

TO: Acupuncturists, Physicians, Physician Assistants, Outpatient Hospitals, Advanced Practice Registered Nurses, and Federally Qualified Health Centers

RE: New Medicaid Coverage of Services Provided by Licensed Acupuncturists in Independent Practice (REVISED)

In accordance with recently enacted state law in section 331 of Public Act 21-2 of the June 2021 Special Session, effective for dates of service October 1, 2021 and forward, the Department of Social Services (DSS) will cover services rendered by independent acupuncturists in the office setting in Connecticut's Medicaid program. To be eligible for reimbursement under Medicaid, the acupuncturist must be licensed by the State of Connecticut Department of Public Health (DPH) and enroll as an independent acupuncturist with HUSKY Health. Acupuncture services will be covered for all members under HUSKY A, C, and D. Services provided by acupuncturists in independent practice continue to be noncovered under HUSKY B.

Provider Enrollment Criteria:

Acupuncturists and Acupuncturists groups interested in participating with HUSKY can begin enrolling as a billing provider effective immediately, although the services will be covered only for dates of service October 1, 2021 forward, as noted above.

Acupuncturists and Acupuncturists groups must enroll online via the enrollment Wizard on the <u>www.ctdssmap.com</u> Web site.

To enroll, providers must go to the <u>www.ctdssmap.com</u> Web site and select "Provider" and then "Provider Enrollment" from the Home page to access the enrollment Wizard. Acupuncturists are encouraged to read all instructions prior to proceeding with the online enrollment process. Acupuncturists should gather all data required prior to beginning the enrollment process, as an incomplete application cannot be saved. In addition, an application remaining idle for more than 20 minutes will disconnect the provider from the enrollment Wizard.

Once the online application is submitted, providers should take note of the Application Tracking Number (ATN). Once the application has been submitted, the provider should download a copy of the completed application for record keeping purposes. The ATN will allow providers to track the status of their enrollment application by selecting "Provider Enrollment Tracking" from the provider main menu on the www.ctdssmap.com Web site Home page.

Successfully enrolled Acupuncturists will receive both a Welcome and PIN letter to set up their Secure Web Account. The setup of a secure Web account allows the provider access to multiple on-line functionalities to maintain an updated enrolled provider file, in addition to multiple functionalities such as eligibility verification and claim submission.

Provider Re-enrollment:

Re-enrollment for Acupuncturists will occur every five (5) years. Six (6) months prior to

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their re-enrollment due date, providers will receive notification from Gainwell Technologies that it is time to re-enroll along with an Application Tracking Number (ATN).

To re-enroll, providers will go to the www.ctdssmap.com Web site and select "Provider Re-enrollment" from the drop down "Provider" menu. Providers will enter the ATN provided and their National Provider Identifier (NPI) or AVRS ID. The ATN expedites the re-enrollment process by allowing the provider access to prior enrollment data. Providers should carefully review the data for accuracy, making changes as applicable before submitting their reenrollment application.

PLEASE NOTE: Changes cannot be made via the Web portal once the application is submitted. Additional changes must be submitted on paper to the Gainwell Technologies Provider Enrollment Unit. The ATN of the online application should be indicated on all additional documentation submitted to expedite the re-enrollment process.

Acupuncture Fee Schedule:

Acupuncturists in independent practice enrolled with HUSKY Health will be paid under the new acupuncture fee schedule, which, effective for dates of service on and after October 1, 2021 includes the following procedure codes and rates:

Procedure	Description	Rate
Code		
99202	Office/outpatient visit new; 15-29 min	\$44.98
99203	Office/outpatient visit new; 30-44 min	\$66.40
99204	Office/outpatient visit new; 45-59 min	\$100.17
99205	Office/outpatient visit new; 60-74 min	\$125.34
99211	Office or other outpatient visits for the evaluation and	\$14.94

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	management of an	
	established patient;	
	minimal presenting	
	problem	
99212	Office or other	\$26.83
	outpatient visits for the	
	evaluation and	
	management of an	
	established patient; 10-	
	19 min	
99213	Office or other	\$42.93
	outpatient visits for	
	the evaluation and	
	management of an	
	established patient;	
	20-29 min	
97026	Infrared therapy	\$6.79
97140	Manual therapy 1/>	\$15.42
	regions (cupping and	
	Gua sha)	
97810	Acupuncture, 1 or more	\$22.59
	needles; w/o electrical	
	stimulation, initial 15	
	mins. 1-on-1 contact	
	with the pt	
97811	Acupuncture, 1 or more	\$16.96
	needles; w/o electrical	
	stimulation, initial 15	
	mins. 1-on-1 contact	
	with the pt, with re-	
	insertion of needle(s)	
97813	Acupuncture, 1 or more	\$25.86
	needles; w/ electrical	
	stimulation, initial 15	
	mins. 1-on-1 contact	
	with the pt	
97814	Acupuncture, 1 or more	\$21.32
	needles; w/ electrical	
	stimulation, initial 15	
	mins. 1-on-1 contact	
	with the pt, with re-	
	insertion of needle(s)	

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Acupuncture Services in Other Settings

No changes have been made to the reimbursement of acupuncture services rendered in a Federally Qualified Health Center (FQHC). Acupuncture services performed within a FQHC setting are eligible for reimbursement as an encounter visit or as part of the overall encounter visit for the date

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of service if services in addition to acupuncture services are provided on the same date. FQHCs must continue to bill the appropriate procedure codes detailing all the services performed during the visit in addition to T1015 for the encounter.

No changes have been made to the reimbursement of acupuncture services rendered in the outpatient hospital setting. Acupuncture services will continue to be considered an all-inclusive payment to the hospital and there will be no separate reimbursement for professional services. Outpatient hospital providers must continue to refer to the Connecticut Medical Assistance Program (CMAP) Addendum B for outpatient hospital facility payment.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by accessing 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".

For questions about billing or if further assistance is needed to access the fee schedule 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.

<u>**Posting Instructions:**</u> 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 CMAP by Gainwell Technologies.

<u>Responsible Unit</u>: DSS, Division of Health Services, Medical Policy; Dana Robinson-Rush, Health Program Assistant, email <u>Dana.Robinson-Rush@ct.gov</u>.

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