



**Connecticut Medical Assistance Program**  
Policy Transmittal 2012-20

PB 2012-58  
November 2012

Roderick L. Bremby, Commissioner

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

TO: Medical Equipment, Devices and Supplies (MEDS) Providers  
RE: MEDS - Fee Schedule Changes for HCPCS E0445, E0770 and S1040.

The purpose of this policy transmittal is to notify MEDS providers of a change to reimbursement for HCPCS E0445 (oximeter device for measuring blood oxygen levels non-invasively); E0770 (functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system NOS) and S1040 (cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments). The reasons for this revision are to be consistent with fees paid by other states and to contain costs.

Effective for dates of service December 1, 2012 and forward these procedure codes will be reimbursed as follows:

<u>Procedure Code</u>	<u>Description</u>	<u>Purchase New Fee</u>	<u>Rental New Fee</u>
E0445	Oximeter device for measuring blood oxygen levels non-invasively.	\$856.30	\$85.63
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	\$6,854.00	Rental Fee will continue to be manually priced. Authorized rental fee will be deducted from purchase price.
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustments	\$2,000	N/A

Please be advised that the **UE** modifier must still be entered on the claim when purchased or rented equipment is **used** rather than new. DSS will pay a claim billed with the UE modifier at 75% of the purchase or rental fee, as appropriate. Please also note that these procedure codes require prior authorization.

**Accessing the Fee Schedule:** Please be aware that the revised rates will not be reflected on the MEDS fee schedule until January 1, 2013. The MEDS 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", click on "I Accept", then select "MEDS – DME" fee schedule and "MEDS – Miscellaneous" fee schedule. To access the CSV file press and hold the control key while clicking the CSV link, then select "Open".

For questions about billing or if further assistance is needed 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:** 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, Division of Health Services, Ginny Mahoney, Medical Policy Consultant, (860) 424-5145.

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