



Andrea Barton Reeves, J.D., Commissioner

Effective Date: April 1, 2023
Contact: see below

TO: Ambulatory Surgical Centers, General Dentists, General Dentist Groups, Pediatric Dental Providers, Pediatric Dental Provider Groups, Dental-FQHCs, Oral and Maxillofacial Surgeons, Oral and Maxillofacial Groups, Physicians, Advanced Practice Registered Nurses, Physician Assistants, Certified Nurse Midwives

RE: 1) Addition of Procedure Code G0330 to the ASC fee schedule 2) Rate Increase of Bariatric Surgery Procedure Code 43775 to the ASC Fee Schedule

Retroactive for dates of service April 1, 2023, and forward, the Department of Social Services (DSS) will be updating the Freestanding Ambulatory Surgical Center (ASC) fee schedule. The update applies to all HUSKY Health programs (HUSKY A, B, C and D).

1. Addition of Procedure Code G0330

Retroactive for dates of service April 1, 2023, and forward, procedure code G0330 will be added to the ASC fee schedule.

Procedure Code	Description	Proposed Rate
G0330	Facility svs dental rehab	\$1,722.43

An ASC should bill for all usual and customary services except for the professional procedures performed by the dental provider. ASC providers should refer to the provider manuals, Chapter 8 (Claims Submission Instructions) for the "Clinic" for further billing instructions.

Dental providers who perform dental services in the ASC are responsible for obtaining prior authorization (PA) or post procedure review (PPR), when applicable, and billing Gainwell Technologies directly for the dental services that they perform. Gainwell Technologies will process all dental provider claims, adjudicate the claims and issue payment directly to Connecticut Medical Assistance Program (CMAP) enrolled dental providers for the procedures performed. Dental providers should

refer to the provider manuals, Chapter 8 (Claims Submission Instructions) for the "Dental" for further billing instructions.

2. Rate Increase of the Bariatric Surgery Code 43775

Retroactive for dates of service April 1, 2023, and forward, DSS will be updating the rate for procedure code 43775.

Procedure Code	Description	Rate Eff 4-1-23
43775	Sleeve gastrectomy	\$6,374.82

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded from the Connecticut Medical Assistance Program (CMAP) 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 CMAP 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.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit: DSS, Division of Health Services

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