

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment

SPA 19-U: Medical Equipment Devices and Supplies (MEDS) Fee Schedule Update

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 July 1, 2019, Medicaid State Plan Amendment (SPA) 19-U will amend Attachment 4.19-B of the Medicaid State Plan in order to add three procedure codes to the MEDS fee schedule, which will allow for correct coding of services that are already covered and reimbursed by the Department, each of which is specified below. This SPA will also revise the reimbursement methodology for procedure code E0635 (patient lift, electric with seat or sling) in order to improve access to this type of patient lift, which is generally associated with improved safety outcomes compared to certain other types of lifts.

The Department will be adding the following procedure codes to the Medical Surgical Supply Fee Schedule:

- A4459 (Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type);
- A9274 (External ambulatory insulin delivery system, disposable, each includes all supplies and accessories); and
- A9283 (Foot pressure off loading/ supportive device, any type, each).

All three procedure codes will be manually priced at the lesser of actual acquisition cost (AAC) plus 25% or list price minus 15%.

In addition, the Department will be revising the purchase and rental fees for procedure code E0635. Procedure code E0635 will be manually priced at the lesser of Actual Acquisition Cost plus 35% or list price minus 15%. A capped amount of \$1,694.85 has been established for the purchase of this item. Please note the repair fee will remain at the same rate of \$624.06.

Code	Description	Modifier	New Fee
E0635	Patient lift, electric with seat or sling	NU	Manually Priced

E0635	Patient lift, electric with seat or sling	RR	Manually Priced
E0635	Patient lift, electric with seat or sling	RB	\$624.06

Fiscal Impact

DSS estimates that this SPA will increase annual aggregate expenditures by approximately \$6,400 in State Fiscal Year (SFY) 2020 and \$7,200 in SFY 2021.

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 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-U: 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 July 3, 2019.

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. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of January 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 July 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. 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 # 19-00xx
Supersedes
TN # 19-0010

Approval Date _____

Effective Date 07/01/2019