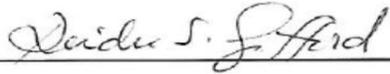




Connecticut Medical Assistance Program
Policy Transmittal 2020-47

Provider Bulletin 2020-65
 September 2020


 Deidre Gifford, MD, MPH, Commissioner

Effective Date: September 1, 2020
 Email: dana.robinson-rush@ct.gov

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Mid-wives, and Independent Radiology
RE: 1. HIPAA Compliant Updates to Physician Administered Drugs
2. HIPAA Compliant Updates to the Physician Office and Outpatient Fee Schedule
3. HIPAA Compliant Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes

Effective for dates of service September 1, 2020 and forward, the Department of Social Services (DSS) is incorporating the quarterly updates of the 2020 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient fee schedule; which includes physician administered drugs and the fee schedules for independent radiology and physician-radiology services.

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.

HIPAA Compliant Updates to Physician Administered Drugs

Effective for dates of service September 1, 2020 and forward, the Department of Social Services (DSS) is updating the physician administered drugs on the physician office and outpatient fee schedule as follows:

Deleted Code	Description	End date
J9199	Injection infugem 200 mg	06/30/2020

Added Code	Description	Effective Date
J9198	Injection infugem 100 mg	09/01/2020

Providers should review provider bulletin, *PB 18-10 Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids* for additional guidance on billing physician administered drugs.

HIPAA Compliant Updates to the Physician Office and Outpatient Fee Schedule

Effective September 1, 2020, procedure code G2066 is being added to the physician office and outpatient fee schedule to replace the discontinued procedure code 93299 - Interrogation device evaluation(s). The newly added procedure code will be reimbursed based on the established pricing methodology of the calculation of 57.5% of the 2020 Medicare Physician fee schedule.

Procedure Code	Description	HUSKY Rate
G2066	Interrogation device evaluation(s), (remote) up to 30 days	\$144.69

HIPAA Compliant Updates to the Reimbursement Rates of Select Manually Priced Procedure Codes

Effective for dates of service September 1, 2020 and forward, several procedure codes that are currently listed as manually priced on select fee schedules will be updated with a reimbursement rate based on the established pricing methodology of calculating of 57.5% of the current year’s Medicare physician fee schedule, which is 2020.

The tables below list the reimbursement rates by fee schedules.

**Physician-Radiology Fee Schedule/
Independent Radiology Fee Schedule:**

Procedure Code	Description	HUSKY Rate
77520	Proton trmt simple w/o comp	\$470.47
77522	Proton trmt simple w/comp	\$483.14
77523	Proton trmt intermediate	\$573.23
77525	Proton treatment complex	\$610.34

Physician Office & Outpatient Fee Schedule:

Procedure Code	Description	HUSKY Rate
95700	Eeg cont rec w/vid eeg tech	\$145.54
95705	Eeg w/o vid 2-12 hr unmntr	\$145.54
95706	Eeg wo vid 2-12hr intmt mntr	\$145.54
95707	Eeg w/o vid 2-12hr cont mntr	\$145.54
95708	Eeg wo vid ea 12-26hr unmntr	\$279.23

Procedure Code	Description	HUSKY Rate
95709	Eeg w/o vid ea 12-26hr intmt	\$279.23
95710	Eeg w/o vid ea 12-26hr cont	\$279.23
95711	Veeg 2-12 hr unmonitored	\$145.53
95712	Veeg 2-12 hr intmt mntr	\$145.53
95713	Veeg 2-12 hr cont mntr	\$279.23
95714	Veeg ea 12-26 hr unmntr	\$279.23
95715	Veeg ea 12-26hr intmt mntr	\$279.23
95716	Veeg ea 12-26hr cont mntr	\$522.65

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, email Dana.Robinson-Rush@ct.gov.

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