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State/Territory Name: KANSAS

State Plan Amendment (SPA) #: 23-0042

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

December 19, 2023

Christine Osterlund
Interim Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220

RE: KANSAS STATE PLAN AMENDMENT (SPA) TN 23-0042

Dear Interim Medicaid Director Osterlund,

We have reviewed the proposed Kansas State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 27, 2023. This plan amendment updates the Radiology Reimbursement Rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino at maria.gavino@cms.hhs.gov

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 4 2</u>	2. STATE <u>KS</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 10,032
b. FFY 2025 \$ 13,376

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, #3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, #3

9. SUBJECT OF AMENDMENT
All radiology reimbursement rates are set at 85% of Medicare rates. A selected subset of radiology reimbursement rates that are over 100% of Medicare rates will be set at 100% of Medicare rates.

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Christine Osterlund is the Governor's Designee
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. TYPED NAME
Christine Osterlund

13. TITLE
Interim Medicaid Director

14. DATE SUBMITTED
November 27, 2023

15. RETURN TO
**Christine Osterlund
Interim Medicaid Director
Deputy Secretary of Agency Integration and Medicaid
KDHE, Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Room 900-N
Topeka, KS 66612-1220**

FOR CMS USE ONLY

16. DATE RECEIVED
November 27, 2023

17. DATE APPROVED
December 19, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

KANSAS MEDICAID STATE PLAN

Attachment 4.19-B
#3

Methods and Standards for Establishing Payment Rates

Other Laboratory and X-ray Services

Laboratory and x-ray services are reimbursed on the basis of reasonable fees as related to Medicaid customary charges except no fee is reimbursed in excess of a range maximum. The range of charges provides the base for computation of range maximums.

Reimbursement for physician-referred laboratory services performed by an independent laboratory shall be made directly to the laboratory.

Effective July 1, 2020, the reimbursement code for cytogenomic microarray (CMA) testing is set at 85% of non-rural Medicare rates as set on January 1 of each year.

Effective January 1, 2023, the reimbursement rates for oncologic Positron Emission Tomography (PET) scans are set at 85% of Medicare.

Effective July 1, 2023:

1. Laboratory reimbursement rates that are below 85% of Medicare rates will be raised to 85% of Medicare rates;
2. Laboratory reimbursement rates between 85% and 100% of Medicare rates will remain the same; and
3. Laboratory reimbursement rates that are over 100% of Medicare rates will be reduced to 100% of Medicare rates.

Effective January 1, 2024, all radiology reimbursement rates are set at 85% of Medicare rates. A selected subset of radiology reimbursement rates over 100% of Medicare rates will be set at 100% of Medicare rates.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers for the above services. The agency's fee schedule rate was set as of January 1, 2024 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at <https://portal.kmap-state-ks.us/PublicPage/ProviderPricing/Disclaimer?searchBy=ScheduleList>

This link will take the user to a page titled "Reference Copyright Notice." Scroll to the bottom of the page and click on the word "Accept" to access the fee schedule. The next page that appears is titled "KMAP Fee Schedules."

To access a fee schedule:

- a. Select the program from the drop-down list -TXIX;
- b. Choose the type of rates – Medicaid;
- c. After choosing the rate type, the user will see a list of the current and historical versions of the corresponding schedule;
- d. Click the schedule TXIX.

KS 23-0042 Approval Date December 19, 2023 Effective Date 1/1/2024 Supersedes KS 23-0027