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State/Territory Name: CT

State Plan Amendment (SPA) #: 13-036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

March 11, 2014

Roderick Bremby, Commissioner
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106

Dear Mr. Bremby:

We are pleased to enclose a copy of approved Connecticut State Plan Amendment (SPA) No. 13-036, submitted to my office on December 26, 2013. This SPA transmitted a proposed amendment to Connecticut's approved Title XIX State Plan in order to revise the payment for Revenue Center Codes (RCC's) 310-319, lab pathology as described.

As a result of an HHS Office of the Inspector General audit DSS will require all outpatient hospital providers to bill RCCs 310-319 (lab pathology) with a Current Procedural Terminology (CPT) code in the same manner as hospitals currently bill for RCCs 300-309 (lab-clinical diagnostic). Payment for tests billed under RCCs 310-319 will be either at the fee listed on the consolidated laboratory fee schedule or remain as a cost to charge ratio, as follows: (1) for tests that Medicare pays under the Ambulatory Payment Classification (APC) payment methodology, DSS will pay as a cost to charge ratio; and (2) for those tests which are paid under Medicare's Clinical Laboratory Fee schedule, DSS will pay the fee listed on the DSS consolidated fee schedule.

This SPA has been approved effective November 1, 2013, as requested by the State.

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

- Addendum page 11 to Attachment 4.19B, page 1

If you have any questions regarding this matter you may contact Marie Montemagno (617) 565-9157 or by e-mail at Marie.Montemagno@cms.hss.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: 13-036	2. STATE: CT
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CMS/CMSO DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE November 1, 2013	
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)(2)(A) of the Social Security Act 42 CFR 440.20(a)	7. FEDERAL BUDGET IMPACT: a. FFY 2013 - (\$29,000) Savings b. FFY 2014 - (\$33,000) Savings
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addendum Page 11 to Attachment 4.19B, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addendum Page 11 to Attachment 4.19B, Page 1

10. SUBJECT OF AMENDMENT: Under State Plan Amendment #13-036, the Department of Social Services proposes amend its Medicaid State Plan effective November 1, 2013 in order to revise the payment methodology for Revenue Center Codes (RCCs) 310-319, Lab pathology as described below. As directed by the HHS Office of the Inspector General in a recent audit, DSS will require all outpatient hospital providers to bill for RCCs 310-319 (lab pathology) with a Current Procedural Terminology (CPT) code in the same manner as hospitals currently bill for RCCs 300-309 (lab-clinical diagnostic). Payment for tests billed under RCCs 310-319 will be either at the fee listed on the consolidated laboratory fee schedule or remain as a cost to charge ratio, as follows: (1) for tests that Medicare pays under the Ambulatory Payment Classification (APC) payment methodology, DSS will pay as a cost to charge ratio; and (2) for those tests which are paid under Medicare's Clinical Laboratory Fee schedule, DSS will pay the fee listed on the DSS consolidated laboratory fee schedule.

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: <i>Deputy Commissioner</i>	16. RETURN TO: State of Connecticut Department of Social Services - 11 th floor 25 Sigourney Street Hartford, CT 06106-5033 Attention: Ginny Mahoney
13. TYPED NAME: Roderick L. Bremby	
14. TITLE: Commissioner	
15. DATE SUBMITTED: December 26, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 26, 2013	18. DATE APPROVED: 3/11/2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/1/2013	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Operations
23. REMARKS: Pen and Ink change adding Addendum page 11 to Attachment 4.19B, page 1 and removing Attachment 4.19B, Page 1 to box 8 and 9 per State's request	

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 November 1, 2013. The Department reviews Medicare rate changes annually. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 90% of the Medicare fee or the Medicare floor whichever is higher.
 - X-ray services provided by independent radiology centers were set as of March 1, 2001. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.