

**Special Notice of Proposed Medicaid State Plan Amendment 13-036**

**NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT  
OUTPATIENT HOSPITAL LABORATORY REIMBURSEMENT (SPA 13-036)**

**Date: October 21, 2013**

On September 24, 2013, the Department issued public notice of its intent to submit a Medicaid State Plan Amendment (SPA) concerning revised payment methodology for lab pathology Revenue Center Codes 310-319.

**The Department has extended the time frame for the submission of comments to November 4, 2013.**

Please mail or e-mail your comments to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference “SPA TN # 13-036: Outpatient Hospital Laboratory Reimbursement”. Please find below the original public notice followed by the State Plan language concerning SPA 13-036.

**CT Law Journal – September 24, 2013 Notice**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan 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 November 1, 2013, SPA 13-036 will revise the payment methodology for Revenue Center Codes (RCCs) 310-319, Lab pathology as described below. As directed by the HHS Office of the Inspector General in a recent audit, DSS will require all outpatient hospital providers to bill for RCCs 310-319 (lab pathology) with a Current Procedural Terminology (CPT) code in the same manner as hospitals currently bill for RCCs 300-309 (lab-clinical diagnostic). Payment for tests billed under RCCs 310-319 will be either at the fee listed on the consolidated laboratory fee schedule or remain as a cost to charge ratio, as follows: (1) For tests that Medicare pays under the Ambulatory Payment Classification (APC) payment methodology, DSS will pay as a cost to charge ratio. (2) For those tests which are paid under Medicare’s Clinical Laboratory Fee schedule, DSS will pay the fee listed on the DSS consolidated laboratory fee schedule.

Based on the information that is available at this time, DSS estimates that the proposed changes will result in reducing annual aggregate expenditures by approximately \$21,000 in State Fiscal Year 2014 and \$33,000 in State Fiscal Year 2015.

**Information on Obtaining SPA Language and Submission of Comments**

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed SPA. Copies of the proposed amendment may be obtained at each of the DSS regional offices and on the DSS web site: <http://www.ct.gov/dss>. Go to “Publications” and then to “Updates”.

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

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

(2)

(a) **Outpatient hospital services** – The agency’s fixed fees were set as of November 1, 2013 and are effective for services on or after that date. All fixed fees are published on the Department’s website at [www.ctdssmap.com](http://www.ctdssmap.com). Rates that are based on hospital service specific ratio of cost to charges are included on each provider’s rate schedule. The rate schedule is sent to the hospital and is revised annually (July 1) based on the most recently filed cost report. Except as otherwise noted in the plan, state developed fee schedules and rate methods are the same for both governmental and private providers.

TN # 13-036  
Supersedes  
TN # 12-005

Approval Date \_\_\_\_\_ Effective Date 11-01-2013