



Connecticut Medical Assistance Program
Policy Transmittal 2019-32

Provider Bulletin 2019-82
December 2019

Deidre S Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2020

Contact: Dana Robinson-Rush @ 860-424-5615

TO: Physicians, Physician Assistants, Certified Nurse-Midwives, Advanced Practice Registered Nurses, Podiatrists and Optometrists

RE: 1. 2020 HIPAA Compliant Updates-Physician-Office and Outpatient and Surgical Fee Schedules

2. Updating the Reimbursement Rates for Physician Administered Drugs

3. Updating the Payment Type and Reimbursement Methodology for Select Drugs

2020 HIPAA Compliant Updates:

Effective for dates of service January 1, 2020 and forward, the Department of Social Services (DSS) is incorporating the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient and surgical fee schedules.

DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under all the HUSKY Health programs.

Updating the Reimbursement Rates for Physician Administered Drugs:

The rates for physician-administered drugs, immune globulins, vaccines and toxoids will be revised to equal 100% of the January 2020 Medicare Average Sales Price (ASP) Drug Pricing file. Providers should review *PB 18-10 Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids* for more information.

Updating the Payment Type and Reimbursement Methodology for Select Drugs:

The current reimbursement rates for Mifepristone and Misoprostol under the OBS

rate type that is listed on the physician office and outpatient fee schedule will be end-dated on December 31, 2019.

- S0190 - Mifepristone oral 200 mg
- S0191 - Misoprostol oral 200 mcg

Effective for dates of service January 1, 2020 and forward, both of these physician-administered drugs will be priced based on the National Drug Code (NDC). Providers must include the standard 11-digit NDC on all claims billing these physician-administered drugs to avoid being denied or reimbursed incorrectly. Providers should review Provider Bulletin, *PB 16-22 "New National Drug Code Requirements for Manually Priced Vaccines and Toxoids"* for additional guidance.

Further, providers should bill the NDC on the container, unless the package contains multiple units of use packages within, intended to be dispensed individually, in which case the NDC on the interior package should be billed.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and 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". An Important Message (IM) will be posted and distributed to all providers once the fee schedules have been updated.

For questions about billing or if further assistance is needed to access the fee schedules 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.

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:

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