



Connecticut Medical Assistance Program
Policy Transmittal 2024-22

Provider Bulletin 2024-52
October 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: October 1, 2024
Contact: See below

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Medical Clinics, Family Planning Clinics, Dialysis Clinics, Federally Qualified Health Centers, Outpatient Hospitals, Hospice Agencies, Home Health Agencies, Dentists, and Pharmacy Providers

RE: (1) Updated COVID-19 Vaccine Administration Guidance and Reimbursement
(2) Pharmacy Coverage for at home COVID Test kits

(1) Updated COVID-19 Vaccine Administration Guidance and Reimbursement

Effective for dates of service on and after **October 1, 2024**, in response to the ending of the American Rescue Plan (ARP) Act requirements, Department of Social Services (DSS) is updating the coverage guidelines and reimbursement policies for the administration of COVID-19 vaccines that are either granted full Food and Drug Administration (FDA) approval or for vaccines that are granted or continue to operate under Emergency Use Authorization (EUA status).

COVID-19 Vaccine Coverage End Date - Tuberculosis (TB) and Family Planning Limited Benefit (FAMPL)

As previously communicated in [PB 2023-30](#) “COVID-19 Vaccine Administration Guidance” and as required under the American Rescue Plan (ARP) Act, effective for dates of service **October 1, 2024**, and forward, COVID-19 vaccine and the administration of the vaccine will no longer be covered for members enrolled under the TB and FAMPL programs.

Coverage for the COVID-19 vaccine and the administration of the vaccine will continue through dates of service September 30, 2024.

COVID-19 Vaccine Administration Reimbursement: Pharmacy Setting

Effective for dates of service October 1, 2024, and forward, DSS will revert to its previous payment methodology for all vaccines which is average wholesale price (AWP) plus \$1.00.

COVID-19 Vaccine Administration Reimbursement: Non-Pharmacy Setting

Effective for dates of service October 1, 2024, and forward, DSS will continue to reimburse eligible providers who are already being reimbursed for the COVID-19 vaccine (when the vaccine is purchased commercially) and the administration of the COVID-19 vaccine.

The administration of the COVID-19 vaccine, billed with procedure code 90480 (Admn sarscov2 vacc 1 dose) will continue to be reimbursed at 100% of the Medicare rate for both pediatric and adult members covered under the HUSKY Health A, B, C, and D programs. Providers must continue to refer to their applicable fee schedules and payment methodology for reimbursement.

Medical and Dental **Federally Qualified Health Centers** (FQHCs) will continue to be eligible for reimbursement at the FQHC’s current encounter rate for COVID-19 vaccine administration. As a reminder, the FQHC must ensure that all eligible providers, that will administer the COVID-19 vaccine are associated with the applicable FQHC provider

enrollment identification number. When a COVID-19 vaccination requires multiple doses, each vaccine administration performed by the FQHC on a particular date of service is eligible for reimbursement at the FQHC's current encounter rate for each date of service (which, in accordance with standard policy, also includes reimbursement for any other services that are provided on the same date of service).

Reimbursement to **Outpatient Hospitals** will be based on the reimbursement for each specified vaccine administration procedure code as set forth in CMAP Addendum B. Reimbursement for outpatient hospital services will continue to follow the Outpatient Prospective Payment System (OPPS) / Ambulatory Payment Classification (APC) methodology. Please note that when the vaccine administration is provided in the outpatient hospital setting and the outpatient hospital bills for the administration, there will be no separate reimbursement for professional services.

Pediatric COVID-19 Vaccines

As a reminder, the COVID-19 vaccine is available through the CT Vaccine Program (CVP) for use in all children aged 6 months through 18 years. Consistent with HUSKY Health policy for vaccines available through the CVP, DSS will only reimburse for the administration of the COVID-19 vaccine for this age group and will deny reimbursement for the COVID-19 product procedure code. For more information related to the CVP visit the CT Department of Public Health's Immunization Program Web Site.

HUSKY B Cost Share Requirements

As reminder providers are prohibited from collecting cost share for preventive services under HUSKY B, which includes vaccinations.

Non-Emergency Medical Transportation (NEMT) Guidance

HUSKY Health A, C, and D members that have a scheduled vaccine appointment can receive an NEMT ride (bus or livery service) to and from their COVID-19 vaccine appointment through Medical Transportation Management (MTM).

For livery service, 48 hours' notice and for bus passes 5 business days' notice in advance of the medical appointment is required. MTM will provide pick-up and drop-off service only. For additional information or to schedule transportation, please contact MTM at 1-855-478-7350. Providers with access to RideView can directly book rides for HUSKY Health members for vaccine appointments.

Please note that NEMT is not available to individuals covered under the HUSKY B Program. **Please note that effective October 1, 2024, NEMT is no longer available to individuals covered under the TB and FMPL programs since COVID-19 vaccines will no longer be covered.**

(2) Pharmacy Coverage for at home COVID Test kits

Effective October 1, 2024, and forward, COVID-19 at home test kits will continue to be covered at the current OTC rate of average wholesale price (AWP).

Accessing Fee Schedules

The updated fee schedules can be accessed and downloaded by accessing 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 click on the appropriate fee schedule. To access the CSV file, click the CSV link, then select "Open file".

Accessing CMAP Addendum B (Outpatient Hospitals)

CMAP's Addendum B for outpatient hospital services 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”.

Questions: 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 CMAP by Gainwell Technologies.

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