



Connecticut Medical Assistance Program
Policy Transmittal 2018-04

Provider Bulletin 2018-10

Roderick L. Bremby, Commissioner

Effective Date March 1, 2018

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Dialysis Clinics, Medical Clinics, Family Planning Clinics, Behavioral Health Clinics and Outpatient Hospitals

RE: Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids

Effective for dates of service March 1, 2018 and forward, the rates for physician-administered drugs, immune globulins, vaccines and toxoids will be revised to equal 100% of the January 2018 Medicare Average Sales Price (ASP) Drug Pricing file.

Providers must continue to include the standard 11-digit National Drug Code (NDC) on all claims for physician-administered drugs, immune globulins, vaccines and toxoids to avoid it being denied or the incorrect reimbursement.

For procedure codes that are not priced on the January 2018 Medicare ASP Drug Pricing File and procedure codes described as “unclassified”, the drug will be priced at the lowest of:

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

This update applies to physician administered drugs (J- procedure codes and select A-, Q-

and S- procedure codes), immune globulin (procedure codes 90281 – 90399), and vaccines and toxoids (procedure codes 90581 – 90748) that are listed as payable on the following fee schedules:

- Physician Office and Outpt Services;
- Clinic - Medical
- Clinic - Family Planning;
- Clinic - Dialysis; or
- Free-standing Behavioral Health Clinic.

Drugs Administered in the Outpatient Hospital Setting

The only drugs administered in the outpatient hospital setting and billed under the Outpatient Prospective Payment System (OPPS) – Ambulatory Payment Classification (APC) reimbursement methodology that will be impacted by this update are the physician administered drugs, immune globulins, vaccines and toxoids that are listed as “FS” under the payment type column and points to the OFOUT fee schedule on the Connecticut Medical Assistance Program’s (CMAP) Addendum B.

No changes are being made to the reimbursement to outpatient hospitals for physician administered drugs, immune globulins, vaccines and toxoids that are reimbursed under the OPPS – APC reimbursement methodology, have a status indicator of “G” or “K” and are listed as “APC-PR” under the payment type column.

The CMAP 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”.

The change outlined in this provider bulletin applies to services reimbursed under the HUSKY Health program (HUSKY A, B, C and D).

Accessing the Fee Schedules

Fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, and click on the “I accept” button, then scroll down to 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 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 CMAP by DXC Technology.

Responsible Units:

Physician Office and Outpatient: DSS, Division of Health Services, Medical Policy and Regulations, Dana Robinson-Rush, Health Policy Consultant, Medical Policy at (860) 424-5615.

Medical Clinics, Family Planning Clinics and Dialysis Clinics: DSS, Division of Health Services, Medical Policy and Regulations, Edith Atwerebour, Health Policy Consultant, Medical Policy at (860) 424-5671.

Free-standing Behavioral Health Clinics: DSS, Division of Health Services, Integrated Care Unit, Hector Massari, Nurse Consultant at (860) 424-5152.

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