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Boston Regional Operations Group

April 18, 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. 18-0029, submitted to my office on September 28, 2018 and approved on April 18, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan to revise the physician-surgical, ambulatory surgical center, and family planning clinic fee schedules. The permanent implantable contraceptive intratubal occlusion device and delivery system that is used as part of bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants is no longer covered under Healthcare Common Procedure Coding System (HCPCS) code A4264. Other birth control devices such as the Falope ring and filshie clips remain covered and will continue to be billed under HCPCS code A4264. Current Procedure Terminology (CPT) code 58565 is end-dated effective August 1, 2018.

This SPA's approval is effective August 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)
- Attachment 4.19-B, Page 1(b)
- Attachment 4.19-B, Page 1(b)ii

If you have any questions regarding this matter you may contact Marie DiMartino (978) 330-8063 or by e-mail at Marie.DiMartino@cms.hhs.gov.

Sincerely,

/S/

Francis T. McCullough
Director
Division of Medicaid Field Operations East
(Boston)

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

1. TRANSMITTAL NUMBER:
18-0029

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:
August 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)(5) and (9) of the Social Security
Act and 42 CFR 440.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2018 (\$2,000) (reduction)
b. FFY 2019 (\$13,000) (reduction)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 1(a)i(E)
Attachment 4.19-B, Page 1(b)
Attachment 4.19-B, Page 1(b)ii

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)

Attachment 4.19-B, Page 1(a)i(E)
Attachment 4.19-B, Page 1(b)
Attachment 4.19-B, Page 1(b)ii

10. SUBJECT OF AMENDMENT: Effective August 1, 2018, SPA 18-0029 amends Attachment 4.19-B of the Medicaid State Plan to revise the physician-surgical, ambulatory surgical center, and family planning clinic fee schedules as follows. The permanent implantable contraceptive intratubal occlusion device and delivery system that is used as part of bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants is no longer covered under Healthcare Common Procedure Coding System (HCPCS) code A4264. Other birth control devices such as the Falope ring and filshie clips remain covered and will continue to be billed under HCPCS code A4264. Current Procedure Terminology (CPT) code 58565 is end-dated effective August 1, 2018.

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

14. TITLE: Commissioner

15. DATE SUBMITTED:

September 28, 2018

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: September 28 2018

18. DATE APPROVED: April 18 2019

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME: Francis T. McCullough

22. TITLE: Acting Director
Division of 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 August 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 # 18-0029
Supersedes
TN # 18-0026

Approval Date 4/18/19_____ Effective Date 08-01-2018

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. 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 August 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 18-0029
Supersedes
TN # 18-0012

Approval Date 4/18/19 _____ Effective Date 08-01-2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

- (c) Family Planning Clinics: The current fee schedule was set as of August 1, 2018 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 18-0029

Supersedes

TN # 18-0026

Approval Date 4/18/19_____ Effective Date 08-01-2018