the CMAP 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 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 schedules on the CMAP Web site, please contact the Provider Assistance Center

(PAC), 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, Division of Health Services, Medical Policy; Dana Robinson-Rush, Health Program Assistant, (860) 424-5615 or email Dana.Robinson-Rush@ct.gov.

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