



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2022
Contact: Dana.robinson-rush@ct.gov

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

RE: 1. January 2022 Quarterly HIPAA Compliant Updates-Physician-Office and Outpatient, Physician Anesthesia and Surgical Fee Schedules, 2. Physician Administered Drug Reimbursement Updates, 3. Manually Priced Procedure Codes

2022 HIPAA Compliant Updates:

Effective for dates of service January 1, 2022 and forward, the Department of Social Services (DSS) is incorporating the January 2022 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient, physician anesthesia 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). Providers should continue to refer to the fee schedule for prior authorization and reimbursement information. The changes apply to services reimbursed under the HUSKY Health (A, B, C and D) 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 2022 Medicare Average Sales Price (ASP) Drug Pricing file. Providers should continue to review *PB 18-10 Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids* for more information on billing physician administered drugs.

Manually Priced Procedure Codes:

DSS has updated several procedure codes that are currently manually priced listed on the physician office and outpatient fee schedule, and physician surgery fee schedule. Reimbursement will be priced at 57.5% of the 2022 Medicare physician fee schedule with the exception of procedure code 92650 (Aep scr auditory potential) that is not priced by Medicare. The reimbursement for 92650 will be set at the rate for a comparable service 92586 (Auditor evoke potent limit) that was deleted and for which 92650 can be used for billing.

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".

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.

Responsible Unit:

DSS, Division of Health Services, Medical Policy Section; Dana Robinson-Rush, Health Program Assistant, email Dana.Robinson-Rush@ct.gov.

Date Issued: December 2021