

**DEPARTMENT OF SOCIAL SERVICES**

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

**SPA 19-AG: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Changes**

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan 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 November 1, 2019, SPA 19-AG will amend Attachment 4.19-B of the Medicaid State Plan in order to update the MEDS Fee Schedule as follows:

1. The pricing methodology for the following two Health Care Common Procedural Coding System (HCPCS) codes 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) is being updated as detailed below, including increasing specified components from actual acquisition cost (AAC) plus 15% to AAC plus 40% in order to reflect the complexity related to providing overhead patient lifts and the documentation of applicable costs related to provision of those items. The new pricing methodology for these overhead patient lifts is being modified to the following:

<b>Category</b>	<b>Payment Methodology</b>
Material cost	AAC plus 40%
Evaluation Time	Actual cost. No mark-up
Labor to install overhead lift	Actual cost. No mark-up.
1 Sling	AAC plus 40%
Freight	Actual cost. No mark-up

2. Procedure Code A4259 (lancets per box of 100) monthly quantities will be reduced from 4 boxes per month to 2 boxes per month. Current fee is \$10.25 each. Additional quantities may be approved with prior authorization.
3. The Department will be adding prior authorization (PA) to procedure codes L1960 (Ankle foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated) and L1970 (Ankle foot orthosis, plastic, with ankle joint, custom fabricated). Providers may be able

to provide prefabricated AFO's in lieu of custom fabricated AFO's for those members which do not require a custom fabricated item that is individually made for the specific member without prior authorization.

<b>Custom Fabricated AFO Code</b>	<b>Description of Custom Fabricated AFO</b>	<b>Crosswalk to prefabricated AFO code</b>	<b>Description of Prefabricated AFO</b>
<b>L1960</b>	AFO posterior solid ankle plastic custom-fabricated	L1930	AFO plastic or other material prefabricated includes fitting and adjustment
<b>L1970</b>	AFO plastic with ankle joint custom-fabricated	L1971	AFO plastic or other material w/ankle joint prefabricated, includes fitting and adjustment

4. Lastly, this SPA will decrease the reimbursement to the following procedure codes effective November 1, 2019. Code A6198 is being reduced to align with available information regarding applicable cost. The 3 wheelchair codes below (E1028, E2620 and K0040) are being decreased to align the fees at 100% of the Medicare rate.

<b>Procedure Code</b>	<b>Description of Code</b>	<b>Modifier</b>	<b>Current Fee</b>	<b>Proposed Fee</b>
<b>A6198</b>	Alginate or other fiber gelling dressing wound cover sterile pad size more than 48 sq. in., each dressing		\$112.50	\$19.29
<b>E1028</b>	Wheelchair accessory manual swingaway retractable		\$177.39	\$128.10
<b>E1028</b>	Wheelchair accessory manual swingaway “ “	RR	\$17.74	\$12.81
<b>E1028</b>	Wheelchair accessory manual swingaway “ “	KA	\$177.39	\$128.10
<b>E1028</b>	Wheelchair accessory manual swingaway “ “	RB	\$177.39	\$128.10
<b>E2620</b>	Positioning wheelchair back cushion planar back...		\$442.27	\$325.60
<b>E2620</b>	Positioning wheelchair back cushion planar back...	RR	\$44.23	\$32.56
<b>E2620</b>	Positioning wheelchair back cushion planar back...	KA	\$442.27	\$325.60
<b>E2620</b>	Positioning wheelchair back cushion planar back...	RB	\$442.27	\$325.60
<b>K0040</b>	Adjustable angle footplate each		\$60.30	\$45.60
<b>K0040</b>	Adjustable angle footplate each	RR	\$6.33	\$4.56

<b>K0040</b>	Adjustable angle footplate each	KA	\$60.30	\$45.60
<b>K0040</b>	Adjustable angle footplate each	RB	\$60.30	\$45.60

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

### **Fiscal Impact**

Based on available information, DSS estimates that this SPA will result in a reduction of annual aggregate expenditures of proximately \$105,000 in State Fiscal Year (SFY) 2020 and \$185,000 in SFY 2021.

### **Compliance with Federal Access Regulations**

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to medical equipment, devices, and supplies for which rates are being reduced or payment is being restructured in a manner that could affect access, as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

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

The proposed SPA is posted on the DSS website at this 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: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA 19-AG: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Changes”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than October 24, 2019.

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

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(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 June 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 November 1, 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 # 19-AG  
Supersedes  
TN # 19-0021

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

Effective Date 11/01/2019