

## Table of Contents: CT SPA 18-0012

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

February 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. 18-0012, submitted to my office on March 27, 2018 and approved on January 9, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Ambulatory Surgical Centers, which is within the clinic benefit category section of the Medicaid State Plan. This SPA incorporates the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

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

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

- Attachment 4.19B, Page 1(b)

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](mailto:Marie.DiMartino@cms.hhs.gov)

Sincerely, /S/

Richard R. McGreal  
Associate Regional Administrator

**TRANSMITTAL AND NOTICE OF APPROVAL  
OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:  
18-0012

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, 2018

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)(9) of the Social Security Act and  
42 CFR 440.90

7. FEDERAL BUDGET IMPACT:  
a. FFY 2018 \$0  
b. FFY 2019 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 4.19B Page 1(b)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR  
ATTACHMENT (If applicable)  
Attachment 4.19B Page 1(b)

10. SUBJECT OF AMENDMENT: Effective January 1, 2018, SPA 18-0012 amends Attachment 4.19-B of the Medicaid State Plan in order to revise the DSS fee schedule for Ambulatory Surgical Centers, which is within the clinic benefit category section of the Medicaid State Plan. This SPA incorporates the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to ensure this fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

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/ [Redacted Signature]

13. TYPED NAME: Roderick L. Bremby

14. TITLE: Commissioner

15. DATE SUBMITTED:  
March 27, 2018

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 27, 2018

18. DATE APPROVED: January 9, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

23. REMARKS:

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

---

---

9. Clinic services – Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of clinic services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in [www.ctdssmap.com](http://www.ctdssmap.com). Fees are effective as of the dates noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA. Rates for freestanding clinics are set as follows:

- (a) Ambulatory Surgical Centers: The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date. All rates are published at [www.ctdssmap.com](http://www.ctdssmap.com).

TN # 18-0012  
Supersedes  
TN # 17-0026

Approval Date 1/9/2019 Effective Date 01-01-2018