

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN

The Department of Social Services proposes to revise its Medicaid State Plan on or after March 1, 2011 as follows:

Under state plan amendment 11-003, the Department intends to modify Attachment 4.19-B of the Connecticut Medicaid State Plan in order to decrease its Medicaid fees for incontinence supplies in order to be consistent with fees paid by nearby states. This amendment is expected to result in estimated cost savings of \$500,000 in SFY11 and \$2 million in SFY12.

Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "News and Updates". For information please contact 860-424-5145.

Written comments may be sent by February 15, 2011 to:
Director of Medical Care Administration
Department of Social Services
25 Sigourney Street, 11th floor
Hartford, CT 06106

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.

(d) 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 (d) 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 Services" then to "Fee Schedule Download. Home health service rates were set as of July 1, 2007 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. Any fee payable to a home health care agency may qualify for an add-on to the standard fee for the applicable home health service upon application by the agency evidencing extraordinary costs associated with (1) treating AIDS patients; (2) high risk maternal child health care; (3) escort security services or (4) extended hour services. The provider must complete the appropriate application form showing the incremental costs that the agency incurs for the service. The allowable added cost is divided by all projected visits with and without the additional special circumstance (i.e., 1, 2, 3 or 4 above). The Department may add, adjust or eliminate service fees 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

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2011 and is effective for services provided on or after that date, except that fees may be deleted or added and priced 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 Services" then to "Fee Schedule Download."

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(8) Private duty nursing services – Not provided.

TN # 11-003
Supersedes
TN # 09-025

Approval Date _____

Effective Date 03/01/2011

3/1/2011 MEDS-Medical/Surgical Supplies									
Lst-15 in Max Fee column indicates to be priced at the lesser of list minus 15% based on an appropriate published manufacturer's suggested retail price or Medicare Price if available. Appropriate documentation regarding pricing must be available upon request.									
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Proc Code	Proc description	Mod1	Rate Type	Max Fee	Effective Date	End Date	PA	Qty	
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		DEF	5.89	5/1/2007	12/31/2299		30	
A4626	TRACHEOSTOMY CLEANING BRUSH EACH		DEF	2.71	5/1/2007	12/31/2299		6	
A4628	OROPHARYNGEAL SUCTION CATHETER EACH		DEF	3.18	5/1/2007	12/31/2299		100	
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY		DEF	3.94	5/1/2007	12/31/2299		30	
A4630	REPLACEMENT BATTERIES MEDICALLY NECESSARY TRANSCUTANEOUS ELECTRICAL STIMULATOR O		DEF	5.31	5/1/2007	12/31/2299		2	
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM EACH		DEF	34.88	5/1/2007	12/31/2299		1	
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX TABLETOP MODEL		DEF	36.94	8/1/2003	12/31/2299		1	
A4635	UNDERARM PAD CRUTCH REPLACEMENT EACH		DEF	4.35	5/1/2007	12/31/2299		2	
A4636	REPLACEMENT HANDGRIP CANE CRUTCH OR WALKER EACH		DEF	3.58	5/1/2007	12/31/2299		2	
A4637	REPLACEMENT TIP CANE CRUTCH WALKER EACH.		DEF	1.81	5/1/2007	12/31/2299		4	
A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED		DEF	53.82	5/1/2007	12/31/2299		1	
A4649	SURGICAL SUPPLY; MISCELLANEOUS		DEF	Zero	8/1/2003	12/31/2299	Y	1	
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE		DEF	45.00	8/1/2003	12/31/2299		1	
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	RB	DEF	Lst-15	5/1/2009	12/31/2299		1	
A4663	BLOOD PRESSURE CUFF ONLY		DEF	28.53	8/1/2003	12/31/2299		1	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR		DEF	100.00	11/1/2003	12/31/2299		1	
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	RB	DEF	Lst-15	5/1/2009	12/31/2299		1	
A4927	GLOVES NON-STERILE PER 100		DEF	4.67	3/1/2011	12/31/2299		3	
A4930	GLOVES STERILE PER PAIR		DEF	0.64	8/1/2003	12/31/2299		200	
A5051	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED (1 PIECE) EACH		DEF	1.76	5/1/2007	12/31/2299		93	
A5052	OSTOMY POUCH CLOSED, WITHOUT BARRIER ATTACHED (1 PIECE) EACH		DEF	1.27	5/1/2007	12/31/2299		93	
A5053	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH		DEF	1.48	5/1/2007	12/31/2299		93	
A5054	OSTOMY POUCH CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE) EACH		DEF	1.52	5/1/2007	12/31/2299		93	
A5055	STOMA CAP		DEF	1.22	5/1/2007	12/31/2299		93	
A5061	OSTOMY POUCH DRAINABLE; WITH BARRIER ATTACHED (1 PIECE) EACH		DEF	2.99	5/1/2007	12/31/2299		31	
A5062	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE) EACH		DEF	1.89	5/1/2007	12/31/2299		31	
A5063	OSTOMY POUCH DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) EACH		DEF	2.30	5/1/2007	12/31/2299		31	
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED (1 PIECE) EACH		DEF	5.11	5/1/2007	12/31/2299		31	
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTACHED (1 PIECE) EACH		DEF	2.99	5/1/2007	12/31/2299		31	
A5073	OSTOMY POUCH URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE) EACH		DEF	2.70	5/1/2007	12/31/2299		31	
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA		DEF	2.81	5/1/2007	12/31/2299		31	
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA		DEF	10.11	5/1/2007	12/31/2299		31	
A5083	CONTINENT DEVICE STOMA ABSORPTIVE COVER FOR CONTINENT STOMA		DEF	0.56	5/1/2009	12/31/2299		10	
A5093	OSTOMY ACCESSORY; CONVEX INSERT		DEF	1.66	5/1/2007	12/31/2299		31	
A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING RIGID OR EXPANDABLE EACH		DEF	19.19	5/1/2007	12/31/2299		1	
A5105	URINARY SUSPENSORY WITH LEG BAG WITH OR WITHOUT TUBE EACH		DEF	34.65	5/1/2007	12/31/2299		4	
A5112	URINARY DRAINAGE BAG LEG OR ABDOMEN LATEX WITH OR WITHOUT TUBE WITH STRAPS EACH		DEF	29.43	5/1/2007	12/31/2299		4	
A5113	LEG STRAP; LATEX REPLACEMENT ONLY PER SET		DEF	4.00	5/1/2007	12/31/2299		4	

