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State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 21-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 17, 2021

Deidre S. Gifford, MD, MPH, Commissioner
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, Connecticut 06105

RE: Connecticut State Plan Amendment (SPA) Transmittal Number 21-0022

Dear Commissioner Gifford:

We have reviewed the proposed Connecticut State Plan Amendment (SPA) to Attachment 4.19-B submitted under TN-21-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30th, 2021. This plan amendment allows Connecticut to add select electroencephalogram (EEG) procedure codes to the independent radiology fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1st, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Jerica Bennett at 1-410-786-1167 or jerica.bennett@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0022	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2021
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5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(3) of the Social Security Act and 42 CFR 440.30	7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$0 b. FFY 2022 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 11 to Attachment 4.19-B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum Page 11 to Attachment 4.19-B Page 1
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10. SUBJECT OF AMENDMENT: This SPA amends Attachment 4.19-B of the Medicaid State Plan to add select electroencephalogram (EEG) procedure codes to the independent radiology fee schedule. These newly added codes are being priced using a comparable methodology to the physician radiology fee schedule.

11. GOVERNOR'S REVIEW (Check One):

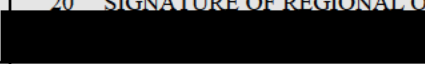
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney
13. TYPED NAME: Deidre S. Gifford, MD, MPH	
14. TITLE: Commissioner	
15. DATE SUBMITTED: September 30, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2021	18. DATE APPROVED: December 17, 2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review
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23. REMARKS:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut**

(3) Other Laboratory and X-ray Services –

- **Laboratory Services:** Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of laboratory services. The agency’s fee schedule rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.

- **X-ray Services provided by independent radiology centers:** Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of x-ray services provided by independent radiology centers. The agency’s fee schedule rates were set as of January 1, 2021. All rates are published on the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 21-0022
Supersedes
TN# 21-0006

Approval Date 12/17/2021

Effective Date 07-01-2021