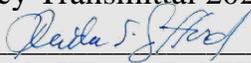




Connecticut Medical Assistance Program

Policy Transmittal 2021-28


Deidre S. Gifford, MD, MPH, Commissioner

Provider Bulletin 21-43

June 2021

Effective Date: July 1, 2021

Email: dana.robinson-rush@ct.gov

TO: Physicians, Podiatrists, Physician Assistants, Advanced Practice Registered Nurses and Certified Nurse Mid-wives

RE: 1. July 2021 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule

2. Adding Vaccines to the Physician Office and Outpatient Fee Schedule

Quarterly HIPAA Compliant Update

Effective for dates of service July 1, 2021 and forward, the Department of Social Services (DSS) is incorporating the July quarterly updates of the 2021 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the physician office and outpatient fee schedule.

DSS is making these changes to ensure that the physician office and outpatient fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). The changes apply to services reimbursed under the HUSKY Health programs (A, B, C, and D).

Adding Vaccines

Effective for dates of service July 1, 2021 and forward, the following procedure codes will be added to the physician office and outpatient fee schedule.

Code	Description
90694	Vacc aiiiv4 no prsrv 0.5ml im
90619	Menacwy-tt vaccine im
90697	Dtap-ipv-hib-hepb vaccine im

The reimbursement rate for procedure code 90694 will be 100% of the July 2021 Medicare Average Sales Price (ASP) Drug Pricing file. Providers should review *PB 2018-10 "Updates to the Reimbursement Methodology for Physician-Administered Drugs, Immune Globulins, Vaccines and Toxoids"* for more information.

Procedure code 90619 and procedure code 90697 will be priced based on the National Drug Code (NDC) when the vaccines are provided to patients that are not eligible under the Connecticut Vaccine Program (CVP) that is administered through the Department of Public Health (DPH). When procedure codes 90619 and 90697 are administered to a HUSKY Health member that is eligible under the CVP, the detail for 90619 and 90697 will deny since DPH provides the vaccine product free of charge. Providers must include the standard 11-digit NDC on all claims billing this physician-administered drug to avoid being denied or reimbursed incorrectly. Providers should review *PB 2016-22 "New National Drug Code Requirements for Manually Priced Vaccines and Toxoids"* for additional guidance. For more information on the CVP, please refer to the following Web site:

<https://portal.ct.gov/DPH/Immunizations/CVP---Information-for-Providers>

Accessing the Fee Schedule

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program (CMAP) Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

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; Dana Robinson-Rush, Health Program Assistant, email Dana.Robinson-Rush@ct.gov.

Date Issued: June 2021