

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-D: Independent Radiology and Independent Laboratory – HIPAA Billing Code and Reimbursement Update

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 January 1, 2018, SPA 18-D will amend Attachment 4.19-B of the Medicaid State Plan to incorporate the 2018 Healthcare Common Procedure Coding System (HCPCS) changes (additions, deletions and description changes) to the Independent Radiology and Independent Laboratory fee schedules to remain compliant with the Health Insurance Portability and Accountability Act (HIPAA), all as described below. Codes that are being added are being priced using a comparable methodology to other codes in the same or similar category.

Independent Radiology

This SPA does not make any additional changes to reimbursement for independent radiology services other than the HIPAA update described above.

Independent Laboratory

In addition to the HIPAA update described above, this SPA makes the following additional changes to reimbursement for independent laboratory services. The following codes will be removed from the current Independent Laboratory fee schedule:

- 86910- Blood typing, for paternity testing, per individual, ABO, Rh and MN
- 86911- Blood typing, for paternity testing, per individual, ABO, Rh and MN, each additional antigen system

The 79 codes that were not priced by Medicare on its 2017 Independent Laboratory fee schedule but are newly being priced by Medicare for 2018 are being priced at 70% of the 2018 Medicare fee schedule.

In order to ensure ongoing compliance with federal law at section 1903(i)(7) of the Social Security Act, the rates for the following two codes have been adjusted to 70% of 2018 Medicare rates:

- 81223 - CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants
- 81220 - CTFR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg. ACMG/ACOG guidelines)

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Impact

DSS estimates that this SPA will reduce annual aggregate expenditures for independent radiology services by approximately \$4,000 in State Fiscal Year (SFY) 2018 and \$11,000 in SFY 2019.

DSS estimates that this SPA will increase annual aggregate expenditures for independent laboratory services by approximately \$104,000 in SFY 2018 and \$258,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-D: Independent Radiology and Independent Laboratory – HIPAA Billing Code and Reimbursement Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than January 10, 2018.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

- (3) Other Laboratory and X-ray Services –The fee schedules and any adjustments to the fee schedules are published in www.ctdssmap.com. Fees are effective as of the date noted below, except that fees may be deleted or added and priced in order to remain compliant with HIPAA or to correct pricing errors. Laboratory and X-ray service fees are the same for both governmental and private providers.
- Laboratory Services were set as of January 1, 2018. The Department reviews Medicare rate changes annually to ensure compliance with federal requirements.
 - X-ray services provided by independent radiology centers were set as of January 1, 2018. Select the “Independent Radiology” fee schedule, which displays global fees, including both the technical and professional components of each fee.

TN # 18-D
Supersedes
TN# 17-0020

Approval Date _____

Effective Date 01-01-2018