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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**

May 8, 2017

Roderick Bremby, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 15-008, submitted to my office on March 27, 2015 and approved on May 1, 2017. This SPA amends Attachment 4.19-B to incorporate 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes), with pricing of the codes, to the laboratory services fee schedule. The Department is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act. In addition, fees for specified codes that were already on the laboratory fee schedule are being reduced in order to ensure payments are economic and efficient consistent with section 1902(a)(30)(A) of the Social Security Act.

This SPA has been approved effective January 1, 2015, as requested by the State.

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

- Addendum page 11 to Attachment 4.19-B, Page 1

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

*/s/*

Richard R. McGreal  
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration - Health Services and Supports

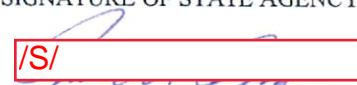
<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 15-008	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2015	
5. TYPE OF STATE PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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 2015    \$6,654,000 (savings) b. FFY 2016    \$9,071,000 (savings)
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

10. SUBJECT OF AMENDMENT: Effective January 1, 2015, this SPA amends Attachment 4.19-B to incorporate 2015 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes), with pricing of the codes, to the laboratory services fee schedule. The Department is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act. In addition, fees for specified codes that were already on the laboratory fee schedule are being reduced in order to ensure payments are economic and efficient consistent with section 1902(a)(30)(A) of the Social Security Act.

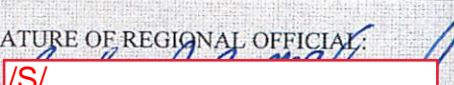
11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: March 27, 2015	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 27, 2015	18. DATE APPROVED: May 1, 2017
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations
23. REMARKS:	

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in [www.ctdssmap.com](http://www.ctdssmap.com). Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.
- Laboratory Services were set as of January 1, 2015. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 70% of the Medicare fee or the Medicare floor whichever is higher.
  - X-ray services provided by independent radiology centers were set as of January 1, 2015. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 15-008  
Supersedes  
TN # 15-001

Approval Date 05/01/2017

Effective Date 01/01/2015