



**Connecticut Medical Assistance Program**  
Policy Transmittal 2012-03

PB 2012-09  
March 2012

Roderick L. Bremby, Commissioner

Effective Date: April 1, 2012  
Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Updated MEDS Fee Schedule and Reimbursement

Effective for dates of service on or after April 1, 2012, the Department of Social Services is changing its fee schedule for Medical Equipment, Devices and Supplies (MEDS). Changes include the addition, deletion and description changes of codes on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates and changes to prior authorization requirements. Additions and deletions are necessary to ensure that the MEDS fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to all MEDS reimbursed under the new HUSKY Health program which includes HUSKY A, HUSKY B, HUSKY C (formerly referred to as fee-for-service), HUSKY D (formerly referred to as Medicaid for Low Income Adults) and the Charter Oak program.

Quantity Limitations

The Department is revising the quantity limits for **Medical Surgical Supplies. Beginning April 1, 2012** the quantities displayed in the quantity column are the maximum allowed units per month. The quantities billed must always be medically necessary and ordered by a prescribing practitioner. **Additional units requested per month will require prior authorization.** Providers are strongly advised to review the quantity limitations displayed per month for medical surgical supplies.

Prior Authorization

Incontinence supplies (procedure codes T4521 through T4543) will now require prior authorization for clients ages 3 through 12 years of age. No prior authorization will be required for clients 13 and over.

Foot inserts and arch supports (procedure codes L3000 through L3090) will now require prior authorization. In addition, all prosthetics procedure codes ranging from L5000 through L7499 will require prior authorization for both purchases and repairs.

Metatarsus adductus shoes may be medically necessary for children under 5 years of age if diagnosed with congenital metatarsus adductus (Diagnosis codes:

754.52 and 754.53). This item is identified by HCPCS code L3160 (foot, adjustable shoe-styled positioning device). Please note that orthotic and/or corrective arch supports (procedure codes L3002, L3010, L3020, L3030 and L3040) are not considered medically necessary for children under age five.

Providers should continue to utilize the prior authorization form located on the CT Medical Assistance Program website ([www.ctdssmap.com](http://www.ctdssmap.com)) for PA requests and send the PA form to HP for scanning and submission for clinical review. Please refer to the form for the appropriate mailing address and fax numbers for submission of the PA request.

**Providers are strongly advised to review the changes made to the fee schedule prior to billing for MEDS items and services.**

Procedure Code E1399

Procedure code E1399 (durable medical equipment, miscellaneous) is available for services not listed on the Department's fee schedule and always requires prior authorization (PA). Effective April 1, 2012 and forward the Department will evaluate more closely whether items requested using E1399 meet the Department's regulations including the definition of medical necessity.

All items billed as E1399, including bed rail pads, anti-embolism stockings, lemon glycerin swabs, sterile applicators, flexible shower hoses and resuscitation kits which includes ambu bag and emergency oxygen (rental only) **should no longer be dispensed without PA.** Past approvals are no guarantee that the item will be approved going forward. Each request will be reviewed on a case by case basis to determine medical necessity.

Charter Oak and HUSKY B Limitations

The following information is being provided in response to provider requests for information concerning covered services for Charter Oak and HUSKY B members. A definitive listing will be

posted on the website soon. In the interim, the lists below are being provided for general guidance.

### **Charter Oak Services Limitations**

#### Durable Medical Equipment

Power wheelchairs – (codes K0802 – K0899) **are not covered** for Charter Oak Members. All other codes listed on the DME fee schedule are covered.

#### Orthotics and Prosthetics

Foot Orthotics and Orthopedic Shoes – (codes L3000-L3207; L3215 - L3649) **are not covered** for Charter Oak Members. All other codes listed on the O & P fee schedule are covered.

#### Hearing Aids/Prosthetic Eyes

Hearing Aids and Prosthetic Eyes **are covered** for Charter Oak Members.

#### Medical Surgical Supplies

**Only the following medical surgical supplies are covered for Charter Oak Members:**

- Diabetic Supplies (procedure codes A4230 - A4259).
- Ostomy Supplies (codes A4361 - A4434; A5051 – A5200).
- Compression Burn Garments: (codes A6501- A6513);
- Compression Stockings (codes A6530 - A6549).

**All other codes on the Medical/surgical supply fee schedule are not covered.**

### **HUSKY B Services Limitations**

HUSKY B does **not** cover wigs (procedure code A9282).

The following services **are not covered** under the regular HUSKY B package of services; however, supplemental coverage may be available under HUSKY Plus Physical for medically eligible children:

- Foot Orthotics and Orthopedic Shoes – (codes L3000-L3207; L3215 - L3649);
- Incontinence Supplies (codes T4521 – T4543);
- Power wheelchairs (codes K0802 – K0899) and
- Hearings Aids for children **13 years of age and older.**

Please contact HUSKY Health CHNCT at #1-800-859-9889 for information on HUSKY Plus Physical.

Please note that hearing aids for children 12 years of age and younger, enrolled in HUSKY B have a \$1000 allowance limit within a 24-month period for the actual hearing aid devices. In addition, dispensing fees,

batteries and ear molds are covered up to the fee schedule allowed amount.

### **Accessing the Fee Schedule:**

The updated fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Website: [www.ctdssmap.com](http://www.ctdssmap.com). From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, then 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 Web site at [www.ctdssmap.com](http://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, Medical Care Administration, Medical Policy Section; Ginny Mahoney, Policy Consultant, (860) 424-5145.

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