

## DEPARTMENT OF SOCIAL SERVICES

### NOTICE OF PROPOSED MEDICAID STATE PLAN AMENDMENT MEDICAL SURGICAL SUPPLIES REIMBURSEMENT (SPA # 13-026)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following amendment to the Medicaid State Plan to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

#### Changes to Medicaid State Plan

Effective on or after August 1, 2013, State Plan Amendment (SPA) 13-026 will reduce the rates by 5% for the following four HCPCS procedure codes:

- A4660 - Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.
- A4670 - Automatic blood pressure monitor.
- A5500 - For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe; and
- B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape.

DSS also proposes to lower the units allowed for diabetic test strips to 200 per month. Any additional units will require prior authorization.

This amendment is expected to result in estimated reductions in annual aggregate expenditures of \$26,000 in Federal Fiscal Year 2013 and \$162,000 in Federal Fiscal Year 2014.

This amendment is intended to promote cost effectiveness and to align reimbursement for these codes more closely with other states' Medicaid programs.

#### **Information on Obtaining SPA Language and Submission of Comments**

In accordance with federal requirements governing the Medicaid program, upon request, DSS will provide copies of the proposed Medicaid State Plan Amendment. In addition, copies of the proposed amendment may be obtained at any DSS regional office and on the DSS web site:

<http://www.ct.gov/dss>. Go to "Publications" and then to "Updates".

Written, phone, and email requests should be directed to Ginny Mahoney, Department of Social Services, Medical Policy Unit, 25 Sigourney Street, 11th Floor, Hartford, CT 06106-5033 (Phone: 860-424-5145, Fax: 860-424-5799, Email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov)). Please reference "SPA TN # 13-026: Medical Surgical Supplies Reimbursement Changes". Members of the public may also submit written comments on the SPA by mail, fax, or email. Written comments must be received by DSS at the above contact information no later than July 23, 2013.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Connecticut

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(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](http://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 August 1, 2013 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](http://www.ctdssmap.com). From this web page go to "Provider Services" then to "Fee Schedule Download."

(8) Private duty nursing services – Not provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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(13) Other diagnostic, screening, preventive and rehabilitative services

(a) Durable Medical Equipment

Except as otherwise noted in the plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of durable medical equipment. The agency's rates were set as of 8/1/2013 and are effective for services rendered on or after that date. The fee schedule is subject to periodic adjustment. All rates are published on the agency's website at [www.ctdssmap.com](http://www.ctdssmap.com).

(b) Rehabilitative Services

- (1) Psychiatric Services to children, youth and their families – Negotiated Rate.
- (2) Birth to Three Services – Negotiated Rate.
- (3) Private Non-Medical Institutions for rehabilitation of children – Capitated Rate not to exceed the upper limits established in accordance with 42 CFR, Section 447.362
- (4) Private Non-Medical Institutions for rehabilitation of adults - An overall cost based capitation rate will be set for rehabilitative services provided by private non-profit group homes licensed by the Department of Public Health and certified by the Department of Mental Health and Addiction Services. The Department of Mental Health and Addiction Services certification will help assure that non-licensed mental health direct service staff have the level of education, experience, training, and/or supervision necessary to provide direct rehabilitative services as defined in Attachment 3.1-A. These direct service staff will hold either a bachelor's degree in a behavioral health related specialty or have two years experience in the provision of mental health services. The range of compensation will be consistent with this level of trained staff and individual qualifications.

The capitation rate will be a monthly rate. Facility providers will bill one unit per month for every Medicaid eligible individual. One capitation rate will be established and applied uniformly to all facility providers and to all Medicaid eligible recipients provided with a covered rehabilitative service during the month, whether the recipient was a resident of the facility for an entire month or a portion of the month. The capitation rate will be established based upon annual audited cost reports and semi-annual time studies. The time studies will be conducted for one week, twice each year, and will involve all staff present during the time study week and involved in the provision of rehabilitative services. All facility providers will be required to participate in the time studies to determine the portion of direct care staff time associated with these services.

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TN# 13-026

Supersedes

TN # 10-018

Approval Date \_\_\_\_\_

Effective Date 8-1-2013

Effective for dates of service August 1, 2013 and forward these procedure codes will be reimbursed as follows:

<b>Procedure Code</b>	<b>Procedure Description</b>	<b>Current</b>	<b>Proposed 8/1/2013</b>
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	\$45.00	\$42.75
A4670	Automatic blood pressure monitor	\$100.00	\$95.00
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe.	\$55.72	\$52.93
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape.	\$10.34	\$9.82