

NOTICE OF PROPOSED CHANGES TO THE STATE MEDICAID PLAN PERTAINING TO DURABLE MEDICAL EQUIPMENT REIMBURSEMENT

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. Effective on or after December 1, 2012, State Plan Amendment (SPA) 12-029 will revise the rates for three DME codes.

Changes to Medicaid State Plan

The Medicaid State Plan will be amended to reflect new rates for the following three HCPCS procedure codes:

- 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).

This amendment is expected to result in estimated cost savings of \$316,000 in FFY13 and \$331,000 in FFY14.

This amendment is intended to promote cost effectiveness and to align the reimbursement for these codes more closely with rates paid by other states.

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 amendment to the Medicaid State Plan. In addition, copies of the proposed amendment may be obtained at each of the DSS regional offices 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). Please reference "SPA TN # 12-029: DME Reimbursement Changes to Three HCPCS". Written comments must be received by December 11, 2012.

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 December 1, 2012 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."

(8) Private duty nursing services – Not provided.

TN # 12-029

Supersedes

TN # 11-003

Approval Date _____

Effective Date 12/01/2012

December 1, 2012 - MEDS Fee Schedule

Procedure Code	Description	Purchase New Fee	Rental New Fee
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	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