**Connecticut Medical Assistance Program** PB 2013-09
Policy Transmittal 2013-04 February 2013

Roderick L. Bremby, Commissioner

Effective Date: March 1, 2013
Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Updated MEDS Fee Schedule and Reimbursement

Effective for dates of service on or after March 1, 2013, the Department of Social Services is revising its fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition, deletion and description changes for codes on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates. Additions and deletions are necessary to ensure that the MEDS fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to all MEDS reimbursed under the HUSKY Health program which includes HUSKY A, HUSKY B, HUSKY C, HUSKY D and the Charter Oak Health program.

Reduction in fees to codes on the MEDS fee schedule

Purchase
The Department has reduced its fees for most codes on the Durable Medical Equipment (DME) and Orthotic and Prosthetic Devices (O&P) fee schedules and some codes on the Medical Surgical Supplies (MSS) fee schedule by 5%.

Repairs
Repairs to most of these codes have been re-priced at 60% of the purchase price. Providers are required to bill repairs at 60% of the purchase price or MSRP minus 15%, whichever is lower.

Capped Repair Codes
Repairs or modifications greater than the allowed amounts found on the DME fee schedule for procedure codes E1220, E1399, E2291 through E2294 and K0108 will require prior authorization. Please review the fee schedules carefully for these changes.

Quantity Limitations

Diabetic and orthopedic shoes will be limited to two pairs per calendar year for members 21 years of age and over. A prior authorization (PA) request will be required for any additional pairs. Claims submitted within the calendar year for additional pairs which have not been approved with PA will be denied. The Medical Guideline regarding diabetic and orthopedic shoes can be found on the HUSKY Health website: www.huskyhealth.com. Click on "Providers" and then click on "Policies and Procedures." **Please note that orthopedic shoes are not a covered benefit for Charter Oak or HUSKY B members**. Providers will need to call the HP provider assistance center to inquire about diabetic and orthopedic shoe claim history for members 21 and over. In the near future, the Department will make available a claim history inquiry feature on the Web portal so that providers can check if a member already met the benefit limit of 2 pairs of diabetic or orthopedic shoes within the calendar year, including claims paid to any of the Connecticut Medical Assistance Program (CMAP) DME providers. This feature will be available at www.ctdssmap.com. An Important Message will be posted informing when this feature is available.

Billing Diabetic Supplies

Quantities for diabetic test trips billed using procedure code A4253 (blood glucose test or reagent strips for home blood glucose monitor **per 50 strips**) must be billed accurately based on the HCPCS description or claims will be recouped when audited. If a member requires 200 test strips a month, the quantity to be billed should be 4 units as the description of this procedure code is "Blood glucose test strip…per 50 strips". Do not bill 200 units. Similarly, lancets which are billed using procedure code A4259 (lancets **per box of 100**) should be billed accurately based on the HCPCS description. If a member requires 200 lancets a month, the quantity to be billed should be 2 units. Do not bill 200 units as additional quantities will be recouped when audited.

Please be sure to note the unit value of all codes as defined by the HCPCS.

Eligibility for Breast Pumps

Breast pumps are covered under the DME benefit with a prescription from a medical provider under the mother's Medicaid identification number. Breast pumps are not covered for any non-Medicaid eligible mother and cannot be covered under the baby's Medicaid identification number. These non-eligible mothers should be referred to the Women, Infants and

Children (WIC) program for assistance in obtaining a breast pump.

Compliance Requirement Changes for the use of Continuous Positive Airway Pressure (CPAP) Devices

Effective March 1, 2013 the Department will follow Medicare guidelines for CPAP devices and require DME providers to send in the computerized download obtained from the CPAP Machine used by the member for the first three months of rental. Please refer to the Medical Guideline regarding CPAP devices which can be found on the HUSKY Health website: www.huskyhealth.com. Click on "Providers" and then click on "Policies and Procedures." The Department will no longer accept a hand written compliance form that the provider obtained from a phone interview or, a phone system questionnaire from the client.

**Accessing the Fee Schedule:**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Website: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", click on "I Accept", then refer to "MEDS" in order to locate the MEDS fee schedules. To access the CSV file press the control key while clicking the CSV link, then select "Open".

Please note the CSV file format displays historical and current rates allowing different pricing segments for HPCPS codes to be displayed simultaneously. Therefore, if providers are interested only in current rates, please use the filter function of the selected spreadsheet program to filter by end date of 12/31/2299.

For questions about billing or for further assistance to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:** Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new one. Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com

**Distribution:** This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

**Responsible Unit:** DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant, (860) 424-5145.

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