



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: January 1, 2023
Contact: Dana.robinson-rush@ct.gov

TO: Physicians, Physician Assistants, Certified Nurse Midwives, Advanced Practice Registered Nurses, Podiatrists, Optometrists, and General Acute Care Hospitals
RE: 1. January 2023 Quarterly HIPAA Compliant Updates-Physician-Office and Outpatient and Physician Surgery Fee Schedules, 2. Physician Administered Drug Reimbursement Updates

January 2023 HIPAA Compliant Updates:

Effective for dates of service January 1, 2023 and forward, the Department of Social Services (DSS) is incorporating the January 2023 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). 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 Physician Administered Drugs:

The rates for physician-administered drugs, immune globulins, vaccines, and toxoids will be revised to equal 100% of the January 2023 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.

In addition to the HIPAA compliant updates for physician-administered drug, DSS will also add the following drug to the physician office and outpatient fee schedule.

HCPCS Code	Description	Rate
J3245	Inj., tildrakizumab, 1 mg	137.43

Additionally, DSS is ensuring coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for Medication-Assisted Treatment (MAT) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262). As a result, the following procedure code will be added to the physician office and outpatient fee schedule, effective January 1, 2023.

HCPCS Codes	Description
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine

Lastly, effective for dates of service January 1, 2023 and forward, DSS is updating the reimbursement for the following long-acting reversible contraceptive (LARC) device:

Code	Description	Old Rate	New Rate
J7300	Intraut copper contraceptive	\$937.00	\$1025

Hospitals

Reimbursement for LARC devices in the outpatient hospital setting will be determined by the specific procedure code billed for the LARC device inserted. The reimbursement for LARC devices will be the rate published for the specified procedure code on the physician office and outpatient fee schedule or, for 340B hospitals, the family planning clinic fee schedule. Hospitals should utilize the CMAP Addendum B to determine the payment type for outpatient hospital procedures.

For guidance regarding the reimbursement for LARC devices inserted immediately postpartum, please refer to provider bulletin, [PB 16-12 Hospital Billing and Reimbursement for Immediate Postpartum Long-Acting Reversible Contraceptive Products](#).

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.

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