

Table of Contents CT SPA 18-0019

1. Table of Contents
2. Approval Letter
3. CMS 179
4. Approved Pages



## **Boston Regional Operations Group**

---

March 13, 2019

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. 18-0019, submitted to my office on March 27, 2018 and approved on March 12, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to incorporate several of the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) fee schedules. These changes are necessary to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). For codes with established Medicare fixed fees, the newly added codes are being priced at 85% of the applicable Medicare fee, consistent with other codes in the fee schedule. For code E0953, the fee is \$80.32. For code E0954, the fee is \$85.00.

In addition, this SPA revises the fee schedule to change the quantities that are allowed per month without prior authorization for several medical surgical supply procedure codes. If additional units are medically necessary, these may be reimbursed with prior authorization (PA).

This SPA also discontinues certain procedure codes from the fee schedule.

This SPA's approval is effective March 1, 2018, as requested by the State.

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

- Attachment 4.19B, Page 4
- Supplement 1 to Attachment 4.19B, Page 4

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely,

/S/

Richard R. McGreal  
Director  
Division of Medicaid Field Operations  
East

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 18-0019	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: March 1, 2018	
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)(7) and (12) of the Social Security Act and 42 CFR 440.70(b)(3) and 440.120(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2018 (\$28,000) (savings) b. FFY 2019 (\$57,000) (savings)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19B, Page 1(a)v Supplement 1 to Attachment 4.19-B Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Page 1(a)v Supplement 1 to Attachment 4.19-B Page 4
10. SUBJECT OF AMENDMENT: Effective March 1, 2018, SPA 18-0019 amends Attachment 4.19-B of the Medicaid State Plan in order to incorporate several of the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) fee schedules. These changes are necessary to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). For codes with established Medicare fixed fees, the newly added codes are being priced at 85% of the applicable Medicare fee, consistent with other codes in the fee schedule. For code E0953, the fee is \$80.32. For code E0954, the fee is \$85.00. In addition, this SPA revises the fee schedule to change the quantities that are allowed per month without prior authorization for several medical surgical supply procedure codes. If additional units are medically necessary, these may be reimbursed with prior authorization (PA). Finally, this SPA discontinues certain procedure codes from the fee schedule, as specified in the cover letter for this SPA.	
11. GOVERNOR'S REVIEW (Check One):  <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

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 27, 2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 27 2018	18. DATE APPROVED: March 12 2019
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Richard R. McGreal	22. TITLE: Director Division of Medicaid Field Operations-East
23. REMARKS:	FORM CMS-179 (07-92)

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

---

(7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of October 1, 2017<sup>1</sup> and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency’s website. The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

(d) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2018<sup>2</sup> and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.

TN # 18-0019  
Supersedes  
TN # 17-0030

Approval Date 3/12/19

Effective Date 03/01/2018

---

<sup>1</sup> **EXPLANATORY FOOTNOTE 1:** The language on this SPA page does not affect the previous out-of-order approval of SPA 18-0021, which remains in effect from its effective date until otherwise superseded. The effective date(s) and superseded SPA are listed in order to be consistent with the language and effective date for SPA 18-0019. See the formal RAI response letter for SPA 18-0019 for additional details.

<sup>2</sup> See explanatory footnote 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE CONNECTICUT

---

(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2018 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(d) Hearing aids

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2017 and are effective for services rendered on or after that date. The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Hearing Aid/Prosthetic Eye fee schedule, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

---

TN# 18-0019

Supersedes

TN # 17-0007

Approval Date 3/12/19\_\_\_\_\_

Effective Date 03/01/2018