



TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: MEDS Fee Schedule Revisions and Clarification Pertaining to Repairs of Competitive Bid Items

The purpose of this bulletin is to notify Medical Equipment Devices and Supplies (MEDS) providers of revisions being made to fees for several procedure codes found on the Durable Medical Equipment (DME) fee schedule and to issue clarification pertaining to repairs of competitive bid items.

### **Fee Schedule Revisions**

Effective for dates of service March 1, 2013 and forward, the Department of Social Services (DSS) will rescind the decrease to the following procedure codes:

- E0635 – Patient lift, electric with seat or sling.
- E0639 – Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories; and
- E0640 – Patient lift fixed system, includes all components/accessories.

These changes will be made retroactive to March 1, 2013. Impacted claims will be mass adjusted by HP. No action is required by MEDS providers.

### **CMS Guidance Pertaining to Repairs of DME Items Affected by the Competitive Bid Program for Dual Eligible Clients**

The Centers for Medicare and Medicaid Services (CMS) has issued guidance concerning repairs of DME items affected by the Medicare Competitive Bid Program. This program affects dual eligible clients. Per the CMS Competitive Bidding Program Factsheet on Repairs and Replacements:

“Medicare allows for the repair and replacement of beneficiary-owned items by any Medicare-enrolled supplier. Repairs to medically necessary, beneficiary owned equipment are covered when necessary to make the equipment serviceable or when non-routine maintenance is performed by authorized

technicians per manufacturer recommendations. Labor to repair equipment is not subject to competitive bidding and will be paid according to Medicare’s general payment rules. If the repair of competitively bid, beneficiary-owned equipment requires the replacement of a part to make it serviceable, that replacement part may be obtained from either a contract supplier or any other Medicare-enrolled supplier.

Parts include components that are needed to repair the base equipment. Parts also include certain specified items (i.e., tires, batteries, and wheels (e.g., casters)) that may be replaced in their entirety. Options and accessories, such as elevating leg rests, adjustable armrests, and seating systems are composed of many component parts. These items are eligible for repair under these provisions.

Beneficiary-owned competitively bid items that are replaced, rather than repaired, must be furnished by contract suppliers when beneficiaries obtain these items in a competitive bidding area (CBA).”

In summary, Medicare competitive bidding rules generally do not apply to repairs of beneficiary-owned equipment.

For the full fact sheet concerning repairs and replacements, please visit the following CMS website: [www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/DME\\_Repair\\_Replacement\\_Factsheet\\_ICN905283.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/DME_Repair_Replacement_Factsheet_ICN905283.pdf)

For background information concerning the Competitive Bid Program please visit: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSCompetitiveBid>

**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](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, click on “I Accept”, then go 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”.

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.

