

**DEPARTMENT OF SOCIAL SERVICES**

**Notice of Proposed Medicaid State Plan Amendment (SPA)**

**SPA 20-M: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Update and Revised Payment Methodology for Repairs**

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, 2020, SPA 20-M will amend Attachment 4.19-B of the Medicaid State Plan in order to make the changes described below. This SPA will incorporate the following 2020 Healthcare Common Procedure Coding System (HCPCS) additions:

<b>New Code</b>	<b>Short Description</b>	<b>Fee</b>
E2398	Wheelchair dynamic positioning back hardware	Manufacturers Suggested Retail Price (MSRP) minus 18%
K0553	Therapeutic Continuous glucose monitor supply allowance – 1 month supply	Lesser of MSRP minus 15% or Actual Acquisition Cost (AAC) plus 25%
K0554	Therapeutic continuous glucose monitor receiver/monitor	Lesser of MSRP minus 15% or AAC plus 25%
L2006	Knee Ankle Foot Device, single/double swing/stance microprocessor control, includes all components, custom fabricated	Lesser of MSRP minus 15% or AAC plus 50%
L8033	Nipple prosthesis, custom fabricated, reusable, each	Lesser of MSRP minus 15% or AAC plus 50%

These revisions are necessary to ensure that the fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA).

In addition, DSS will revise the payment methodology for repairs for all codes on the MEDS fee schedule in which a repair is allowed. Effective March 1, 2020 and forward, providers must bill repairs at the lesser of the Manufacturer's Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus a percentage as described below:

- Medical surgical supplies – AAC plus 25%.
- Orthotic and Prosthetic Devices – AAC plus 50%
- Parenteral/Enteral Supplies – AAC plus 25%
- Durable medical equipment (DME) – AAC plus 35%.

As a reminder, items considered to be complex rehab technology (CRT) are reimbursed at list price minus 18% including repairs as specified on the DSS Pricing Policy for MEDS Items. The MEDS Durable Medical Equipment (DME) fee schedule will also reflect this information.

Lastly, DSS has updated the MEDS fee schedules, where applicable, by removing repair rate segments for items for which repairs are not practical.

Fee Schedules are published at this link: <https://www.ctdssmap.com>, then select "Provider", then select "Provider Fee Schedule Download."

### **Fiscal Impact**

Due to the limitations on current available data, it is not possible to quantify specific fiscal impacts at this time. Based on information that is available, overall, it is anticipated that this SPA will not have a significant impact on annual aggregate expenditures in State Fiscal Year (SFY) 2020 and SFY 2021.

### **Obtaining SPA Language and Submitting Comments**

This SPA is posted on the DSS web site 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](mailto:Public.Comment.DSS@ct.gov) or write to: Medical Policy Unit, Department of Social

Services, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 20-M: MEDS Fee Schedule Update and Revised Payment Methodology for Repairs”.

Anyone may send DSS written comments about this SPA, including comments about access to the services for which this SPA proposes to reduce rates or restructure payments in a manner that could affect access. Written comments must be received by DSS at the above contact information no later than March 4, 2020.

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

---

(7) 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 (c) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: [www.ctdssmap.com](http://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, 2019 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 ~~March~~ ~~November~~ 1, 20~~2019~~ 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](http://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.

(8) Private duty nursing services – Not provided.

TN # 20-M  
Supersedes

TN # 19-0031

Approval Date \_\_\_\_\_

Effective Date 03/01/2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE CONNECTICUT

---

(b) Prosthetic devices

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 20~~20~~19 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(c) Eyeglasses

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of eyeglasses. The agency's rates were set as of 7/1/2008 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."

(d) Hearing aids

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of prosthetic devices. The agency's rates were set as of March 1, 2019 and are effective for services rendered on or after that date. The price allowed shall be the actual acquisition cost of the hearing aid(s) to the provider, not to exceed the applicable rates on the Hearing Aid/Prosthetic Eye fee schedule, which are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com). Select "Provider," then select "Provider Fee Schedule Download."