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## **Center for Medicaid & CHIP Services**

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December 17, 2019

Dr. Deidre Gifford, Commissioner  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105

Dear Commissioner Gifford:

We are pleased to enclose via email a copy of approved Connecticut State Plan Amendment (SPA) No. 19-0003, submitted to my office on March 28, 2019 and approved on December 17, 2019.

This SPA amends Attachment 4.19-B of the Medicaid State Plan by incorporating various 2019 Healthcare Common Procedure Coding System (HCPCS) updates to the Physician Office & Outpatient, Physician-Radiology, Physician-Surgery, Psychology and Autism Spectrum Disorder Services fee schedules. In accordance with section 12 of Attachment 4.19-B of the State Plan, this SPA also updates the physician fee schedule and incorporates the required annual update for reimbursement of physician-administered drugs, immune globulins, vaccines and toxoids.

Per agreement between CMS and the State this SPA approves an end-date of December 31, 2019 for the electronic consultation (e-consult) billing codes (99451 and 99452) and other e-consult changes.

Finally, this SPA increases the rate for the Liletta intrauterine device (IUD) on the physician office and outpatient fee schedule in order to remain at the wholesale acquisition cost.

This SPA's approval is effective January 1, 2019, as requested by the State.

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

- Attachment 4.19-B, Pages 1(a)i(E)
- Attachment 4.19-B, Pages 1(a)ii
- Attachment 4.19-B, Pages 1(a)iv
- Supplement 1a to Attachment 4.19-B, Page 4

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

Sincerely,

/S/

Francis T. McCullough  
Deputy Director  
Financial Management Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 19-0003	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, 2019	
5. TYPE OF STATE PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> 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), (6), and (13) of the Social Security Act and 42 CFR 440.50, 440.60, and 440.130(c)	7. FEDERAL BUDGET IMPACT: a. FFY 2019 (\$53,000) b. FFY 2020 (\$82,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1(a)i(E), 1(a)ii, 1(a)iv Supplement 1 to 4.19-B, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable) Attachment 4.19-B, Pages 1(a)i(E), 1(a)ii, 1(a)iv Supplement 1 to 4.19-B, Page 4

10. SUBJECT OF AMENDMENT: As described in more detail in the SPA cover letter, effective January 1, 2019, SPA 19-0003 amends Attachment 4.19-B of the Medicaid State Plan as follows. First, this SPA incorporates the following annual updates: (1) various 2019 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) updates to the Physician Office & Outpatient, Physician-Radiology, Physician-Surgery, Psychology and Autism Spectrum Disorder Services fee schedules and (2) in accordance with section 12 of Attachment 4.19-8 of the State Plan, the physician fee schedule update incorporates the required annual update for reimbursement of physician-administered drugs, immune globulins, vaccines and toxoids. Second, the electronic consultation (e-consult) billing codes (99451 and 99452) and other e-consult changes are end-dated as of December 31, 2019. Finally, this SPA increases the rate for the Liletta intrauterine device (IUD) on the physician office and outpatient fee schedule in order to remain at the wholesale acquisition cost

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:

/S/

*me*

16. RETURN TO:

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 28, 2019

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: March 28 2019

18. DATE APPROVED: December 17, 2019

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
January 1 2019

20. SIGNATURE OF REGIONAL OFFICIAL:  
/S/

21. TYPED NAME: Francis T. McCullough

22. TITLE: Director  
Medicaid Field Operations-East

23. REMARKS: Pen and ink changes made per November 26th RAI response to Box 10 per States request  
Pen and ink change to box 8 and 9 to update SPA pages

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

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(5) Physician's services – Fixed fee schedule not to exceed the Medicare physician fee schedule. The current fee schedule was set as of January 1, 2019 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 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,

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Supersedes

TN # 18-0026

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State Connecticut

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- (6) Medical care or any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. Fixed fee methodologies are summarized below.
- (a) Podiatrists – Podiatrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule 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.
  - (b) Optometrists – 90% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2016 and is effective for services provided on or after that date. The fee schedule 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.
  - (c) Chiropractors – 100% of physician fees as noted in (5) above. The current fee schedule was set as of January 1, 2012 and is effective for services provided on or after that date. The fee schedule for chiropractors 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. Chiropractor services are paid only as EPSDT Special Services required by Section 1905(r)(5) of the Social Security Act.
  - (d) Other licensed practitioners –
    - (i) Psychologists – The current fee schedule was set as of January 1, 2019 and is effective for services provided on or after that date. The fee schedule for psychologists 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.

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**State Connecticut**

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- (v) Licensed behavioral health practitioners to include licensed clinical social workers, licensed marital and family therapists, licensed professional counselors, and licensed alcohol and drug counselors. The fee schedule for licensed behavioral health practitioners 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.” The agency’s rates were set as of January 1, 2019 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published at [www.ctdssmap.com](http://www.ctdssmap.com).
- (vi) Physician assistants – 90% of the department’s fees for physicians, as referenced in (5) above, except for physician-administered drugs and supplies, which are reimbursed at 100% of the physician fees.

Physician assistants working in a physician group or a solo physician practice are eligible to participate in the Person-Centered Medical Home (PCMH) initiative detailed in (5) above under Physician’s Services as part of the physician group or solo physician practice under the Physician’s Services section of the State Plan in Section (5) above.

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2019  
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STATE CONNECTICUT

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13. c. Preventive Services

**Services to Treat Autism Spectrum Disorders Pursuant to EPSDT**

Fees for services to treat autism spectrum disorders pursuant to EPSDT were set as of January 1, 2019 and are effective for services provided on or after that date. The fee schedules 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” and select the fee schedule applicable to the qualified provider. Fees are the same for governmental and private providers.

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