

Table of Contents

State/Territory Name: Connecticut

State Plan Amendment (SPA) #: 17-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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

November 16, 2018

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

Dear Commissioner Bremby:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 17-0006, submitted to my office on March 30, 2017 and approved on November 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the laboratory and independent radiology fee schedules.

This SPA's approval is effective January 1, 2017, as requested by the State.

If you have any questions regarding this matter you may contact Robert Cruz at 781-335-3455 or by email at Robert.Cruz@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure

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

1. TRANSMITTAL NUMBER:
17-0006

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, 2017

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 2017 \$27,000
b. FFY 2018 \$37,000

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR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, 2017, SPA 17-0006 amends Attachment 4.19-B of the Medicaid State Plan to revise the laboratory and independent radiology fee schedules. This SPA incorporates 2017 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) in order to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). Added codes are priced using a comparable methodology to other codes in the same or similar category. This SPA replaces Current Procedural Terminology (CPT) codes G0477 and G0478 with CPT codes 80305 and 80306, which are priced at 70% of the Medicare laboratory fee schedule, the same percentage of Medicare as the deleted codes. This SPA replaces CPT code G0479 with code 80307 at the same rate. Finally, this SPA adds CPT codes 81413, 81414, 81439, 84410, 87483, G0475 and G0476 to the laboratory fee schedule at 70% of Medicare or manually priced if a Medicare fee is not available.

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/

16. RETURN TO:

13. TYPED NAME: Roderick L. Bremby

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

14. TITLE: Commissioner

15. DATE SUBMITTED:
March 30, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 30, 2017

18. DATE APPROVED: November 15, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator, Division of Medicaid and
Children's Health Operations, Boston Regional Office

23. REMARKS:

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

- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in 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, 2017. The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.
 - X-ray services provided by independent radiology centers were set as of January 1, 2017. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.