Connecticut Medical Assistance Program Provider Bulletin 2015-18
Policy Transmittal 2015-06 February 2015

Roderick L. Bremby, Commissioner

Effective Date: April 1, 2015
Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Advanced Practice Registered Nurses (APRNs), and Certified Nurse Midwives (CNMs)

RE: Services Reimbursed Under the Obstetric (OBS) and Facility Obstetric (FTO) Rate Types

The purpose of this policy transmittal is to notify providers that, effective for dates of service April 1, 2015 and forward, the Department of Social Services is revising the policy for the services reimbursed under the Obstetric (OBS) Rate Type and the Facility Obstetric (FTO) Rate Type. The Department is implementing these changes in order to develop and communicate with providers a consistent policy for the services reimbursed under the OBS and FTO rate types.

All changes will be effective for claims submitted with dates of service April 1, 2015 and forward and will impact the Physician Office and Outpatient, Physician Surgical, and Physician Radiology Fee Schedules. The revised OBS and FTO rate type policy includes the changes noted below.

OBS and FTO Reimbursement

Currently, there is not a consistent methodology to set fees for services reimbursed under the OBS and FTO rate type. In order to establish a consistent pricing methodology, the Department is aligning the services reimbursed under the OBS and FTO rate types to 125% of the 2007 Medicare rate.

Addition of Services

Providers have notified the Department that several services that are only performed during the obstetrical period are currently excluded from coverage under the OBS and FTO rate types. These services include therapeutic amniotic fluid reduction, cordocentesis (intrauterine), and treatment of ectopic pregnancies. Effective April 1, 2015, these clinically appropriate services will be reimbursed under the OBS rate type, and, if applicable, the FTO rate type, at 125% of the 2007 Medicare rate. In support of this, providers will note a rate segment specific to the OBS rate type, and if applicable, a FTO rate type, on the Physician Surgical Fee Schedule.

Removal of Services

The Department has become aware of several services that are currently covered under the OBS and FTO rate types that have been determined clinically inappropriate, not routinely performed during the obstetric period, or not separately billable from the routine obstetric care. These services include contraceptive management services and diagnosis codes, colposcopies, biopsies, services performed under general anesthesia, and preventive medicine counseling. Effective April 1, 2015, these services will be reimbursed only under the applicable Default (DEF), Pediatric (PED), Surgical (SUR), Facility Pediatric (FTP), or Facility Surgical (FTS) rate type, and will no longer be included under the OBS or FTO rate types.

Radiological Services

The Physician Radiology (PRA) rate type is used to reimburse for all physician radiology services under the HUSKY Health program. Currently, the majority of the obstetric radiology services are reimbursed under the physician radiology rate type (PRA), with the exception of 9 services. In order to implement a consistent pricing methodology for physician radiology services, effective April 1, 2015, the following physician radiology services will be reimbursed under the PRA rate type and not under the OBS rate type.

Ultrasound	Fetal biophysical, non-stress test
76801-76802	76818
76805	
76810-76812	
76815	
76817	

OBS Billing Criteria

All of the following billing criteria are required in order for the service to qualify for reimbursement under the OBS or FTO rate type:

- the billing provider must be a physician, physician group practice, APRN, or APRN group, with a specialty in family medicine or obstetrics and gynecology, or a CNM or CMN group and has met the enrollment requirements;
- the procedure code must have an OBS or FTO rate type on the applicable physician fee schedule; and
- the client must be female and the claim must indicate a pregnancy-related diagnosis code (630-634.92. 640-676.92, V22-V24.2, V26.3, and V28-V28.9) as the **primary** diagnosis code for the claim.

If **all** of the above criteria are not met, the claim will be reimbursed under the applicable DEF, SUR, PED, FTS, or FTP rate type instead of the OBS or FTO rate types.

These policy changes apply to services that are reimbursed under the HUSKY Health program (HUSKY A, B, C, and D) for dates of service April 1, 2015 and forward.

Accessing the Fee Schedules

Revised physician fee schedules will be available for downloading after March 23, 2015. Fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance 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 then select the appropriate Physician 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 HP 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 Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

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