

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 18-M: Medical Equipment, Devices and Supplies (MEDS) Fee Schedule Update

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) 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 March 1, 2018, SPA 18-M will amend Attachment 4.19-B of the Medicaid State Plan in order to incorporate several of the 2018 Healthcare Common Procedure Coding System (HCPCS) (additions, deletions and description changes) to the Medical Equipment, Devices and Supplies (MEDS) fee schedules. DSS is making these changes to ensure that these fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). For codes with established Medicare fixed fees, the newly added codes are being priced at 85% of the applicable Medicare fee, consistent with other codes in the fee schedule. For code E0953, the fee is \$80.32. For code E0954, the fee is \$85.00.

In addition, this SPA will change the quantities that are allowed per month without prior authorization for several medical surgical supply procedure codes. A provider bulletin has been issued to MEDS providers, which contains more details on the procedure codes affected and the revised quantities. If additional units are medically necessary, these may be reimbursed with prior authorization (PA).

Finally, this SPA discontinues certain procedure codes from the fee schedule. The following procedure codes are being discontinued effective March 1, 2018:

| | | | | |
|-------|-------|-------|-------|-------|
| A6020 | E1092 | E1093 | E1100 | E1110 |
| E1140 | E1150 | E1160 | E1221 | E1222 |
| E1223 | E1224 | E1227 | E1228 | E1230 |
| E1231 | E1240 | E1250 | E1270 | E1280 |
| E1285 | E1290 | E1295 | E1296 | E1297 |
| E1298 | K0284 | L3835 | | |

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download.”

Fiscal Information

DSS estimates that the fee changes associated with this SPA are not anticipated to have any significant impact on annual aggregate expenditures. However, the change in the quantities of specified services that are allowed without prior authorization are projected to decrease annual aggregate expenditures by approximately \$21,000 in State Fiscal Year (SFY) 2018 and approximately \$86,000 in SFY 2019.

Obtaining SPA Language and Submitting Comments

The proposed SPA is posted on the DSS website at the following link: <http://portal.ct.gov/dss>. Scroll down to the bottom of the webpage and click on “Publications” and then click on “Updates.” Then click on “Medicaid State Plan Amendments”. The proposed SPA may also be obtained at any DSS field office, at the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 18-M: Medical Equipment, Devices and Supplies (MEDS) Fee Schedule Update”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than March 14, 2018.

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

Home Health Services –

- (a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.
- (b) Home health aide services provided by a home health agency with limitations.
- (c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above 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.” Home health service rates were set as of October 1, 2017 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency’s website. The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

- (d) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of January 1, 2018 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The 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.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

Private duty nursing services – Not provided.

TN # 18-M Approval Date _____
Supersedes
TN # 18-L

Effective Date 01/01/2018