

Connecticut Department of Social Services Medical Assistance Program

www.ctdssmap.com

Provider Bulletin 2014-11 February 2014

TO: Physicians, Physician Assistants and Advanced Practice Registered Nurses (APRN)

RE: 2014 ACA Enhanced Rates for Primary Care Services

Under the Affordable Care Act (ACA) Medicaid fees must equal the comparable Medicare fee in effect for calendar years 2013 and 2014 for certain primary care codes when billed by an attested primary care provider. Effective January 1, 2014 CMS issued a revised Medicare fee schedule under which many primary care rates were reduced. Regrettably, to be in compliance with federal law, Connecticut, like other states, must in turn decrease its fees for these primary care codes. Notwithstanding this adjustment, please note that Connecticut's Medicaid rates for these primary care codes remain almost 50% higher than those paid in 2012, prior to the ACA rate increase that became effective 1/1/2013.

Medicare physician payment rates are set using the following three components:

- Relative Value Units (RVU): Work RVU, Practice Expense RVU, and Malpractice RVU
- Conversion Factor (CF)
- Geographic Practice Cost Indices (GPCI)

Effective January 1, 2014 Medicare reduced the practice expense RVU which resulted in a decreased Medicare fee. Under the ACA, the Department of Social Services must adjust its fees to equal the Medicare fee for the primary care codes. Please refer to the 2014 Fee Table for ACA Section 1202 for the new rate.

To access the 2014 Fee Table for ACA Section 1202 from the www.ctdssmap.com Web site, go to "Provider", and then to "Provider Fee Schedule Download". In the quick link in the top right hand corner, click on "Fee Schedule Instructions". Scroll down to the 2014 Fee Table for ACA Section 1202.

This change only affects those primary care codes billed by eligible primary care providers as described in Provider Bulletin 2013-08. Services eligible for enhanced rates for calendar years 2013 and 2014 include Evaluation and Management codes 99201 through 99499 and vaccine administration codes 90460, 90461, and 90471 through 90474.

A mass adjustment is tentatively scheduled for March 2014. HP will automatically recoup claims with dates of service in January and February 2014 and reprocess them with the applicable 2014 ACA Fee. Providers will be notified via a banner message when the claims are adjusted.

