



Connecticut Medical Assistance Program
Policy Transmittal 2024-07

Provider Bulletin 2024-21
March 2024

Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2024
Contact: See below

TO: Physicians, Physician Assistants, and Advanced Practice Registered Nurses

RE: Updates to the Person-Centered Medical Home (PCMH) Program

This provider bulletin (PB) will supplement guidance found in [PB 11-84](#) New Person-Centered Medical Home Initiative.

Effective for April 1, 2024 and forward, specific to the Person-Centered Medical Home (PCMH) Program, the Department of Social Services (DSS) will update the list of procedure codes eligible for the PCMH add-on payment.

It should be noted that any procedure code not mentioned in this provider bulletin will remain eligible for the PCMH add-on payment. PCMH providers should refer to the PCMH Codes for Enhanced Reimbursement chart at [HUSKY Health Program | Providers | PCMH Codes for Enhanced Reimbursement \(huskyhealthct.org\)](#) for a complete list of eligible procedure codes for the PCMH add-on payment.

Medical:

The following procedure codes billed under the PCMH program will no longer be eligible for the PCMH add-on payment effective March 31, 2024.

99201, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99374, 99377, 99379, 99420

The reasons for end-dating the program eligibility for these select procedure codes is either because the identified procedure code is no longer a valid billing code according to the

Current Procedural Terminology (CPT) manual or based on the description of the procedure code, it was determined that it did not meet the eligibility criteria for the PCMH add-on payment.

The following Evaluation/Management (E/M) codes have been added to the PCMH add-on payment list:

Procedure Code	Description
99442	Telephone medical discussion with physician 11-20 minutes
99443	Telephone medical discussion with physician 21-30 minutes

Behavioral Health:

Based on guidance in provider bulletin [PB 22-57 Updated Guidance for Developmental and Behavioral Screens in Primary Care including the Addition of Procedure Codes for Depression Screens](#), PCMH providers are required to bill the following procedure codes when billing for the administration of a depression screening:

Procedure Code	Description
G8431	Screening for depression is documented as positive, and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

PCMH providers must continue to submit all other types of behavioral health screens with procedure code 96127 (brief

emotional/behavioral assessment) with the appropriate modifier to indicate a positive result (U3) or a negative result (U4).

payment in addition to \$25.00 reimbursed for the oral health assessment.

Dental:

When performing oral health assessments as part of the Access to Baby Care Program (ABC Program) for Non-Dental Providers program, PCMH providers must follow the guidance issued in [PB 21-61 Oral Health Assessment and Fluoride Varnish Application Services at Well-Child Visits – The Access to Baby Care Program \(ABC Program\) for Non-Dental Providers \(Revised\)](#) and adhere to billing guidelines within [PB 21-61](#) to be reimbursed any add-on payments for the oral health assessment and application of fluoride varnish.

PCMH providers who choose to deliver ABC Dental Services, must complete the continuing education curriculum offered by the Connecticut Dental Health Partnership (CTDHP) in order to receive the ABC add-on payments. Interested providers should contact CTDHP ABC Program Specialist at (860) 507 – 2309.

Effective March 31, 2024, Current Dental Terminology (CDT) codes: D0145 and D1206 will no longer be eligible for PCMH add-on payments.

The reasons for end-dating the program eligibility for these select procedure codes is either because the identified procedure code is no longer a valid billing code according to the Current Dental Terminology manual or based on the description of the procedure code, it was determined that it did not meet the eligibility criteria for the PCMH add-on payment:

Effective for dates of service April 1, 2024, and forward, these select E/M codes billed with modifier “DA-Oral health assessment by a licensed health professional other than a dentist” will be eligible for the PCMH add-on

Code	Description
99202-99205*	Office & Outpatient Services – New Patient
99211-99215*	Office & Outpatient Services – Established Patient
99381-99383*	Preventative Medicine Services – New Patient
99391-99393*	Preventative Medicine Services – Established Patient

*CPT codes 99202-99205; 99211-99215, 99383 and 99393 should only be billed with modifier DA for HUSKY Health members under the age of 7 years.

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 Units:

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Dental Services: Division of Health Services, Integrated Care, Dental Unit, Donna Balaski, D.M.D. @ (860) 967 – 8545 at donna.balaski@ct.gov.

Date Issued: March 2024