

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

SPA 21-O: Medical Equipment, Devices and Supplies (MEDS) – Reduced Rates for Diabetic Test Strips and Lancets and Quantity Limit Changes for Specified MEDS Items

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 July 1, 2021, SPA 21-O will amend Attachment 4.19-B of the Medicaid State Plan in order to make the changes described below. First, this SPA will revise the reimbursement for diabetic test strips and lancets when billed by Medical Equipment, Devices, and Supplies (MEDS) providers. The following procedure codes for lancets and blood glucose test strips are being decreased to 100% of the current Medicare rate in order to remain consistent with Section 17b-262-719(e) of the Regulations of Connecticut State Agencies.

Procedure Code	Procedure Description	Current Rate	New Rate
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	\$31.40	\$8.32
A4259	Lancets, per box of 100	\$10.25	\$1.42

These diabetic items are also covered by Medicaid when provided by pharmacy providers under the Medicaid Preferred Product List. The Department is making this change both to ensure that these items are not paid at rates higher than Medicare and also to foster increased provision of these items by pharmacy providers.

In addition, effective on or after July 1, 2021 the Department is establishing quantity limits for certain procedure codes within the medical surgical supplies; durable medical equipment (DME) and orthotic and prosthetic devices fee schedules. Establishing quantity limits for certain MEDS items is necessary in order to be more in line with the use, durability, and general sustainability of

the item and to help prevent unnecessary utilization. These limitations can all be exceeded with prior authorization based on medical necessity.

The list of DME, Medical Surgical Supplies and O & P procedure codes impacted by this change can be found on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From this page, go to “Provider”, then to “Provider Fee Schedule Download”, then click on “Click here for the Fee Schedule Instructions”. The list of procedure codes will be found at the end of this section, entitled Table 19, “MEDS Procedure Codes - Quantity Limitation Determinations.”

Finally, effective on or after July 1, 2021, the quantities for the medical surgical supply procedure codes below are being revised as follows:

Code	Procedure Code Description	Current Quantity	New Quantity
A4310	Insert tray w/o bag/catheter	10	4
A4311	Catheter w/o bag 2-way latex	8	4
A4312	Catheter w/o bag 2-way silicone	8	4
A4313	Catheter w/bag 3-way	8	4
A4314	Catheter w/drainage 2-way latex	8	4
A4315	Catheter w/drainage 2-way silicone	8	4
A4316	Catheter w/drainage 3-way	8	4
A4320	Irrigation tray with bulb or piston syringe any purpose	31	10
A4322	Irrigation syringe bulb or piston each	20	8
A4326	Male external catheter with integral collection chamber	31	8
A4338	Indwelling catheter; foley type two-way latex	10	4
A4340	Indwelling catheter; specialty type	31	4
A4344	Indwelling catheter foley type two-way all silicone each	10	4
A4354	Insertion tray with drainage bag but without catheter	8	4
A4357	Bedside drainage bag day or night	10	4
A4358	Urinary drainage bag leg or abdomen vinyl	31	4
A6023	Collagen dressing sterile size more than 48 sq. in. each	16	10

A7045	Exhalation port with or without swivel used with accessories for positive airway replacement only	1	1 per 6 months
A9273	Cold or hot water bottle, ice cap or collar wrap any type	1	1 per year
T4521	Adult sized disposable incontinence product brief/diaper small, each	250	216
T4522	Adult sized disposable incontinence product brief/diaper medium, each	250	216
T4523	Adult sized disposable incontinence product brief/diaper large, each	250	216
T4524	Adult sized disposable incontinence product brief/diaper extra large, each	250	216
T4525	Adult sized disposable incontinence product protective underwear/pull-on small, each	250	216
T4526	Adult sized disposable incontinence product protective underwear/pull-on medium, each	250	216
T4527	Adult sized disposable incontinence product protective underwear/pull-on large, each	250	216
T4528	Adult sized disposable incontinence product protective underwear/pull-on extra large, each	250	216
T4543	Adult sized disposable incontinence product protective brief/diaper above extra large, each	250	216
T4544	Adult sized disposable incontinence product protective underwear/pull-on above extra large, each	250	216

These limit changes are being made in order to be more in line with the use, durability, and general sustainability of the item and to help prevent unnecessary utilization.

Fee schedules are published at this link: <http://www.ctdssmap.com>, then select “Provider”, then select “Provider Fee Schedule Download”, then Accept or Decline the Terms and Conditions and then select the applicable fee schedule.

Fiscal Impact

DSS estimates that the reimbursement decrease to the diabetic test strips and lancets on the DME fee schedule will reduce annual aggregate expenditures by approximately \$2.6 million in State Fiscal Year (SFY) 2022 and \$3.0 million in SFY 2023.

DSS estimates that the quantity limit changes to the DME, Orthotic and Prosthetic and Medical Surgical Supplies fee schedules will reduce annual aggregate expenditures by approximately \$3.0 million in SFY 2022 and \$3.3 million in SFY 2023.

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 or where payment rates or methodologies are being restructured in a manner that may affect access to services. As described above, this SPA is making various changes to MEDS, including reducing the rates for diabetic blood glucose test strips and lancets to 100% of the current Medicare rate.

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 the applicable MEDS services 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: <https://portal.ct.gov/DSS/Health-And-Home-Care/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. Please reference “SPA 21-O: Medical Equipment Devices and Supplies (MEDS) Reduced Rates for Diabetic Test Strips and Lancets and Quantity Limit Changes for Specified MEDS Items.”

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than June 17, 2021.

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.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services provided by a home health agency listed above in (a), (b), and (c). The agency's fee schedule rates were set as of November 1, 2020 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(d) Medical supplies, equipment and appliances suitable for use in the home – Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical supplies, equipment and appliances suitable for use in the home. The agency's fee schedule rates were set as of ~~April 1~~, July 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://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). The temporary rate increase for non-sterile gloves is effective September 1, 2020 and expires 90 days after the end of the Coronavirus Disease 2019 (COVID-19) federal public health emergency declaration, as extended. After such date, the rate for non-sterile gloves reverts to the rate in effect immediately prior to September 1, 2020.

(8) Private duty nursing services – Not provided.

TN # 21-O

Supersedes

TN # 21-0011

Approval Date _____

Effective Date 07/01/2021

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

(b) Prosthetic devices

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of prosthetic devices. The agency's fee schedule rates were set as of ~~July~~February 1, 2021 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(c) Eyeglasses

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of eyeglasses. The agency's fee schedule rates were set as of 7/1/2008 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule.

(d) Hearing Aids

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hearing aids. The agency's fee schedule rates were set as of March 1, 2019 and are effective for services provided on or after that date. All rates are published on the Connecticut Medical Assistance Program website: <https://www.ctdssmap.com>. From this web page, go to "Provider," then to "Provider Fee Schedule Download," then select the applicable fee schedule. The price allowed for hearing aids 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.

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