ACA Enhanced Fee Comparison 2013 vs 2014

Α	·	c	D		t	t	e	н	
Procedure Code	Proc description	Non Enhanced Medicaid 2012 "Default" Fee	2013 Medica "Enhanced A		2014 Medicaid "Enhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Percent Difference b/t 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and the Non Enhanced Fee (Column D - Column G)	Percent Increase b/t 2014 "Enhanced ACA Fee" and Non Enhanced 2012 Medicaid Fee
90460	IM ADMIN 1ST/ONLY COMPONENT	\$15.05	\$ 23.4	41 5	23.41	\$ -	0.0%	\$8.36	35.7%
99201	OFFICE/OUTPATIENT VISIT NEW	\$25.94	•	33 \$	'		-6.1%	\$21.34	45.1%
99202	OFFICE/OUTPATIENT VISIT NEW	\$44.98		10 \$	80.93			\$35.95	44.4%
99203	OFFICE/OUTPATIENT VISIT NEW	\$66.40	\$ 123.	53	\$ 117.40	•		\$51.00	43.4%
99204	OFFICE/OUTPATIENT VISIT NEW	\$100.17	\$ 187	26 9	\$ 179.63	\$ (7.63)	-4.1%	\$79.46	44.2%
99205	OFFICE/OUTPATIENT VISIT NEW	\$125.34	\$ 231.	19 5	\$ 223.23	\$ (7.96)	-3.4%	\$97.89	43.9%
99211	OFFICE/OUTPATIENT VISIT EST	\$14.94	\$ 23	51 \$	21.99	\$ (1.52)	-6.5%	\$7.05	32.1%
99212	OFFICE/OUTPATIENT VISIT EST	\$26.83	\$ 50.	33 \$	47.68	\$ (2.65)	-5.3%	\$20.85	43.7%
99213	OFFICE/OUTPATIENT VISIT EST	\$42.93	\$ 82.	98 9	79.19	\$ (3.79)	-4.6%	\$36.26	45.8%
99214	OFFICE/OUTPATIENT VISIT EST	\$64.99	\$ 121.	- +		\$ (4.90)		\$51.61	44.3%
99215	OFFICE/OUTPATIENT VISIT EST	\$87.60	\$ 162.			\$ (6.47)		\$68.16	43.8%
99217	OBSERVATION CARE DISCHARGE	\$41.12	\$ 79.			\$ (1.86)		\$36.68	47.1%
99218	INITIAL OBSERVATION CAREE	\$38.25	\$ 108.		\$ 105.99			\$67.74	63.9%
99219	INITIAL OBSERVATION CARE	\$63.95	\$ 147.			\$ (2.63)		\$81.06	55.9%
99220	INITIAL OBSERVATION CARE	\$88.97	\$ 202.		•	\$ (4.15)		\$109.50	55.2%
99221	INITIAL HOSPITAL CARE	\$53.47	\$ 111.					\$55.60	51.0%
99222	INITIAL HOSPITAL CARE	\$73.37	\$ 151.			•		\$74.63	50.4%
99223	INITIAL HOSPITAL CARE	\$106.65	\$ 222.			\$ (4.52)		\$111.16	51.0%
99231	SUBSEQUENT HOSPITAL CARE	\$22.33	\$ 42.			\$ (0.74)		\$19.64	46.8%
99232	SUBSEQUENT HOSPITAL CARE	\$39.25	•	52 \$	'			\$37.78	49.0%
99233	SUBSEQUENT HOSPITAL CARE	\$55.76	\$ 113.					\$55.20	49.7%
99234	OBSERV/HOSP SAME DATE	\$76.75	\$ 147.			\$ (2.63)		\$68.20	47.1%
99235	OBSERV/HOSP SAME DATE	\$101.29	\$ 184.					\$79.64	44.0%
99236	OBSERV/HOSP SAME DATE	\$208.26	\$ 238.			•		\$25.33	10.8%
99238	HOSPITAL DISCHARGE DAY MANAG	-	\$ 79.			\$ (1.85)		\$36.93	47.5%
99239	HOSPITAL DISCHARGE DAY MANAG	·	ć 117.			+ (2.22)		\$56.15	48.9%
99241	OFFICE CONSULTATION	\$35.28	\$ 117.5				0.3%	\$18.04	33.8%
99242	OFFICE CONSULTATION	\$64.53		76				\$35.02	35.2%
99243	OFFICE CONSULTATION	\$88.26	\$ 135.		\$ 135.76	· · · · · ·		\$47.50	35.0%
99244	OFFICE CONSULTATION	\$128.93	\$ 199.					\$70.84	35.5%
99245	OFFICE CONSULTATION	\$159.80	\$ 244.			. ,	0.0%	\$84.47	34.6%
99251	INPATIENT CONSULTATION	\$28.09	\$ 52.5		52.93		0.1%	\$24.84	46.9%
99252	INPATIENT CONSULTATION	\$45.41	•	56				\$35.81	44.1%
99252	INPATIENT CONSULTATION	\$66.93	\$ 124.			•		\$56.95	46.0%
99254	INPATIENT CONSULTATION	\$96.53	\$ 178.		\$ 178.58			\$82.05	45.9%
99254	INPATIENT CONSULTATION	\$96.53	\$ 178.			•		\$95.86	45.9%
99255	EMERGENCY DEPT VISIT	\$120.07	· ·	27 S		• • • • • • • • • • • • • • • • • • • •		\$95.86	44.4%
99281	EMERGENCY DEPT VISIT	\$11.87	\$ 22. \$ 44.		5 22.38 5 44.07	· · · · · ·		\$10.51	49.0%
99282		\$22.49		75 S		. ,		\$21.58	43.9%
99283	EMERGENCY DEPT VISIT		\$ 127.5			• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	46.7%
99284	EMERGENCY DEPT VISIT	\$66.77	\$ 127.5			• • • • • • • • • • • • • • • • • • • •		\$58.46	45.6%
	EMERGENCY DEPT VISIT	\$99.99	•			•		\$83.85	
99291	CRITICAL CARE FIRST HOUR	\$159.51	\$ 307.5					\$135.68	46.0%
99292	CRITICAL CARE ADDL 30 MIN	\$70.55	\$ 135.		\$ 131.72	• • • • • • • • • • • • • • • • • • • •		\$61.17	46.4%
99304	NURSING FACILITY CARE INIT	\$37.65	\$ 103.	24 5	\$ 100.16	\$ (3.08)	-3.0%	\$62.51	62.4%

