



Roderick L. Bremby, Commissioner

Effective Date: March 1, 2019
Contact: Ginny Mahoney @ 860-424-5145

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

RE: 2019 Update to MEDS Fee Schedule

HIPAA Compliance Update

Effective for dates of service March 1, 2019 and forward, the Department of Social Services (DSS) is revising its MEDS fee schedule, to include additions, deletions, and description changes for codes on the applicable MEDS fee schedule consistent with the Healthcare Common Procedure Coding System (HCPCS) updates. These revisions are necessary to ensure that the MEDS fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). In addition, pricing changes to several procedure codes are described below. These changes apply to all MEDS reimbursed under the HUSKY Health programs (HUSKY A, B, C and D).

New and Discontinued Contralateral Routing Hearing Aid Codes

Effective for dates of service March 1, 2019 and forward, the following contralateral routing system (CROS) hearing aid procedure codes have been discontinued: V5170, V5180, V5210 and V5220. A crosswalk to the new replacement codes that can be billed is found below:

End Dated Code	Description	New Replacement Code
V5170	Hearing aid Contralateral routing system (CROS) in the ear (ite)	V5171
V5180	Hearing aid CROS behind the ear (bte)	V5181
V5210	Hearing aid BiCROS binaural, (ite)	V5211 or V5212 or V5213
V5220	Hearing aid BiCROS binaural (bte)	V5215 or V5221

Effective for dates of service March 1, 2019 and forward, the following procedure codes have been added:

New Code	Description	Fee
V5171	Hearing aid Contralateral routing system (CROS) monaural, in the ear (ite)	\$410
V5172	Hearing aid CROS monaural, in the canal (itc)	\$410
V5181	Hearing aid CROS monaural, behind the ear (bte)	\$410
V5211	Hearing aid CROS binaural, ite/ite	\$516
V5212	Hearing aid CROS binaural ite/itc	\$516
V5213	Hearing aid CROS binaural ite/bte	\$516
V5214	Hearing aid CROS binaural itc/itc	\$516
V5215	Hearing aid CROS binaural itc/bte	\$516
V5221	Hearing aid CROS binaural bte/bte	\$516

The Department will allow hearing aid providers to submit prior authorization (PA) requests for contralateral routing system hearing aids in which the actual acquisition cost exceeds the established fee amounts.

Please note that repairs to the CROS hearing aids are limited to the manufacturer's or third-party vendor's actual cost plus \$75. Appropriate pricing documentation must be available upon request.

Changes to Fees for Certain Prosthetic Codes

Effective for dates of service March 1, 2019 and forward, the Department has established fees for

the following prosthetic procedure codes that were previously manually priced:

Code	Description	Fee
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system...includes any type motors(s)	\$11,271
L6715	Terminal device, multiple articulating digit...initial issue or replacement	\$2,452
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits...includes motor(s)	\$18,559

Please note that procedure codes L5859, L6715 and L6880 will continue to require prior authorization.

Addition of Medical Surgical Supply Codes and Prosthetic Codes

Effective for dates of service March 1, 2019 and forward, the following procedure codes have been added:

Code	Description	Fee
A5514	For diabetics only, multiple density insert...carving cam technology...custom fabricated each	\$40.10
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Manual Price
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand...custom fabricated	Manual Price
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger...custom fabricated	Manual Price

Please note procedure code A5514 has a limitation of 4 units per 6 month period. In addition, this same limitation of 4 units per 6 months has been applied to existing procedure code A5513 (for diabetics only, multiple density insert, custom molded from model of patient's foot, including arch custom fabricated). Providers

may only provide 4 units of either code A5513 or A5514 within that same 6 month period. Additional units that are medically necessary may be reimbursed with prior authorization (PA).

Manually Priced Items

For procedure codes that are manually priced, please refer to the DSS Pricing Policy for MEDS Items, which is 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*".

As a reminder, items considered complex rehab technology (CRT) are paid at list price minus 18% as specified on the DSS Pricing Policy for MEDS Items. The MEDS Durable Medical Equipment (DME) fee schedule will also reflect this information. In addition, the "Lst-15" fees listed on the repair modifier segment for the following codes have been revised as these procedure codes require prior authorization:

E1009	E1011	E2295	E2512
E2599	E2609	E2617	E8000
E8001	E8002	K0669	K0900

Effective for dates of service March 1, 2019 and forward the Department is creating a new modifier, "UC – Upon Strict Review of the Department" which will be used when reviewing medically necessary pediatric wheelchair trays requiring special consideration and will be covered pursuant to Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) for HUSKY Health children under age 21. These specialty pediatric wheelchair trays will require prior authorization, will be reviewed for medical necessity and will be priced as determined by the Department. Please refer to the "DSS Pricing Policy for MEDS Items" for information on the UC modifier.

Please note any claims submitted with the UC modifier will be subject to audit for specific compliance with requirements and appropriate supporting documentation.

Accessing the Fee Schedules: The updated MEDS fee schedules can be accessed and downloaded by going to the Connecticut Medical

Assistance Program Web site at www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and scroll down to MEDS – DME fee schedule, the MEDS-Medical/Surgical Supplies fee schedule, the MEDS-Prosthetic/Orthotic fee schedule or the 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.

Posting Instructions 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 DXC Technology.

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

Date Issued: February 2019