



Connecticut Medical Assistance Program

Policy Transmittal 2015-47

Roderick L. Bremby, Commissioner

PB 2015-101

December 2015

Effective Date: January 1, 2016

Contact: Refer to Responsible Units on page 2

TO: Behavioral Health Clinics, Family Planning Clinics, Medical Clinics, Rehabilitation Clinics and Ambulatory Surgical Centers

RE: 2016 Clinic Fee Schedules HIPAA Compliant Update

Effective for dates of service January 1, 2016 and forward, the Department of Social Services is incorporating the 2016 HCPCS changes (deletions, additions and replacement codes) to select clinic fee schedules. The Department is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act. The changes apply to services reimbursed under all the HUSKY Health programs.

Family Planning Clinics

In addition, the Department is incorporating the applicable 2016 HCPCS changes to the Family Planning Clinic fee schedule under the HUSKY Health program. Please note that HCPCS code J7302 – “Levonorgestrel iu, 52 mg” is being discontinued and will be replaced by J7297 – “Levonorgestrel iu, 52 mg, 3 year” and J7298 – “Levonorgestrel iu, 52 mg, 5 year”. Code J7297 is to be used for Liletta, while code J7298 is to be used for Mirena. Effective for dates of services January 1, 2016 and forward, Family Planning Clinics should bill the appropriate HCPCS when billing for Liletta versus Mirena.

Ambulatory Surgical Centers

The revision to the ambulatory surgery center’s fee schedule includes the removal of discontinued CPT codes and the addition of replacement codes. Please note, in the absence of the 2016 Medicare Ambulatory Surgical Center fee schedule, the Department will set fees to equal existing fees for similar procedures. When the Medicare Ambulatory

Surgical fee schedule is published, the Department may adjust the fees upward.

Rehabilitation Clinic

The updates to the rehabilitation clinics’ fee schedule will include the discontinuation of CPT code 92543 which will be replaced by two new codes. CPT code 92537 - “Caloric vestibular test; bithermal” and CPT code 92538 - “Caloric vestibular test; monothermal” will replace the discontinued code and rates for these codes will be effective January 1, 2016.

Behavioral Health Clinics

The Department is discontinuing payment to behavioral health clinics for developmental screening codes 96110 and 96111. It is also discontinuing discrete payment for 96127 since that service and report would be included in the psychiatric assessment.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded by accessing 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 schedule 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. Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new schedule.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit:

Family Planning Clinics and Ambulatory Surgical Centers: DSS, Division of Health Services, Medical Policy and Regulations, Edith Atwerebour, Health Policy Consultant, Medical Policy at (860) 424-5671.

Rehabilitation Clinics:

DSS, Division of Health Services, Medical Policy and Regulations, Dana Robinson-Rush, Health Policy Consultant, Medical Policy at (860) 424-5615.

Behavioral Health Clinics:

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