ACA Enhanced Fee Comparison 2013 vs 2014

	٧		c	Б		t	t	e	н	1
,	Procedure Code	•	Non Enhanced Medicaid 2012 "Default" Fee	2013 Medic "Enhanced A Fee"		2014 Medicaid "Enhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Percent Difference b/t 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and the Non Enhanced Fee (Column D - Column G)	Percent Increase b/t 2014 "Enhanced ACA Fee" and Non Enhanced 2012 Medicaid Fee
47	99305	NURSING FACILITY CARE INIT	\$49.98	\$ 146	54	-	. ,	-2.6%	\$92.76	65.0%
48	99306	NURSING FACILITY CARE INIT	\$61.32	\$ 184	91	\$ 180.36	\$ (4.55)	-2.5%	\$119.04	66.0%
49	99307	NURSING FAC CARE SUBSEQ	\$19.69	\$ 49	07	\$ 47.96	\$ (1.11)	-2.3%	\$28.27	58.9%
50	99308	NURSING FAC CARE SUBSEQ	\$32.62	\$ 76	39	\$ 74.13	\$ (2.26)	-3.0%	\$41.51	56.0%
51	99309	NURSING FAC CARE SUBSEQ	\$45.69	\$ 100	04	\$ 97.43	\$ (2.61)	-2.6%	\$51.74	53.1%
52	99310	NURSING FAC CARE SUBSEQ	\$57.17	\$ 149	08	\$ 144.90	\$ (4.18)	-2.8%	\$87.73	60.5%
53	99315	NURSING FACILITY DISCHARGE DAY	\$35.28	\$ 80	46	\$ 78.61	\$ (1.85)	-2.3%	\$43.33	55.1%
54	99316	NURSING FACILITY DISCHARGE DAY	\$46.25	\$ 115	06	\$ 112.46	\$ (2.60)	-2.3%	\$66.21	58.9%
55	99318	ANNUAL NURSING FAC ASSESSMNT	\$37.65	\$ 105	24	\$ 103.02	\$ (2.22)	-2.1%	\$65.37	63.5%
56	99324	DOMICIL/R-HOME VISIT NEW PAT	\$33.81	\$ 61	24	\$ 59.74	\$ (1.50)	-2.4%	\$25.93	43.4%
57	99325	DOMICIL/R-HOME VISIT NEW PAT	\$49.20	\$ 88	22	\$ 86.75	\$ (1.47)	-1.7%	\$37.55	43.3%
58	99326	DOMICIL/R-HOME VISIT NEW PAT	\$70.55	\$ 152	70	\$ 149.29	\$ (3.41)	-2.2%	\$78.74	52.7%
59	99327	DOMICIL/R-HOME VISIT NEW PAT	\$92.61	\$ 204	04	\$ 199.52	\$ (4.52)	-2.2%	\$106.91	53.6%
60	99328	DOMICIL/R-HOME VISIT NEW PAT	\$114.47	\$ 236	61	\$ 230.92	\$ (5.69)	-2.4%	\$116.45	50.4%
61	99334	DOMICIL/R-HOME VISIT EST PAT	\$26.11	\$ 66	66	\$ 65.17	\$ (1.49)	-2.2%	\$39.06	59.9%
62	99335	DOMICIL/R-HOME VISIT EST PAT	\$41.02	\$ 104	00	\$ 101.78	\$ (2.22)	-2.1%	\$60.76	59.7%
63	99336	DOMICIL/R-HOME VISIT EST PAT	\$62.82	\$ 147	53	\$ 143.33	\$ (4.20)	-2.8%	\$80.51	56.2%
64	99337	DOMICIL/R-HOME VISIT EST PAT	\$92.10	\$ 211	32	\$ 206.81	\$ (4.51)	-2.1%	\$114.71	55.5%
65	99339	INDIVIDUAL PHYSICIAN SUPERVISIO	\$31.10	\$ 86	56	\$ 84.34	\$ (2.22)	-2.6%	\$53.24	63.1%
66	99341	HOME VISIT NEW PATIENT	\$33.55	\$ 60	84	\$ 59.33	\$ (1.51)	-2.5%	\$25.78	43.5%
