

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Updating Procedure Codes on Dialysis Clinics Fee Schedule (SPA 15-045)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services (HHS).

Changes to Medicaid State Plan

Effective on or after October 1, 2015, SPA 15-045 will amend Attachment 4.19-B of the Medicaid State Plan to revise the Dialysis Clinic fee schedule by adding Healthcare Common Procedure Coding System code Q4081 - Injection, epoetin, alfa, 100 units (for ESRD on dialysis) to replace J0886. This change is being made align more closely with how claims are submitted to Medicare and to allow providers more specificity when billing the units administered during a dialysis session. The 2013 Medicare Average Sale Price (ASP) rate will be used for pricing.

Fiscal Information

Based on the information that is available at this time, DSS estimates that this SPA will not result in a substantial change to annual aggregate expenditures.

Information on Obtaining SPA Language and Submission of Comments

In accordance with federal Medicaid requirements, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed SPA may also be obtained at any DSS regional office and on the DSS website: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates”.

Written, phone, and email requests should be sent to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799, Email: ginny.mahoney@ct.gov). Please reference: “SPA 15-045: Updating Procedure Codes on Dialysis Clinics Fee Schedule”. Members of the public may also send written comments to DSS about this SPA. Written comments must be received at the above contact information no later than October 14, 2015.

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 Surgery Centers: The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

TN # 15-045

Approval Date _____

Effective Date 07-01-2011

Supersedes

TN # 15-002 (overlapping pages with SPAs 11-017, 12-011, 13-024, 14-012, 14-030 and 15-010)

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- (b) Dialysis Clinics: The current fee schedule was set as of October 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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- (c) Family Planning Clinics: The current fee schedule was set as of January 1, 2015 and is effective for services provided on or after that date. All rates are published at www.ctdssmap.com.

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