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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

December 14, 2015

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. 15-043, submitted to my office on September 28, 2015 and approved on December 10, 2015. This SPA amends Attachment 4.19-B of the Medicaid State Plan to increase the fees for the Current Procedure Terminology codes: 92507 and 92508 on the Independent Audiology and Speech and Language Pathology fee schedule. In addition, the maximum allowable units of service that can be billed for these codes will be changed to one (1) unit per date of service, according to the National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE).

The rate increase for the codes described above is designed to make this change revenue-neutral by offsetting the expenditures that would otherwise have been reduced by implementing this limit based on the NCCI edit described above.

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

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

- Attachment 4.19B-Page 1(e)

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

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-043	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: September 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)

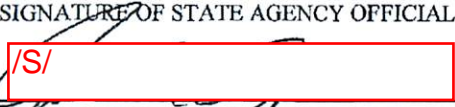
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1905(a)(11) of the Social Security Act and 42 CFR 440.110	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B Page 1(e)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19B Page 1(e)

10. SUBJECT OF AMENDMENT: Effective September 1, 2015 amends Attachment 4.19-B of the Medicaid State Plan in order to increase the fees for the Current Procedure Terminology codes: 92507 and 92508 on the Independent Audiology and Speech and Language Pathology fee schedule. In addition, the maximum allowable units of service that can be billed for these codes will be changed to one (1) unit per date of service, according to the National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE). The rate increase for the codes described above is designed to make this change revenue-neutral by offsetting the expenditures that would otherwise have been reduced by implementing this limit based on the NCCI edit described above.

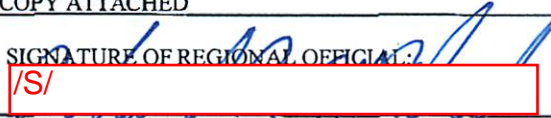
11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

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: September 28, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 28, 2015	18. DATE APPROVED: December 10, 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 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:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

- (10) Dental services – Fixed fee schedule. The agency’s rates were set as of October 1, 2014 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”
- (11) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of independent therapies, including physical therapy and related services, occupational therapy and audiology and speech pathology services and the fee schedule is published at www.ctdssmap.com. From this page, go to “Provider” then to “Provider Fee Schedule Download”.
 - a) Physical therapy and related services – Fixed fee schedule. Rates were set as of January 1, 2012 and effective for services on or after that date.
 - b) Occupational therapy – Fixed fee schedule. Rates were set as of January 1, 2012 and are effective for services on or after that date. Occupational therapists will be reimbursed according to the fee schedule for physical therapists.
 - c) Audiology and speech pathology services – Fixed fee schedule. Rates were set as of September 1, 2015 and effective for services on or after that date.

TN # 15-043
Supersedes
TN # 14-038

Approval Date 12/10/15

Effective Date 09/01/2015