67	99342	HOME VISIT NEW PATIENT	\$49.20	\$ 87	46	\$ 85.59	\$ (1.87)	-2.1%	\$36.39	42.5%
68	99343	HOME VISIT NEW PATIENT	\$71.06	\$ 143	49	\$ 139.64	\$ (3.85)	-2.7%	\$68.58	49.1%
69	99344	HOME VISIT NEW PATIENT	\$92.86	\$ 199	89	\$ 195.36	\$ (4.53)	-2.3%	\$102.50	52.5%
70	99345	HOME VISIT NEW PATIENT	\$114.47	\$ 240	70	\$ 235.43	\$ (5.27)	-2.2%	\$120.96	51.4%
71	99347	HOME VISIT EST PATIENT	\$26.11	\$ 61	27	\$ 59.77	\$ (1.50)	-2.4%	\$33.66	56.3%
72	99348	HOME VISIT EST PATIENT	\$41.02	\$ 92	49	\$ 90.24	\$ (2.25)	-2.4%	\$49.22	54.5%
73	99349	HOME VISIT EST PATIENT	\$63.08	\$ 140	33	\$ 136.52	\$ (3.81)	-2.7%	\$73.44	53.8%
74	99350	HOME VISIT EST PATIENT	\$92.86	\$ 194	99	\$ 190.46	\$ (4.53)	-2.3%	\$97.60	51.2%
75	99354	PROLONGED SERVICE OFFICE	\$56.41	\$ 109	50	\$ 107.30	\$ (2.20)	-2.0%	\$50.89	47.4%
76	99355	PROLONGED SERVICE OFFICE	\$55.96	\$ 107	10	\$ 104.88	\$ (2.22)	-2.1%	\$48.92	46.6%
77	99356	PROLONGED SERVICE INPATIENT	\$51.51	\$ 100	48	\$ 98.64	\$ (1.84)	-1.8%	\$47.13	47.8%
78	99357	PROLONGED SERVICE INPATIENT	\$51.70	\$ 100	48	\$ 97.83	\$ (2.65)	-2.6%	\$46.13	47.2%
79	99363	ANTICOAGULANT MGMT INITIAL	\$66.74	\$ 145	10	\$ 138.69	\$ (6.41)	-4.4%	\$71.95	51.9%
80	99364	ANTICOAGULANT MGMT SUBSEQ	\$23.09	\$ 48	67	\$ 46.78	\$ (1.89)	-3.9%	\$23.69	50.6%
81	99374	HOME HEALTH CARE SUPERVISION	\$40.31	\$ 78	17	\$ 75.94	\$ (2.23)	-2.9%	\$35.63	46.9%
82	99377	HOSPICE CARE SUPERVISION	\$40.31	\$ 78	17	\$ 75.94	\$ (2.23)	-2.9%	\$35.63	46.9%
83	99379	NURSING FAC CARE SUPERVISION	\$40.13	\$ 78	17	\$ 75.94	\$ (2.23)	-2.9%	\$35.81	47.2%
84	99380	NURSING FAC CARE SUPERVISION	\$60.72	\$ 116	83	\$ 113.87	\$ (2.96)	-2.5%	\$53.15	46.7%
85	99381	INIT PM E/M NEW PAT INFANT	\$60.75	\$ 125	11	\$ 120.22	\$ (4.89)	-3.9%	\$59.47	49.5%
86	99382	INIT PM E/M NEW PAT 1-4 YRS	\$65.26	\$ 129	95	\$ 125.08	\$ (4.87)	-3.7%	\$59.82	47.8%
87	99383	PREV VISIT NEW AGE 5-11	\$63.87	\$ 135	30	\$ 130.43	\$ (4.87)	-3.6%	\$66.56	51.0%
88	99384	PREV VISIT NEW AGE 12-17	\$69.25	\$ 152	91	\$ 147.23	\$ (5.68)	-3.7%	\$77.98	53.0%
89	99385	PREV VISIT NEW AGE 18-39	\$69.25	\$ 148	36	\$ 143.07	\$ (5.29)	-3.6%	\$73.82	51.6%
90	99386	PREV VISIT NEW AGE 40-64	\$81.21	\$ 171	20	\$ 164.73	\$ (6.47)	-3.8%	\$83.52	50.7%
91	99387	INIT PM E/M NEW PAT 65+ YRS	\$88.01	\$ 185	98	\$ 179.15	\$ (6.83)	-3.7%	\$91.14	50.9%

