

- TO: Physicians, Naturopaths, Physician Assistants, Certified Nurse-Midwives, Advanced Practice Registered Nurses, Podiatrists and Optometrists
- RE: 1. January 2021 Quarterly HIPAA Compliant Updates-Physician-Office and Outpatient and Surgical Fee Schedules, 2. Prolonged Service 99417, 3. 2021 Evaluation and Management Service Updates, 4. Physician Administered Drug Reimbursement Updates

2021 HIPAA Compliant Updates:

Effective for dates of service January 1, 2021 and forward, the Department of Social Services (DSS) is incorporating the 2021 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.

Prolonged Service – 99417:

As part of the quarterly HIPAA update, DSS is adding procedure code 99417 (Prolonged office or other outpatient evaluation and management service(s) beyond the minimum requires time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services)) to the office and outpatient fee schedule. Although procedure code 99417 includes "with or without direct patient contact" in the description, CMAP providers must only count the time spent in direct contact with the

patient when billing procedure code 99417 in order for the service to qualify as a Medicaid covered service.

2021 Evaluation and Management Service Updates:

Providers should pay attention to the description changes included in the 2021 update when selecting the appropriate evaluation and management service in the 99202 – 99215 series. The Current Procedural Terminology (CPT) manual, comprehensive guidance includes for providers to use when selecting the most appropriate service. Further, providers should continue to utilize the guidance provided in the CPT manual, along with the guidance found in this provider bulletin and/or subsequent bulletins.

<u>Updating the Reimbursement Rates for</u> <u>Physician Administered Drugs:</u>

The rates for physician-administered drugs, immune globulins, vaccines and toxoids will be revised to equal 100% of the January 2021 Medicare Average Sales Price (ASP) Drug Providers should continue to Pricing file. review 18-10 PB Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids for more information on billing physician administered drugs.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: <u>www.ctdssmap.com</u>. 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 <u>www.ctdssmap.com</u>.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

Responsible Unit:

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