Connecticut Medical Assistance Program

Policy Transmittal 2023-40

Provider Bulletin 2023-71 December 2023

Andrea Barton Reeves, J.D., Commissioner

Effective Date: January 1, 2024 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 2024 Quarterly HIPAA Compliant Updates-Physician-Office and Outpatient, and Physician Surgery Fee Schedules, 2. Physician Administered Drug Reimbursement Updates, 3. Increase to the Reimbursement Rate for ParaGard

1. <u>January 2024 HIPAA Compliant</u> Updates:

Effective for dates of service January 1, 2024 and forward, the Department of Social Services (DSS) is incorporating the January 2024 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.

2. <u>Updating Physician Administered</u> Drugs:

The rates for physician-administered drugs, immune globulins, vaccines, and toxoids will be revised to equal 100% of the January 2024 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.

3. <u>Increase to the Reimbursement Rate</u> for ParaGard:

Additionally, effective for dates of service January 1, 2024 and forward, DSS is updating the reimbursement for the following longacting reversible contraceptive (LARC) device:

Code	Description	Old Rate	New Rate
Ј7300	Intraut copper contraceptive	\$1025	\$1085

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, <u>PB 16-12</u> 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:

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