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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

August 28, 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. 16-006, submitted to my office on March 31, 2016 and approved on August 15, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the fee schedule for Laboratory Services. Changes include the addition and deletion of codes in order to remain consistent with Healthcare Common Procedure Coding System (HCPCS) updates in order to remain compliant with the Health Insurance Portability and Accountability Act (HIP AA).

This SPA's approval is effective January 1, 2016, 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 DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Richard R. McGreal Associate Regional Administrator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	I. TRANSMITTAL NUMBER: 16-006	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, 2016	
5. TYPE OF STATE PLAN MATERIAL (Check One):		
NEW STATE PLANAMENDMENT TO BE CONSIDERED AS NEW PLANX_AMENDMENT		
COMPLETE BLOCKS 6 THRU IO 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 2016 \$408,000 (savings) b. FFY 2017 \$546,000 (savings)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Addemdum Page 11 to Attachment 4.19-B Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Addemdum Page 11 to Attachment 4.19-B Page 1	
10. SUBJECT OF AMENDMENT: Effective January 1, 2016, SPA 16-006 These changes are described in detail in the cover letter for this SPA.		
11. GOVERNOR'S REVIEW (Check One):  X_GOVERNOR'S OFFICE REPORTED NO COMMENTOTHER, AS SPECIFIED:COMMENTS OF GOVERNOR'S OFFICE ENCLOSEDNO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	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 31, 2016		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: March 31, 2016	18. DATE APPROVED: August 15, 2018	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME:	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS:		
FORM HCFA-179 (07-92)		

## **OFFICIAL**

**Addendum Page 11 to** Attachment 4.19-B Page 1

## 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, 2016. 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, 2016. Select the "Independent Radiology" fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 16-006 Approval Date 8/15/18 Effective Date 01/01/2016