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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Regional Operations Group

February 27, 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. 18-0014, submitted to my office on March 27, 2018 and approved on February 26, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to make changes to the physician office, outpatient, physician radiology, and independent radiology fee schedules.

The physician radiology and independent radiology fee schedules are being revised to ensure the rates for the codes on those fee schedules are consistent with the standard reimbursement methodology of 57.5% of the 2007 Medicare fee schedule if the code was in effect at that time or 57.5% of the applicable year of the Medicare fee schedule coinciding with the initial activation of the procedure code.

This SPA also incorporates the deletion of codes 96040, 97607, and 97608 from the physician office and outpatient fee schedule.

Finally, this SPA incorporates the deletion of specified technical and/or professional CPT codes from the independent radiology and/or physician radiology fee schedules in order to ensure consistency between those two Medicaid fee schedules and also with the Medicare fee schedule.

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

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

- Attachment 4.19-B, Page 1(a)i(E)
- Addendum Page 11 to Attachment 4.19-B, 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
Director
Division of Medicaid Field
Operations East

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES**1. TRANSMITTAL NUMBER:
18-0014

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:
February 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)(3) and (5) of the Social Security Act and
42 CFR 440.30 and 440.507. FEDERAL BUDGET IMPACT:
a. FFY 2018 \$7,000
b. FFY 2019 \$13,000

8. 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 February 1, 2018, this SPA amends Attachment 4.19-B of the Medicaid State Plan to make changes on the physician office and outpatient, physician radiology, and independent radiology fee schedules as described in the cover letter for this SPA. The physician radiology and independent radiology fee schedules are being revised to ensure the rates for the codes on those fee schedules are consistent with the standard reimbursement methodology of 57.5% of the 2007 Medicare fee schedule if the code was in effect at that time or 57.5% of the applicable year of the Medicare fee schedule coinciding with the initial activation of the procedure code. This SPA also incorporates the deletion of codes 96040, 97607, and 97608 from the physician office and outpatient fee schedule. Finally, this SPA also incorporates the deletion of specified technical and/or professional CPT codes from the independent radiology and/or physician radiology fee schedules in order to ensure consistency between those two Medicaid fee schedules and also with the Medicare 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:

/s/

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: February 26 2019

PLAN APPROVED – ONE COPY ATTACHED19. EFFECTIVE DATE OF APPROVED MATERIAL:
February 1, 201920. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: Richard R. McGreal

22. TITLE: Director
Medicaid Field Operations-East

23. REMARKS:

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. The current fee schedule was set as of February 1, 2018 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. 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 or NCQA medical home recognition under the 2017 or later NCQA standards (which do not recognize specific levels of 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 # 18-0014

Approval Date 2/26/2019 _____

Effective Date 02-01-2018

Supersedes

TN # 18-0005

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, 2018. 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 February 1, 2018. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.