

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

December 28, 2010

Michael P. Starkowski, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Starkowski:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 10-019, submitted to my office on September 30, 2010. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan to change the payment methodology pertaining to physician's radiology by eliminating payment of the technical and professional components at 50% of the global component. The reimbursement fees for the global and technical components will be set at 57.5% and the professional component at 100% of the 2007 Medicare fee schedule. The only exception to this change are for codes for which Medicare expanded reimbursement includes a professional or technical component after 2007 and new codes added after 2007, in which case reimbursement is based on the 2010 Medicare fee schedule. This SPA has been approved effective August 18, 2010, as requested by the State.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 4.19-B, page 1(a)i

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-1227 or by e-mail at Marie.Montemagno@cms.hss.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Mark Schaefer, Director, Medical Care Administration

Enclosure/s