



**Connecticut Medical Assistance Program**  
 Policy Transmittal 2023-17

Provider Bulletin 2023-27  
 May 2023

Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2023  
 Contact: See below

**TO: Physicians, Podiatrists, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Federally Qualified Health Centers- Medical and General Acute Care Hospitals**

- RE: 1. April 2023 Quarterly HIPAA Compliant Update - Physician Office and Outpatient Fee Schedule**  
**2. Updates to the Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices**  
**3. Updating the Reimbursement Rate for Procedure Code 99418**  
**4. Updating Reimbursement Rates for Manually Priced Physician-Administered Drugs**

**1. Quarterly HIPAA Compliant Update:**

Effective for dates of service April 1, 2023, and forward, the Department of Social Services (DSS) is incorporating the quarterly updates of the 2023 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).

**2. Reimbursement Rates for Select Long-Acting Reversible Contraceptive Devices:**

Effective for dates of service April 1, 2023, and forward, DSS is updating the reimbursement for the following long-acting reversible contraceptive (LARC) devices:

Code	Description	Old Rate	New Rate	Eff. Date
J7296	Kyleena 19.5 mg	\$1049.24	\$1101.70	4/1/23
J7298	Mirena 52 mg	\$1049.24	\$1101.70	4/1/23
J7301	Skyla 13.5 mg	\$873.67	\$917.35	4/1/23

**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.\*](#)

**Federally Qualified Health Centers (FQHCs):**

Federally qualified health centers (FQHCs) are reimbursed separately for the LARC device from their encounter rate for medical services. Reimbursement for LARC devices are priced according to the Family Planning Clinic fee schedule which is current 340B pricing. The appropriate procedure code for insertion and with modifier, if needed must be on the claim.

For guidance regarding the reimbursement for LARC devices billed by FQHCs, please refer to provider bulletins, [PB 22-36 Separate Reimbursement for Long-Acting Reversible Contraceptives in the Medical Federally Qualified Health Center \(FQHC\) Setting](#) and [PB 22-79 Additional Billing Guidance for Long-Acting Reversible Contraceptive Devices in the Medical Federally Qualified Health Center \(FQHC\) Setting](#).

### **3. Updating the Reimbursement Rate for Procedure Code 99418**

Effective for dates of service, April 1, 2023, and forward, procedure code 99418 found on the Physician Office and Outpatient Fee Schedule will be reimbursed as follows:

Code	Description	New Rate
99418	Prolonged inpatient or observation service, each 15 minutes of total time beyond	\$18.56

### **4. Updating Reimbursement Rates for Manually Priced Physician-Administered Drugs:**

Effective April 1, 2023, several physician-administered drugs that are currently listed as manually priced on the Physician Office and Outpatient Fee Schedule will be assigned actual reimbursement rates. The revised reimbursement rates will be updated to 100% of the April 2023 Medicare Average Sales Price (ASP) Drug Pricing file for physician-administered drugs, immune globulins, vaccines, and toxoids.

### **Accessing the CMAP Addendum B:**

Connecticut Medical Assistance Program (CMAP) Addendum B can be accessed via the [www.ctdssmap.com](http://www.ctdssmap.com) Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

### **Accessing the Fee Schedule:**

The updated fee schedule can be accessed and downloaded by going to the CMAP Web site: [www.ctdssmap.com](http://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](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

### **Responsible Unit:**

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