



Connecticut Medical Assistance Program
Policy Transmittal 2013-11

PB 2013-18
April 2013

Roderick L. Bremby, Commissioner

Effective Date: March 1, 2013
Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Clarification: Updated MEDS Fee Schedule and Reimbursement

The purpose of this Policy Transmittal is to provide clarification of Policy Bulletin 2013-09 "Updated MEDS Fee schedule and Reimbursement".

Repairs

The Department has received a number of questions related to the repair of medical equipment and devices. As a result, a "Frequently Asked Questions" (FAQ) document has been created and posted to the HUSKY Health Program and Charter Oak Health Plan Web site at: www.huskyhealthct.org/providers/provider_postings/faq_docs/Repair_Medical_Equipment_Devices_FAQs.pdf. Provider questions received to date have been included in the FAQ document. Additional questions and answers will be posted as they are received.

Reduction in Reimbursement for Repairs

Per PB 2013-09, "Repairs to most of these codes have been re-priced at 60% of the purchase price. Providers are required to bill repairs at 60% of the purchase price or the manufacturer's suggested retail price (MSRP) minus 15%, whichever is lower." To clarify, reimbursement for the repair of many durable medical equipment (DME) and orthotic/prosthetic items has been capped at 60% of the DSS allowed amount for a new piece of equipment. Providers should bill for the cost to repair the item up to 60% of the DSS allowed amount for a new item or MSRP - 15%, whichever is lower.

If the cost to repair an item is greater than 60% of the DSS allowed amount for a new item or greater than the fee listed on the fee schedule, for codes which have a specific fee listed for the repair, providers must submit a prior authorization (PA) request along with pricing information via the usual PA process for MEDS.

Compliance Requirement Changes for the use of Continuous Positive Airway Pressure (CPAP) and BiPAP Devices

Policy Bulletin 2013-09 stated:

"Effective March 1, 2013 the Department will follow Medicare guidelines for CPAP devices and require DME providers to send in the computerized download

obtained from the CPAP Machine used by the member for the first three months of rental...."

This statement is not accurate. The Department's guidelines for review of CPAP and BiPAP devices were informed by the Medicare guidelines and were developed internally based on clinical knowledge of evidence-based, best practices of obstructive sleep apnea (OSA). Determinations for coverage of a CPAP or BiPAP device are based on submitted case-specific information and are always made in accordance with the statutory definition of medical necessity (Conn. Gen. Stat §17b-259b) using the Department's guidelines to assist in the medical necessity decision, which may be found in the Continuous Positive Airway Pressure clinical policy located on the HUSKY Health website: www.huskyhealth.com. Click on "Providers", "Policies and Procedures", "Clinical Policies".

Changes to the prior authorization process for CPAP and BiPAP equipment ensures that re-authorization is based on objective criteria and not member self-reported data. Accurate information on member utilization patterns is essential to ongoing clinical decision making.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", click on "I Accept", then refer to "MEDS" in order to locate the MEDS fee schedules. To access the CSV file press the control key while clicking the CSV link, then select "Open".

Please note the CSV file format displays historical and current rates allowing different pricing segments for HPCPS codes to be displayed simultaneously. Therefore, if providers are interested only in current rates, please use the filter function of the selected spreadsheet program to filter by end date of 12/31/2299.

For questions about billing or for further assistance to access the fee schedule on the Connecticut Medical Assistance Program Web site, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Posting Instructions: Holders of the Connecticut Medical Assistance Program Provider Manual should replace their existing fee schedule with the new one. Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Website at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant, (860) 424-5145.

Date Issued: April 2013