



**Connecticut Medical Assistance Program**  
Policy Transmittal 2014-22

Provider Bulletin 2014-60  
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Roderick L. Bremby, Commissioner

Effective Date: October 1, 2014  
Contact: Nina Holmes @ 860-424-5486

**TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses, Certified Nurse Midwives, Optometrists, Podiatrists, Psychologists, Behavioral Health Clinicians, General Hospitals, Chronic Disease Hospitals and Psychiatric Hospitals**

**RE: Reimbursement for Practitioner Services Rendered in a Facility Setting**

This policy transmittal is being sent to notify providers that effective for dates of service **October 1, 2014** and forward, as required by the Deficit Mitigation Plan adopted by the Connecticut General Assembly in December 2012 and incorporated into the current State Budget, the Department will be mirroring Medicare and adjusting reimbursement for practitioners based on the facility type code / place of service (FTC / POS) in which the service is rendered.

This policy change is intended to ensure that the Department does not reimburse both the professional provider and the facility for the overhead and similar charges incurred only by the facility. It does not impact procedures performed by providers in the office, wherein providers incur overhead costs.

The Department is defining facility according to the following facility type codes (FTC), also known as place of service (POS) codes:

- 21 – Inpatient Hospital
- 22 – Outpatient Hospital
- 23 – Emergency Room
- 24 – Ambulatory Surgical Center
- 25 – Birthing Center
- 31 – Skilled Nursing Facility
- 32 – Nursing Facility

To achieve consistency with the current CT Medical Assistance Program (CMAP) physician service pricing policy, services provided by a physician in the facility setting, excluding obstetrical and pediatric services, will be reimbursed at 57.5% of the 2007 Medicare facility fee, or 57.5% of the Medicare facility fee for the year in which the procedure code became an active CPT or HCPCS code. An applicable

corresponding facility fee will be set for services eligible for reimbursement under the obstetrical or pediatric rate type to continue mirroring the applicable percentage of the Medicare fee. Services rendered by advanced practice registered nurses (APRN), physician assistants (PA), and podiatrists will be reimbursed at 90% of the established physician facility fee; or 90% of the obstetrical or pediatric fee when all of the applicable criteria are met. **No changes will be made to the current non-facility (office- based) fee.**

This change will mirror the reimbursement methodology used by Medicare. This policy is also an integral component of the Department's overall hospital modernization and healthcare payment reform initiative, mandated by section 17b-239 of the Connecticut General Statutes, as amended in 2013. This includes implementation of the All Patient Refined Diagnosis Related Groups (APR-DRG) for inpatient hospital payments, and the unbundling of the professional component of inpatient and outpatient hospital services. This change will enable the Department to unbundle practitioner professional reimbursement from hospital payments for both inpatient **and** outpatient professional services in 2015. It will also enable implementation of Public Act 14-160, which authorized separate billing by emergency department physicians. The Department will issue further guidance regarding APR-DRG and unbundling in the near future.

This change applies to all HUSKY Health services (HUSKY A, B, C, and D) rendered by practitioners performing services within their scope of practice as outlined under state law and who are permitted to perform services in a facility setting as determined by the applicable practitioner's Medicaid regulation. Based on

Medicaid regulations, practitioners enrolled as Behavioral Health Clinicians are only permitted to perform and bill for facility-based professional services in POS/FTC 31 – skilled nursing facility and POS/FTC 32 – nursing facility.

### **Fee Schedules**

Updated fee schedules (physician office and outpatient, physician surgical, psychologists, and behavioral health clinicians) will include a new rate type applicable to services rendered in a facility setting and non-facility setting. Services rendered in a non-facility setting will continue to utilize established rate types (DEF, MPH, SUR, PED, OBS, and LAB). Services rendered in a facility setting will have a new corresponding rate type with an applicable facility fee. New rate types for services rendered in a facility setting include:

- FTD for facility default will correspond to services which meet the criteria for DEF reimbursement when rendered in the facility setting
- FTM for facility Melded Physician will correspond to services which meet the criteria for MPH when rendered in the facility setting
- FTP for facility pediatric will correspond to services which meet the criteria for reimbursement at the PEDS rate when rendered in the facility setting
- FTO for facility obstetrical services (OBS) will correspond to services which meet the criteria for reimbursement at the OBS rate when rendered in the facility setting
- FTS for facility SUR will correspond to services which meet the criteria for reimbursement at the surgical rate when rendered in the facility setting
- FTL for facility LAB will correspond to physician pathology services which meet the criteria for the LAB rate when rendered in the facility setting

The updated fees schedules will be posted after September 28, 2014.

### **Accessing the Fee Schedules**

Fee schedules can be accessed and downloaded by going to the Connecticut Medical Assistance Web

site: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to 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 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](http://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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