



Connecticut Medical Assistance Program

Policy Transmittal 2009-32

PB 2013-76

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Roderick L. Bremby, Commissioner

Effective Date: December 1, 2013

Contact: Dawn Lambert @ 860-424-4897

TO: Home Health Services Providers

RE: Administration of automated medication dispensers for the purpose of dispensing medication

Automated medication dispensers are being added to the home health fee schedule. This transmittal details the Department of Social Services' policy for payments to home health providers for the utilization of automated medication dispensers for the purpose of dispensing medication as described below.

DEFINITION OF AUTOMATED MEDICATION DISPENSERS

Personal automated medication dispensers are programmable, locked medication storage devices that automatically dispense a dose of medication at predetermined times. These devices also act as reminder systems, notifying individuals when it is time to take their medication with audible alarms, lights, texts and voice messages. These devices also have monitoring capabilities which can track dispensing activity as well as contact caregivers or monitoring services when medications are not dispensed at the scheduled time.

MEDICATION ADMINISTRATION CLAIMS

The S5185 Medication reminder service, non-face-to-face; per month code must be used when billing for automated medication dispensers. The monthly rate is \$152.08.

PRIOR AUTHORIZATION

Automated medication dispensers (S5185) are considered an extension of home health skilled nursing services and the administration of medication which requires prior authorization. Requests for authorization of S5185 must conform to the current requirements for prior authorization for home health skilled nursing and medication administration including the DSS regulations and billing manual.

The addition of automated medication dispensers to the State Plan provides home health providers with an alternative to the administration of medication by a nurse (T1502). Automated medication dispensers provide a cost effective alternative to T1502 for members who are medically stable and who would benefit from the support of an automated medication dispenser.

The initial authorization period for S5185 may not exceed 30 days and must be accompanied by a minimum of one skilled nursing visit (S9123). Additional skilled nursing visits may be authorized in coordination with code S5185 subject to rules of Medical Necessity and other applicable requirements.

Providers should follow existing guidelines for contacting Community Health Network or Value Options Behavioral Health for obtaining prior medical authorization.

WHEN AUTHORIZATION OF AUTOMATED MEDICATION DISPENSERS IS ACCOMPANIED BY A REQUEST FOR A SKILLED NURSE TO ADMINISTER MEDICATION

If the automated medication dispenser fails to effectively dispense medication, a skilled nurse for the purpose of administering medication (T1502) may be requested by the home health agency to assure the member's compliance with medication. If this situation occurs the home health service provider should contact the authorizing Administrative Services Organization, Community Health Network or Value Options, to request modification of the prior authorization. Documentation clearly identifying the reasons why the automated medication dispenser was not effective in the administration of medication must be entered into the client's medical record. The change in the prior authorization is necessary if any change in combination of S5185 and T1502 occurs. If the member demonstrates the inability to benefit from the automated medication dispenser as documented by more than 2 prior authorizations for T1502 during a month, the home health agency should reassess the member to determine strategies to increase compliance with the automated medication dispenser in the ongoing month.

WHEN AUTHORIZATION OF AUTOMATED MEDICATION DISPENSERS IS FOR THE BENEFIT OF MEMBERS COVERED UNDER 1915c WAIVERS OR 1915i STATE PLAN AMENDMENTS

This separate payment for automated medication dispensers is not available for members covered by home and community based waivers or CHC. Authorization of automated medication dispensers for the benefit of members covered under Connecticut Home Care Program (CHC) waivers (waiver type 1 – CHC Limited, waiver type 2 CHC Intermediate, waiver type 3 – CHC 1915C waiver, waiver type 4 – CHC Program for the Disabled and waiver type 5 – 1915i), the Personal Care Assistance Waiver, the Acquired Brain Injury Waiver, or the Mental Health Waiver will continue to be determined as part of the respective waiver care planning process. **There is no change to the existing process for authorization of automated medication dispensers for these members. Automated dispensers will continue to be billed as a home and community based service waiver code rather than a state plan service. Therefore, code S5185 may not be authorized for members covered under any of the aforementioned waiver of CHC benefit plans.**

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then to the Home Health fee schedule.

For questions about billing or if further assistance is needed 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 schedule. Policy transmittals can also 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: For questions related to medical services: DSS, Division of Health Services, Medical Policy Section; Dawn Lambert, (860) 424-4897.