

CT 15-0045:

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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**

March 4, 2016

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. 15-045, submitted to my office on December 29, 2015 and approved on February 26, 2016. This SPA amends Attachment 4.19B of the Connecticut State Plan in order to revise the Dialysis Clinic fee schedule by adding Healthcare Common Procedure Coding System code Q4801- Injection, epoetin, alfa, 100 units, (for ESRD on dialysis) to replace J0886. This change is being made to align more closely with how claims are submitted to Medicare and allow providers more specificity when billing units administered during a dialysis session. The 2013 Medicare Average Sale Price (ASP) rate will be used for pricing.

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

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

- Attachment 4.19B, Page 1(b)ii

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

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
15-045

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:  
October 1, 2015

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:  
Social Security Act section 1905(a)(9)  
and 42 CFR 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$0  
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B Page 1(b)-ii

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)

Attachment 4.19B Page 1(b)-ii

10. SUBJECT OF AMENDMENT: Effective October 1, 2015, SPA 15-045 amends Attachment 4.19-B of the Medicaid State Plan to revise the Dialysis Clinic fee schedule by adding Healthcare Common Procedure Coding System code Q4081 - Injection, epoetin, alfa, 100 units (for ESRD on dialysis) to replace J0886. This change is being made to align more closely with how claims are submitted to Medicare and to allow providers more specificity when billing the units administered during a dialysis session. The 2013 Medicare Average Sale Price (ASP) rate will be used for pricing.

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

/S/ [Redacted Signature]

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
December 28, 2015

16. RETURN TO:

State of Connecticut  
Department of Social Services  
55 Farmington Avenue - 9th floor  
Hartford, CT 06105  
Attention: Ginny Mahoney

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: December 29, 2015

18. DATE APPROVED: February 26, 2016

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/ [Redacted Signature]

21. TYPED NAME:  
Richard R. McGreal

22. TITLE:  
Associate Regional Administrator, Division of Medicaid & Children's Health Oper.

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

**OFFICIAL**

State Connecticut

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- (b) Dialysis Clinics: The current fee schedule was set as of October 1, 2015 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).