

Connecticut Department of Social Services Medical Assistance Program

www.ctdssmap.com

Provider Bulletin 2015-21 February 2015

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Billing Guidelines for Procedure Code B9998 – NOC Enteral Supplies

The purpose of this bulletin is to provide billing guidelines when submitting claims for procedure code B9998 – Not otherwise classified (NOC) for Enteral Supplies.

Per provider bulletin PB 2015-10, effective March 1, 2015, the Department of Social Services is implementing pricing policy guidelines within each applicable fee schedule at Actual Acquisition Cost (AAC) plus a percentage markup which will vary by procedure code. A list of the codes affected by this pricing policy can be found at www.huskyhealth.com. From this Web page, select "For Providers", then select "Policies, Procedures & Guidelines". Instructions for submitting requests for Prior Authorization (PA) have been updated accordingly.

The fee for procedure code B9998 is listed as "Zero" on the Parenteral/Enteral Supplies fee schedule and is one of the codes affected by this pricing policy. Providers <u>must</u> bill this code at AAC plus 25%. Any claim whose AAC plus 25% is below \$150.00 will not require prior authorization (PA). Providers will be required to obtain PA only if the billed amount is greater than \$150.00. Please note that any claims billed in excess of \$150.00 will deny without PA.

If you have any questions regarding this bulletin, 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.