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A7505	HOUSING REUSABLE WITHOUT ADHESIVE FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM		DEF	3.98	5/1/2007	12/31/2299		5
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEO		DEF	0.28	5/1/2007	12/31/2299		30
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE FOR USE IN A TRACHEOSTOMA H		DEF	2.12	5/1/2007	12/31/2299		30
A7508	HOUSING AND INTEGRATED ADHESIVE FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCH		DEF	2.44	5/1/2007	12/31/2299		30
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE FOR USE AS A TRACHEOSTO		DEF	1.20	5/1/2007	12/31/2299		30
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE NON-CUFFED POLYVINYLCHLORIDE (PVC) SILICONE OR EQ		DEF	40.36	5/1/2007	12/31/2299		3
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE CUFFED POLYVINYLCHLORIDE (PVC) SILICONE OR EQUAL		DEF	39.99	5/1/2007	12/31/2299		3
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSAB		DEF	38.39	5/1/2007	12/31/2299		3
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH		DEF	1.86	7/1/2004	12/31/2299		3
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH		DEF	65.79	5/1/2007	12/31/2299		3
A7525	TRACHEOSTOMY MASK EACH		DEF	1.76	5/1/2007	12/31/2299		3
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		DEF	2.86	5/1/2007	12/31/2299		30
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH		DEF	3.04	5/1/2007	12/31/2299		5
A8000	HELMET PROTECTIVE SOFT PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		DEF	130.35	5/1/2007	12/31/2299		1
A8000	HELMET PROTECTIVE SOFT PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	RB	DEF	Lst-15	5/1/2009	12/31/2299		1
A8001	HELMET PROTECTIVE HARD PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		DEF	130.35	5/1/2007	12/31/2299		1
A8001	HELMET PROTECTIVE HARD PREFABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	RB	DEF	Lst-15	5/1/2009	12/31/2299		1
A8002	HELMET PROTECTIVE SOFT CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		DEF	Zero	5/1/2007	12/31/2299	Y	1
A8002	HELMET PROTECTIVE SOFT CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	RB	DEF	Lst-15	5/1/2009	12/31/2299	Y	1
A8003	HELMET PROTECTIVE HARD CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES		DEF	Zero	5/1/2007	12/31/2299	Y	1
A8003	HELMET PROTECTIVE HARD CUSTOM FABRICATED INCLUDES ALL COMPONENTS AND ACCESSORIES	RB	DEF	Lst-15	5/1/2009	12/31/2299	Y	1
A9273	HOT WATER BOTTLE ICE CAP OR COLLAR HEAT AND/OR COLD WRAP ANY TYPE		DEF	22.98	3/1/2011	12/31/2299		1
A9273	HOT WATER BOTTLE ICE CAP OR COLLAR HEAT AND/OR COLD WRAP ANY TYPE	RR	DEF	2.31	3/1/2011	12/31/2299		1
A9275	HOME GLUCOSE DISPOSABLE MONITOR INCLUDES TEST STRIPS		DEF	25.00	4/1/2006	12/31/2299		1
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EACH		DEF	60.00	4/1/2006	12/31/2299		1
A9282	WIG ANY TYPE EACH		DEF	250.00	4/1/2006	12/31/2299		1
A9284	SPIROMETER NON-ELECTRONIC INCLUDES ALL ACCESSORIES		DEF	15.00	5/1/2009	12/31/2299		1
A9900	MISCELLANEOUS DME SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS COI		DEF	Zero	5/1/2009	12/31/2299	Y	2
A9900	MISCELLANEOUS DME SUPPLY ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS COI	RB	DEF	Lst-15	5/1/2009	12/31/2299	Y	2
A9999	MISCELLANEOUS DME SUPPLY ACCESSORY NOT OTHERWISE SPECIFIED		DEF	Zero	5/1/2009	12/31/2299	Y	2
A9999	MISCELLANEOUS DME SUPPLY ACCESSORY NOT OTHERWISE SPECIFIED	RB	DEF	Lst-15	5/1/2009	12/31/2299	Y	2
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL EACH		DEF	0.47	3/1/2011	12/31/2299		300
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER MEDIUM EACH		DEF	0.52	3/1/2011	12/31/2299		300
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER LARGE EACH		DEF	0.70	3/1/2011	12/31/2299		300
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER EXTRA LARGE EACH		DEF	0.73	3/1/2011	12/31/2299		300
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON SMALL S		DEF	0.66	3/1/2011	12/31/2299		300
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON MEDIUM		DEF	0.79	3/1/2011	12/31/2299		300
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON LARGE S		DEF	0.79	3/1/2011	12/31/2299		300

