



Connecticut Medical Assistance Program
Policy Transmittal 2015-28

Provider Bulletin 2015-62
August 2015

Roderick L. Bremby, Commissioner

Effective Date: September 7, 2015
Contact: Nina Holmes @ 860-424-5486

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Optometrists, and Podiatrists

RE: Changes to the Reimbursement for Physician Pathology, Medicine and Surgical Services with a Professional (26) and Technical (TC) Component

This policy transmittal is being sent to notify providers that, effective for dates of service September 7, 2015 and forward, the Department of Social Services is revising the reimbursement for the professional and technical components of select pathology, medicine and surgical services to 57.5% of the 2007 Medicare Physician Fee Schedule. The Department is implementing this change in order to establish a pricing methodology consistent with Medicare, where, for a given service that includes a professional and technical component, the fee for the professional component, added together with the fee for the technical component, equals the global fee.

The services impacted include select pathology services billed under the LAB rate type off of the Physician Office and Outpatient Fee Schedule, select gastroenterology, ophthalmology, otorhinolaryngology, cardiovascular, noninvasive vascular diagnostic studies, pulmonary and neurology & neuromuscular procedures and select surgical services that have been identified as including a professional and technical component on the Medicare Physician Fee Schedule.

Please note, in addition to changes to the professional and technical components, there are 68 codes from the same categories of service outlined above that will also have an updated global fee. This update to the global fee is necessary because the current fees for the professional and technical components, when added together, do not equal the global fee. In order to ensure a consistent policy, the Department identified the appropriate year of the Medicare Physician Fee Schedule where the fees for the professional and technical components add up appropriately.

This policy change applies to services reimbursed on the Physician Office and Outpatient Fee Schedule and the Physician Surgical Fee Schedule under the HUSKY Health program (HUSKY A, B, C and D) for dates of service September 7, 2015 and forward.

Accessing the Fee Schedules

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 proceed to the "Physician Office and Outpatient Fee Schedule" or "Physician Surgical 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.

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Nina Holmes, Policy Consultant, (860) 424-5486

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