

## DEPARTMENT OF SOCIAL SERVICES

### Notice of Proposed Medicaid State Plan Amendment (SPA)

#### Subsequent Observation Codes CPT Codes 99224 through 99226 (SPA 16-0032)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

#### **Changes to Medicaid State Plan**

Effective on or after September 14, 2016, SPA 16-0032 will amend Attachment 4.19-B of the Medicaid State Plan in order for the following procedure codes to be added to the physician office and outpatient fee schedule:

- 99224 – Subsequent observation care, typically 15 minutes: \$24.47
- 99225 – Subsequent observation care, typically 25 minutes: \$44.74
- 99226 – Subsequent observation care, typically 35 minutes: \$64.62

The fees above will be payable to physicians, nurse practitioners/advance practice registered nurses (APRNs), physician assistants and certified nurse-midwives. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category, in the amounts listed above. When provided by a physician assistant, nurse practitioner / APRN, or certified nurse-midwife, the code will be paid at 90% of the amount listed above, consistent with the existing language in Attachment 4.19-B that provides that those practitioners are reimbursed at 90% of the applicable physician fee schedule amount for each service. DSS is making these changes to align physician payments more closely with Medicare's observation services policy.

#### **Fiscal Information**

Because these codes are being added to the physician office and outpatient fee schedule, DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$51,000 in State Fiscal Year 2017 and \$70,663 in State Fiscal Year 2018.

#### **Information on Obtaining SPA Language and Submission of Comments**

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates". The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or send comments about the SPA, please email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov) or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 16-0032: Subsequent Observation Codes CPT Codes 99224 through 99226”.

Anyone may send DSS written comments about this SPA. Written comments must be received at the above contact information no later than September 28, 2016.

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(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of September 14, 2016 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider," then to "Provider Fee Schedule Download." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

(a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

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(ii) Naturopaths – The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for naturopaths can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

(iii) Nurse practitioners – 90% of physician fees as referenced in (5) above, except for physician-administered drugs and supplies and services rendered by certified registered nurse anesthetists, which are reimbursed at 100% of the physician fees. The current fee schedule was set as of September 14, 2016 and is effective for services provided on or after that date. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

Nurse practitioner groups and individual nurse practitioners are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services. Nurse practitioner services within PCMH practices run by nurse practitioners are authorized by Section 1905(a)(6) (services by other licensed practitioners). Nurse practitioners working in a physician group or a solo physician practice are eligible to participate in the PCMH initiative as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan.

(iv) Dental Hygienists - 90% of the department’s fees for dentists. The fee schedule for dentists can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of April 1, 2008 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com)

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(v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors – not to exceed 75% of the Medicare physician fee schedule. The fee schedule for licensed behavioral health practitioners can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of January 1, 2015 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

(vi) Physician assistants – 90% of the department’s fees for physicians, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees. The fee schedule for physicians can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to “Provider,” then to “Provider Fee Schedule Download.” The agency’s rates were set as of September 14, 2016 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

TN # 16-0032  
Supersedes  
TN # 16-003

Approval Date \_\_\_\_\_

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- (17) Nurse-mid wife services - are paid off of the physician fee schedule at 90% of physician fees, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

The agency's physician fee schedule was set as of September 14, 2016 and is effective for services provided on or after that date, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. The physician fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule.

- (18) The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through CMS's memorandum titled "Annual Change in Medicaid Hospice Payment Rates—ACTION". The hospice fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to "Provider" then to "Provider Fee Schedule Download". All governmental and private providers are reimbursed according to the same fee schedule. For clients living in a nursing facility, the per diem nursing facility rate will equal 95% of the rate for that nursing home under the Medicaid program.

TN # 16-0032  
Supersedes  
TN # 16-003

Approval Date \_\_\_\_\_

Effective Date 09-14-2016