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**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 17-0020**

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 30, 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. 17-0020, submitted to my office on September 29, 2017 and approved on November 30, 2018.

This SPA amends Attachment 4.19-B of the Medicaid State Plan as described below.

First, it adds Healthcare Common Procedure Coding System (HCPCS) code G0297-low dose CT scan for lung cancer to the physician radiology and independent radiology fee schedules. Second, it revises pricing for HCPCS code J7301. Third, it adjusts the rates for mammography services billed under CPT codes 77065-77067 to reimburse at the same rate as the comparable mammography codes G0202-G0206. Fourth, it adds specified procedure codes to replace specified existing procedure codes. Finally, this SPA adds the specified electronic specialist consultation codes.

This SPA's approval is effective July 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](mailto:Robert.Cruz@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
17-0020

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 SERVICES4. PROPOSED EFFECTIVE DATE:  
July 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:  
Sections 1905(a)(3) and (5) of the Social Security Act and  
42 CFR 440.30 and 507. FEDERAL BUDGET IMPACT:  
a. FFY 2017 \$56,000  
b. FFY 2018 \$336,0008. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19-B, Page 1(a)i(E)  
Addendum Page 11 to Attachment 4.19-B, Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19-B, Page 1(a)i(E)  
Addendum Page 11 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT: Effective July 1, 2017, SPA 17-0020 amends Attachment 4.19-B of the Medicaid State Plan as described in the cover letter to this SPA (all changes are to the physician office and outpatient fee schedule unless otherwise specified). First, it adds Healthcare Common Procedure Coding System (HCPCS) code G0297-low dose CT scan for lung cancer to the physician radiology and independent radiology fee schedules. Second, it revises pricing for HCPCS code J7301. Third, it adjusts the rates for mammography services billed under CPT codes 77065-77067 to reimburse at the same rate as the comparable mammography codes G0202-G0206. Fourth, it adds specified procedure codes to replace specified existing procedure codes. Finally, this SPA adds the specified electronic specialist consultation codes.

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: September 29, 2017

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2017

18. DATE APPROVED: November 30, 2018

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 201720. 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 Office23. REMARKS: The state and CMS agreed to the following changes to Box 10 of the Form CMS-179:  
- Replace the reference to "SPA 17-V" with "SPA 17-0020".

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

State: CONNECTICUT

(5) Physician's services – fixed fee schedule not to exceed the Medicare physician fee schedule. Fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. The current fee schedule was set as of July 1, 2017 and is effective for services provided on or after that date. The fee schedule for physicians 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." All governmental and private providers are reimbursed according to the same fee schedule.

Person-Centered Medical Home (PCMH) practices are individual sites of independent physician groups, solo physician practices, nurse practitioner groups, and individual nurse practitioners that have met National Committee for Quality Assurance (NCQA) Level 2 or Level 3 medical home recognition. PCMH practices must comply with all NCQA PCMH requirements and all additional written department requirements, including participation in various primary care initiatives operated by the State.

The department offers a PCMH Glide Path program, which pays enhanced rates to practices that are providing some of the additional Medicaid services required for NCQA PCMH recognition. In order to qualify for Glide Path, a practice must demonstrate that it has begun providing a more advanced standard of primary care and has committed to achieving NCQA PCMH recognition in a set period of time. Glide Path practices must also comply with all additional written department requirements, including participation in various primary care initiatives operated by the State.

Beginning January 1, 2012, PCMH and Glide Path practices may be eligible for a rate add-on to the procedure codes on the physician fee schedule identified below. PCMH practices may also be eligible for retrospective annualized supplemental payments for performance incentives and performance improvement. Independent physician-led Glide Path practices with five or fewer full-time equivalent practitioners across all practice locations may also be eligible for a supplemental payment at each Glide Path phase.

(a) Glide Path and PCMH Rate Add-On: The department will pay a rate add-on for the following procedures in addition to the amounts listed for each procedure code on the physician fee schedule: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 17-0020Approval Date 11-30-18Effective Date 07-01-2017

Supersedes

TN # 17-0003

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

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- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in [www.ctdssmap.com](http://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. Any Medicaid fee that exceeds the applicable Medicare fee is reduced to 70% of the Medicare fee or the Medicare floor whichever is higher.
  - X-ray services provided by independent radiology centers were set as of July 1, 2017. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.