

## **Table of Contents**

**State/Territory Name: KENTUCKY**

**State Plan Amendment (SPA) #: KY-23-0012**

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



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**Financial Management Group**

October 3, 2023

Lisa Lee  
275 E. Main St.  
Frankfort, KY 40601

RE: KY-23-0012

Dear Commissioner Lee,

We have reviewed the proposed Kentucky State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 14, 2023. This plan amendment cover treatment in place without transportation for physician services. In addition, this SPA amends physician services to include treat, triage, and transport.

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](mailto: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

2 3 — 0 0 1 2

2. STATE

KY3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



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 431.53 &amp; 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 210,510b. FFY 2025 \$ 210,510

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 3.1 A Page 7.9.1~~~~Attachment 3.1 B Page 35~~~~Attachment 4.19 B Page 20.11~~~~Attachment 4.19 B Page 20.12~~

Attachment 4.19-B Page 20.5(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)~~Attachment 3.1 A Page 7.9.1~~~~Attachment 3.1 B Page 35~~~~Attachment 4.19 B Page 20.11~~~~Attachment 4.19 B Page 20.12~~

Attachment 4.19-B Page 20.5(1)

9. SUBJECT OF AMENDMENT

~~Cover treatment in place without transportation for emergency ambulance services. In addition, this SPA amends emergency ambulance service to include treat, triage, and transport.~~ **physician** **physician**  
**include**

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Lisa Lee

13. TITLE

Commissioner

14. DATE SUBMITTED

July 14, 2023

15.

RETURN TO

Lisa Lee

275 E. Main St.

Frankfort, KY 40601

**FOR CMS USE ONLY**

16. DATE RECEIVED

July 14, 2023

17. DATE APPROVED

October 3, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Pen and ink change approved by the state and processed by CMS on the following fields:

Remove Attachment 3.1-A Page 7.9.1 and Attachment 3.1-B Page 35 from both Boxes 7 and 8

Remove the 4.19-B pages 20.11 and 20.12 from both Boxes 7 and 8, Add in 4.19-B page 20.5(1) to both Boxes 7 and 8,

Add in SPA original submission date to Box 14 (this box was left blank in original 179), Ambulance service be changed to physician service in the subject of the amendment to reflect proper benefit category (physician services), Change include to include in the subject of amendment

- (21) For reimbursement for eligible services provided by a physician or a physician assistant at a Community Mental Health Center - please refer to Attachment 4.19-B, Page 20.15 - 20.15(1)(a)(viii)

D. Assurances. The State hereby assures that payment for physician services are consistent with efficiency, economy, and quality of care and payments for services do not exceed the prevailing charges in the locality for comparable services under comparable circumstances.

E. Ambulance Response and Treat-no-transport Services:

Effective for dates of service on or after January 1, 2024, ambulance providers will be reimbursed for appropriate and medically necessary medical care when an ambulance is dispatched, and treatment is provided to the patient without the patient being transported to another site. Reimbursement for treatment-no-transport will be made for Healthcare Common Procedure Coding System (HCPCS) code A0998 at the Kentucky Medicaid Transportation fee schedule rate for Current Procedural Terminology (CPT) code A0429 (BLS base, hospital). No additional mileage rate will be paid.

All rates are published on the agency's website at <https://www.chfs.ky.gov/agencies/dms/Pages/feesrates.aspx>