



Roderick L. Bremby, Commissioner

Effective Date: April 1, 2018

Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment, Devices and Supplies (MEDS) Providers

RE: Changes to Pricing Methodology for Certain Miscellaneous Custom Wheelchair Components Billed under Procedure Code K0108

In an effort to improve clarity and establish a more consistent and uniform pricing methodology for Durable Medical Equipment (DME), the Department of Social Services (DSS) has established set fees for certain miscellaneous custom wheelchair components billed under procedure code K0108 (wheelchair component or accessory, not otherwise specified).

Effective for dates of service on or after April 1, 2018, the following components will be reimbursed at the amounts indicated below:

Code	Description	Max Allowed Amount
K0108	Arm/elbow block custom with flip down hardware, right and left side	163.00
K0108	Arm/elbow block custom with hardware, right and left side	65.00
K0108	Calf panel, all types including with, without padding	51.00
K0108	Custom width/length arm pads, for armrests, right and left side	104.00
K0108	Elbow pads for tray, right and left side	81.00
K0108	Elevating leg-rest padding, right and left side	67.00
K0108	Foot blocks medial/lateral, right and left side	65.00
K0108	Footplate extensions, all materials, right and left side	50.00
K0108	Footplate pads, right and left side	51.00

K0108	Footrest hanger padding, right and left side	95.00
K0108	Forearm support cushion, for tray, right and left side	42.00
K0108	Full padded tray with hardware	263.00
K0108	Half tray, clear, with flip up hardware	150.00
K0108	Half tray, padded, with flip up hardware	153.00
K0108	Leg troughs, custom, right and left side	124.00
K0108	Phenolic or polycarbonate tray with hardware	199.00
K0108	Phenolic polycarbonate tray with ribs	165.00
K0108	Protraction pad with flip down hardware, right and left side	151.00
K0108	Seat pan edge padding	39.00
K0108	Tray pad, top or bottom	155.00

There are no exceptions to the pricing list as established above. This Miscellaneous Custom Wheelchair Component Pricing List is also posted on the HUSKY Health Web site at www.ct.gov/husky. To access the link, click on “*For Providers*” followed by “*Policies, Procedures and Guidelines*” under the “*Medical Management*” menu item. Scroll down to the “*Clinical Policies*” and click on the “*DSS Pricing Policy for MEDS Items*”.

Providers will be notified in advance of any additions and/or deletions to the components or pricing listed on this pricing list.

Note: Until further notice, items not listed above and billed under K0108 will continue to be manually priced and reimbursed at the Manufacturer's Suggested Retail Price (MSRP) minus 18%.

All items billed under K0108 NU will continue to require prior authorization (PA) from the Connecticut Medical Assistance Programs (CMAP's) medical administrative services organization (ASO), Community Health Network of Connecticut, Inc. (CHNCT). Items billed under K0108 RB or K0108 KA will require prior authorization if the total amount exceeds \$1000.00.

Custom Components Which Now Have Established Procedure Codes

Effective April 1, 2018, the following custom components will no longer be allowed to be submitted under procedure code K0108 because established procedure codes exist for these items:

Code	Description
E0950	Full Clear Polycarbonate Tray
E0950	Tray polycarbonate
E0951/E0952	Shoeholder with footstraps
E0951/E0952	Heel loop curved rigid (heelcup)
E0953	Wheelchair accessory, lateral thigh or knee support, any type, including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0955	Head pad - custom curved with hardware
E0955	Head pad - custom curved with hardware
E0955	Head pad - custom shape with hardware
E0957/E1028	Scissor board - custom removable
E0960	Chest strap/harness fastex/velcro
E0981	Upholstery seat
E0982	Upholstery back

E0992	Solid phenolic base with hardware
E0992	Solid phenolic base with drop hardware
E1029	Custom vent tray
E2209	Arm positioner custom carved
K0019	Arm pad custom ABS plastic

PA Submission Process

There are no changes to the PA submission process. Providers may continue to fax the completed Outpatient PA Request Form or submit the request via the medical PA Web portal.

The Outpatient PA Request Form is available on the HUSKY Health Web site at www.ct.gov/husky. To access the form, click on "*For Providers*" followed by "*Prior Authorization Forms and Manuals*" under the "*Prior Authorization*" menu item.

The Web portal is available via a link on the HUSKY Health Web site at www.ct.gov/husky. To access the link, click on "*For Providers*" followed by "*Medical Prior Authorizations*" under the "*Prior Authorization*" menu item. Once on the "*Prior Authorization*" landing page, click the "*Medical Authorization Portal*" button located in the center of the screen.

Providers must continue to submit clinical information supporting the medical necessity of the requested items. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by CHNCT. PA requests that pend for 20 business days without receipt of all requested documentation are subject to denial.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday between the hours of 8:00 a.m. to 6:00 p.m.

Posting Instructions: Policy transmittals can be downloaded from the CMAP Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed by DXC Technology to Connecticut Medical Assistance Program providers.

Responsible Unit: DSS, Division of Health Services, Medical Policy Section; Ginny Mahoney, Policy Consultant (860) 424-5145.

Date Issued: February 2018