ACA Enhanced Fee Comparison 2013 vs 2014

	¥	·	c	D	E	t.	c	М	,
3	Procedure Code	Proc description	Non Enhanced Medicaid 2012 "Default" Fee	3 Medicaid hanced ACA Fee"	014 Medicaid Inhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Percent Difference b/t 2014 "Enhanced ACA Fee" and 2013 "Enhanced ACA Fee"	Difference b/t the 2014 "Enhanced ACA Fee" and the Non Enhanced Fee (Column D - Column G)	Percent Increase b/t 2014 "Enhanced ACA Fee" and Non Enhanced 2012 Medicaid Fee
92	99391	PER PM REEVAL EST PAT INFANT	\$45.86	\$ 112.25	\$ 108.14	\$ (4.11)	-3.7%	\$62.28	57.6%
93	99392	PREV VISIT EST AGE 1-4	\$51.25	\$ 119.90	\$ 115.39	\$ (4.51)	-3.8%	\$64.14	55.6%
94	99393	PREV VISIT EST AGE 5-11	\$50.55	\$ 119.50	\$ 114.99	\$ (4.51)	-3.8%	\$64.44	56.0%
95	99394	PREV VISIT EST AGE 12-17	\$55.75	\$ 130.09	\$ 125.60	\$ (4.49)	-3.5%	\$69.85	55.6%
96	99395	PREV VISIT EST AGE 18-39	\$56.45	\$ 132.74	\$ 128.25	\$ (4.49)	-3.4%	\$71.80	56.0%
97	99396	PREV VISIT EST AGE 40-64	\$62.30	\$ 141.57	\$ 136.65	\$ (4.92)	-3.5%	\$74.35	54.4%
98	99397	PER PM REEVAL EST PAT 65+ YR	\$68.64	\$ 152.91	\$ 147.23	\$ (5.68)	-3.7%	\$78.59	53.4%
99	99401	PREVENTIVE COUNSELING INDIV	\$24.66	\$ 41.08	\$ 39.59	\$ (1.49)	-3.6%	\$14.93	37.7%
100	99402	PREVENTIVE COUNSELING INDIV	\$41.17	\$ 69.34	\$ 67.48	\$ (1.86)	-2.7%	\$26.31	39.0%
101	99403	PREVENTIVE COUNSELING INDIV	\$56.74	\$ 96.40	\$ 93.79	\$ (2.61)	-2.7%	\$37.05	39.5%
102	99404	PREVENTIVE COUNSELING INDIV	\$72.57	\$ 123.00	\$ 119.98	\$ (3.02)	-2.5%	\$47.41	39.5%
103	99406	BEHAV CHNG SMOKING 3-10 MIN	\$7.56	\$ 15.71	\$ 14.94	\$ (0.77)	-4.9%	\$7.38	49.4%
104	99407	BEHAV CHNG SMOKING > 10 MIN	\$20.66	\$ 30.21	\$ 29.46	\$ (0.75)	-2.5%	\$8.80	29.9%
105	99408	AUDIT/DAST 15-30 MIN	\$22.40	\$ 38.60	\$ 37.86	\$ (0.74)	-1.9%	\$15.46	40.8%
106	99409	AUDIT/DAST OVER 30 MIN	\$43.01	\$ 74.80	\$ 73.71	\$ (1.09)	-1.5%	\$30.70	41.6%
107	99411	PREVENTIVE COUNSELING GROUP	\$7.52	\$ 19.20	\$ 18.06	\$ (1.14)	-5.9%	\$10.54	58.4%
