

## **DEPARTMENT OF SOCIAL SERVICES**

### **Notice of Proposed Medicaid State Plan Amendment (SPA)**

#### **Medical Equipment Devices and Supplies (MEDS) Fee Schedule Update (SPA 16-0027)**

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

#### **Changes to Medicaid State Plan**

Effective on or after August 10, 2016, SPA 16-0027 will amend Attachment 4.19-B of the Medicaid State Plan by making two changes to procedure code K0108 (wheelchair component or accessory not otherwise specified), which is found on the durable medical equipment fee schedule.

The Department is making an adjustment to procedure K0108 used with the RB modifier (Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair). The K0108 RB modifier fee amount is being reduced from \$2000.00 to \$1000.00. That amount is a soft limit, which can be overridden with prior authorization. Any repairs to wheelchairs in which miscellaneous wheelchair components are being replaced or repaired must be billed with the RB modifier. Prior authorization will be required for any miscellaneous wheelchair components costing over \$1000.

In addition, the Department will add modifier KA (Add on option/accessory for wheelchair) to procedure code K0108 and will set this fee at \$1000.00. Durable medical equipment (DME) providers will now be required to use the KA modifier under procedure code K0108 when making modifications to wheelchairs in which miscellaneous parts or components are being replaced. Any modifications to wheelchairs in which the miscellaneous components or parts are in excess of \$1000.00 will require prior authorization.

These changes to the DME fee schedule are necessary in order to ensure that the Department is able to review any repairs or modifications over \$1,000 while also allowing DME providers to make necessary repairs and modifications for wheelchair miscellaneous small cost components without the burden of having the providers submit excessive prior authorizations.

#### **Fiscal Impact**

Based on available information, DSS estimates that this SPA will minimally change annual aggregate expenditures for State Fiscal Years 2017 and 2018. At this time, there is not

sufficiently detailed billing information available for code K0108 in order to determine any potential reduction by lowering the prior authorization threshold. However, as noted above, repairs and modifications will continue to be allowed for the small cost miscellaneous components under procedure code K0108 and the fees listed above for the KA and RB modifiers without prior authorization. In addition, those amounts can be overridden with prior authorization.

### **Information on Obtaining SPA Language and Submitting Comments**

The proposed SPA is posted on the DSS website at this link: <http://www.ct.gov/dss>. Go to “Publications” and then “Updates.” The proposed SPA may also be obtained at any DSS field office and upon request from DSS.

To request a copy of the SPA or to send comments about the SPA, please email: [ginny.mahoney@ct.gov](mailto:ginny.mahoney@ct.gov) or write to: Ginny Mahoney, Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5145, Fax: 860-424-5799). Please reference “SPA 16-0027: MEDS Fee Schedule Update”.

Anyone may send DSS written comments about this SPA, including comments about access to services affected by this SPA. Written comments must be received at the above contact information no later than August 24, 2016.

## 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](http://www.ctdssmap.com). From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of October 1, 2015 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 or delete codes 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 10, 2016 and is effective for services provided on or after that date, except that codes may be deleted or added 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,” then to “Provider Fee Schedule Download.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

## (8) Private duty nursing services – Not provided.

TN # 16-0027

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

Effective Date 08/10/2016

Supersedes

TN # 16-0007