

## Table of Contents

**State/Territory Name: Connecticut**

**State Plan Amendment (SPA) #: 21-0035**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 25, 2022

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

Re: Connecticut State Plan Amendment (SPA) 21-0035

Dear Commissioner Gifford:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0035. This amendment updates the state plan to reinstates coverage for chiropractic services, add coverage for acupuncture services, update physician and family planning clinic fee schedules, add HCPCS code Q9950-Injection to the physician fee schedule, increases rates for several long-acting reversible contraceptive (LARC) devices and adjusts coding for LARC devices on family planning clinic fee schedule.


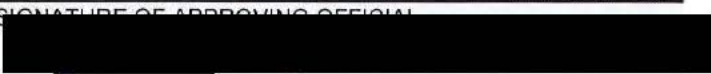
We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447. This letter is to inform you that Connecticut Medicaid SPA Transmittal Number 21-0035 was approved on March 25, 2022, with an effective date of October 1, 2021.

If you have any questions, please contact Marie DiMartino at 617-565-9157 or via email at [Marie.DiMartino@cms.hhs.gov](mailto:Marie.DiMartino@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

James G. Scott, Director  
Division of Program Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 1 — 0 0 3 5</u>	2. STATE <u>CT</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2021</b>	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(5), (6), (9), (17) of the Social Security Act and 42 CFR 440.50, 440.60, 440.90, 440.165		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>291,973</u> b. FFY <u>2023</u> \$ <u>385,207</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Addendum Page 4b to Attachments 3.1- A and 3.1-B Addendum Page 4g to Attachments 3.1-A and 3.1-B Attachment 4.19-B, Pages 1(a)i(E), 1(a)ii, 1(a)iv, and 1(b)ii		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Addendum Page 4b to Attachments 3.1- A and 3.1-B NEW Attachment 4.19-B, Pages 1(a)i(E), 1(a)ii, 1(a)iv, and 1(b)ii	
9. SUBJECT OF AMENDMENT 1) Reinstates coverage for chiropractic services, 2) adds coverage for acupuncture services, 3) updates physician and family planning clinic fee schedules, 4) adds HCPCS code Q9950-Injection to the physician fee schedule, 5) increases rates for several long-acting reversible contraceptive (LARC) devices; 6) adjusts coding for LARC devices on family planning clinic fee schedule.			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO State of Connecticut Department of Social Services 55 Farmington Avenue – 9th floor Hartford, CT 06105 Attention: Ginny Mahoney	
12. TYPED NAME Deidre S. Gifford, MD, MPH			
13. TITLE Commissioner			
14. DATE SUBMITTED December 29, 2021			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED December 29, 2021		17. DATE APPROVED March 25, 2022	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2021		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott		21. TITLE OF APPROVING OFFICIAL Director Division of Program Operations	
22. REMARKS			

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S): ALL**

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c. Chiropractor Services

- i. Chiropractors must be licensed by the state in accordance with state law.
- ii. Services are limited to a chiropractor's scope of practice.
- iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).

d. Licensed Psychologist Services

- i. Psychologists must be licensed under state law
- ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
  - (1) Only one diagnostic interview in any twelve-month period by a psychologist for the same beneficiary; and
  - (2) Only two staff consultations with the beneficiary or the beneficiary's family for the benefit of the beneficiary per year by a psychologist for the same beneficiary.

e. Naturopathic Services

- i. Naturopaths must be licensed under state law.
- ii. The Department will pay enrolled naturopaths only for services provided to individuals under twenty-one (21) years of age.
- iii. Services are limited to a naturopath's scope of practice.

TN # 21-0035  
Supersedes  
TN # 14-028

Approval Date: 03/25/2022

Effective Date: 10/01/2021

**State: CONNECTICUT**  
**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**  
**CATEGORICALLY NEEDY GROUP(S): ALL**

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- m. Acupuncturists
- i. Acupuncturists must be licensed by the state in accordance with state law.
  - ii. Services are limited to an acupuncturist's scope of practice.

TN # 21-0035  
Supersedes  
TN # NEW

Approval Date 03/25/2022

Effective Date: 10/01/2021

**State: CONNECTICUT  
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL**

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- f. Chiropractor Services
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  - iii. Services include only those that meet the requirements set forth in 42 C.F.R. § 440.60(b).
- g. Licensed Psychologist Services
- i. Psychologists must be licensed under state law
  - ii. Services are limited to routine diagnostic, assessment, treatment, rehabilitation or palliative services or psychological testing and within a psychologist's scope of practice and as set forth on the applicable published fee schedule. The following limits also apply, each of which may be exceeded with prior authorization based on medical necessity:
    - (1) Only one diagnostic interview in any twelve-month period by a psychologist for the same beneficiary; and
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- h. Naturopathic Services
- i. Naturopaths must be licensed pursuant to state law.
  - ii. The Department will pay enrolled naturopaths only for services provided to individuals under twenty-one (21) years of age.
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- m. Acupuncturists.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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(5) Physician's services – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of physician's services. The agency's fee schedule rates were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published on 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," then select the applicable 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, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99417, 99374, 99377, 99379, 99380, 96110, 99050, 99051, 99053, D0145,

TN # 21-0035  
Supersedes  
TN # 21-0023

Approval Date: 03/25/2022

Effective Date: 10/01/2021



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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 – 100% of physician fees as noted in (5) above. The current fee schedule was set as of July 1, 2021 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.
  - (d) Other licensed practitioners –
    - (i) Psychologists – The current fee schedule was set as of January 1, 2020 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.

(vii) Acupuncturists - 100% of physician fees as noted in (5) above. The current fee schedule was set as of October 1, 2021 and is effective for services provided on or after that date. The fee schedule for acupuncturists 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.

TN # 21-0035  
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TN # 19-0003

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Effective Date 10/01/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: CONNECTICUT

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- (c) Family Planning Clinics: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning clinic services. The agency's fee schedule rates were set as of October 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

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Supersedes  
TN # 21-0007

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