108	99412	PREVENTIVE COUNSELING GROUP	\$11.25	\$ 24.49	\$ 23.36	\$ (1.13)	-4.6%	\$12.11	51.8%
109	99460	INIT NB EM PER DAY HOSP	\$34.56	\$ 98.89	\$ 100.63	\$ 1.74	1.8%	\$66.07	65.7%
110	99461	INIT NB EM PER DAY NON-FAC	\$53.37	\$ 113.76	\$ 106.85	\$ (6.91)	-6.1%	\$53.48	50.1%
111	99462	SBSQ NB EM PER DAY HOSP	\$18.42	\$ 45.26	\$ 44.92	\$ (0.34)	-0.7%	\$26.50	59.0%
112	99463	SAME DAY NB DISCHARGE	\$46.53	\$ 126.40	\$ 122.60	\$ (3.80)	-3.0%	\$76.07	62.0%
113	99464	ATTENDANCE AT DELIVERY	\$43.34	\$ 83.34	\$ 75.42	\$ (7.92)	-9.5%	\$32.08	42.5%
114	99465	NB RESUSCITATION	\$89.35	\$ 160.45	\$ 157.81	\$ (2.64)	-1.6%	\$68.46	43.4%
115	99466	PED CRIT CARE TRANSPORT	\$142.39	\$ 300.01	\$ 285.32	\$ (14.69)	-4.9%	\$142.93	50.1%
116	99467	PED CRIT CARE TRANSPORT ADDL	\$71.06	\$ 133.71	\$ 131.45	\$ (2.26)	-1.7%	\$60.39	45.9%
117	99468	NEONATE CRIT CARE INITIAL	\$532.03	\$ 1,048.92	\$ 997.87	\$ (51.05)	-4.9%	\$465.84	46.7%
118	99469	NEONATE CRIT CARE SUBSQ	\$232.81	\$ 429.90	\$ 421.57	\$ (8.33)	-1.9%	\$188.76	44.8%
119	99471	PED CRITICAL CARE INITIAL	\$476.61	\$ 936.39	\$ 914.10	\$ (22.29)	-2.4%	\$437.49	47.9%
120	99472	PED CRITICAL CARE SUBSQ	\$235.45	\$ 444.18	\$ 429.07	\$ (15.11)	-3.4%	\$193.62	45.1%
121	99475	PED CRIT CARE AGE 2-5 INIT	\$484.53	\$ 617.13	\$ 616.61	\$ (0.52)	-0.1%	\$132.08	21.4%
122	99476	PED CRIT CARE AGE 2-5 SUBSQ	\$194.80	\$ 382.95	\$ 372.98	\$ (9.97)	-2.6%	\$178.18	47.8%
123	99477	INIT DAY HOSP NEONATE CARE	\$197.70	\$ 382.75	\$ 369.94	\$ (12.81)	-3.3%	\$172.24	46.6%
124	99478	IC LBW INF < 1500 GM SUBSQ	\$85.01	\$ 154.02	\$ 146.96	\$ (7.06)	-4.6%	\$61.95	42.2%
125	99479	IC LBW INF 1500-2500 G SUBSQ	\$74.51	\$ 139.90	\$ 133.22	\$ (6.68)	-4.8%	\$58.71	44.1%
126	99480	IC INF PBW 2501-5000 G SUBSQ	\$71.67	\$ 130.59	\$ 128.32	\$ (2.27)	-1.7%	\$56.65	44.1%
						Avg \$ Difference 2014- 2013 Enhanced	Avg % Difference 2014 2013 Enhanced	Enhanced and 2012 Non	Avg % Increase 2014 Enhanced and 2012 Non
127								Enhanced	Enhanced
128						\$ (4.01)	-2.7%	\$68.18	48.4%