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T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON EXTRA L		DEF	0.79	3/1/2011	12/31/2299		300	
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER SMALL/MEDIUM SIZE E		DEF	0.48	3/1/2011	12/31/2299		300	
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER LARGE SIZE EACH		DEF	0.60	3/1/2011	12/31/2299		300	
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON SM		DEF	0.70	3/1/2011	12/31/2299		300	
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON L		DEF	0.58	3/1/2011	12/31/2299		300	
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER EACH		DEF	0.43	3/1/2011	12/31/2299		300	
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON EACH		DEF	0.72	3/1/2011	12/31/2299		300	
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT FOR INCONTINENCE EACH		DEF	0.34	3/1/2011	12/31/2299		200	
T4536	INCONTINENCE PRODUCT PROTECTIVE UNDERWEAR/PULL-ON REUSABLE ANY SIZE EACH		DEF	2.25	3/1/2005	12/31/2299		100	
T4537	INCONTINENCE PRODUCT PROTECTIVE UNDERPAD REUSABLE BED SIZE EACH		DEF	4.25	3/1/2005	12/31/2299		30	
T4539	INCONTINENCE PRODUCT DIAPER/BRIEF REUSABLE ANY SIZE EACH		DEF	1.80	3/1/2005	12/31/2299		30	
T4540	INCONTINENCE PRODUCT PROTECTIVE UNDERPAD REUSABLE CHAIR SIZE EACH		DEF	3.65	3/1/2005	12/31/2299		60	
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDERPAD LARGE EACH		DEF	0.34	3/1/2011	12/31/2299		150	
T4542	INCONTINENCE PRODUCT DISPOSABLE UNDERPAD SMALL SIZE EACH		DEF	0.29	3/1/2011	12/31/2299		150	
T4543	DISPOSABLE INCONTINENCE PRODUCT BRIEF/DIAPER BARIATRIC EACH		DEF	1.30	3/1/2011	12/31/2299		300	