



Connecticut Medical Assistance Program
Policy Transmittal 2016-02

Roderick L. Bremby, Commissioner

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Effective Date: March 1, 2016
Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Updated MEDS Fee Schedule Changes - Revised March 4, 2016

This revised policy transmittal is to notify Medical Equipment Devices and Supplies (MEDS) providers that procedure code A6530 was inadvertently left off from the list of medical surgical supply codes which have new quantity limitations. The Department also wants to inform providers that restrictions for billing procedure code A4595 do not apply for dual eligible members. Please review changes made to the MEDS fee schedule effective March 1, 2016.

MEDS HCPCS Updates

The Department of Social Services is revising its fee schedule, which includes the addition, deletion and description changes for codes on the MEDS fee schedule consistent with Healthcare Common Procedure Coding System (HCPCS) updates. These revisions are necessary to ensure that the MEDS fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA). These changes apply to all MEDS reimbursed under the HUSKY Health program, which includes HUSKY A, HUSKY B, HUSKY C and HUSKY D.

Supplies-Transcutaneous Electrical Nerve Stimulation Device (TENS unit)

Effective March 1, 2016, the Department has removed procedure code A4595 – Electrical stimulator supplies 2 lead per month (e.g., TENS, NMES). Providers may use the following procedure codes:

- A4556 – Electrodes (e.g. apnea monitor) per pair and
- A4557 – Lead wires (e.g. apnea monitor) per pair for the supplies.

However, these supplies are included in the initial purchase of the TENS unit and cannot be billed in the same month as a claim for rental. This restriction does not apply to dual eligible clients. The Department will continue to process the Medicare cross over claims and pay the full deductible and co-insurance.

Rental Items - Requirements/Limitations

Rental payment amounts shall not exceed the purchase price for the durable medical equipment (DME) item. Purchases or rentals must designate new or used equipment with the appropriate modifier: NU (new equipment) or UE (used equipment). When the ordering practitioner indicates “99” for the length of need, 99 = lifetime.

Medical surgical supplies, such as filters, canisters, aerosol masks, nasal cannula, water collection devices, disposable humidifiers, corrugated tubing, administration sets, shall only be billed separately when the patient owns the equipment. Otherwise, these supplies are included in monthly rental and cannot be billed separately (please reference sections 17b-262-677 (3) and 17-134d-85 of the Regulations of Connecticut State Agencies).

Changes to Quantities for Several Codes

Effective March 1, 2016, the Department has changed the quantities allowed per month for certain codes on the medical surgical supplies fee schedule. Pay close attention to the quantities found on the fee schedule. Additional units that are medically necessary may be reimbursed with prior authorization (PA). However, PA **will not** override the Medically Unlikely Edits (MUE).

The following repair/labor codes have reduced quantity limits: K0739, K0740, L4205, L7520 and L8049. Any additional quantities that are medically necessary require PA.

Procedure codes E0602 and E0603 for breast pumps are limited to 1 per 2 years.

In addition, certain supply codes used for CPAP/BIPAPs, TENS unit and compression stockings have the following quantity limitations:

HCPC Code(s)	Frequency Limit
A7030 <u>OR</u> A7034	1 per 3 months
A7031 <u>OR</u> A7032	1 per month <u>OR</u> 2 per month
A4604 <u>OR</u> A7037	1 per 3 months
A7035, A7036, A7039 and A7046	1 per 6 months
A6530 through A6545	4 per 6 months
A4557	2 - twice per year

Medically Unlikely Edits (MUEs)

The list of Durable Medical Equipment (DME) codes subject to the federally required MUEs continues to grow with every quarter as part of the regular federal review process. Many MEDS dealers are experiencing higher rates of claim denials as a result. Providers can limit the number of MUE related denials by being cued to the procedure codes subject to MUEs and by reporting the correct day supply for products/supplies dispensed.

MUEs are designed by the federal government to prevent payment for inappropriate number/quantity of the same service on a single day. An MUE for a HCPCS/CPT code represents the maximum number of units of service reportable by the same provider for the same patient on the same date of service. When dispensing a 30- day supply of A4313 (Catheter w/bag 3-way), the provider must enter the "From" and "To" dates in MM/DD/YY format. The "From" date represents the

dispense/delivery date and the "To" date represents the last day of supply utilization. Failure to report the "To" date of service is equivalent to reporting a day supply of 1 and will cause the claim to deny if the units billed exceed the MUE for the given HCPCS/CPT. In the example below, A4313 has an assigned MUE value of 2:

HCPCS Code	DME Supplier Services MUE Values	MUE Rationale
A4312	2	NCCI Policy
A4313	2	NCCI Policy
A4314	2	NCCI Policy

MUE are "per day" edits and take precedence over the maximum quantity allowed displayed on the MEDS fee schedule. The quantities displayed in the quantity column on the MEDS fee schedule are the maximum allowed units per month. The quantities billed must always be medically necessary and must be ordered by a prescribing practitioner. Additional units requested per month will require PA but **will not** override the MUE.

Quarterly Medicaid MUE additions, deletions and revisions are published by the Federal Centers for Medicare and Medicaid Services (CMS) and can be accessed by clicking the following link: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>. New MUEs are available at the start of every calendar quarter. The MUEs for provider claims for durable medical equipment are available under the "Medicaid NCCI Edit Files" by clicking on the icon:

[MUEs for provider claims for durable medical equipment](#) 

Posting Instructions: The MEDS fee schedule is available on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From this web page, go to "Provider", then to "Provider Fee Schedule

Download”, and scroll down to “MEDS – Durable Medical Equipment” fee schedule or the “MEDS-Medical/Surgical Supplies” fee schedule or “MEDS-Prosthetic/Orthotic” fee schedule or “MEDS-Hearing Aid/Prosthetic Eye” fee schedule. Press and hold the CTRL key, then click the CSV link. Continue to hold the CTRL key until a dialogue box appears with the option to open or save the fee schedule. Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

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