



Roderick L. Bremby, Commissioner

Effective Date: August 1, 2018

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

RE: Corrected Bulletin - Rates for Rental Items Used with Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices, bi-level pressure (BiPAP)

When PB 2018-41 was initially posted, the rental fee rate for E0562 was inadvertently published as \$24.32. The correct rate, which is now reflected below, is \$13.28. All other information remains the same. Any claims previously submitted will automatically ID and reprocess and will appear on your October 23, 2018 Remittance Advice (RA).

Effective for dates of service August 1, 2018 and forward, the Department of Social Services (DSS) will allow reimbursement of supplies used with Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices, bi-level pressure (BiPAP) Respiratory Assist devices during the rental period. To enable this change in reimbursement to be cost neutral, the Department will lower fees for supply codes used with the CPAP and BiPAP devices on the durable medical equipment (DME) and medical and surgical supplies (MSS) fee schedules.

This policy transmittal rescinds the section of PB 2016-07 that addresses rental items related to CPAP and BiPAP devices. In all other respects, PB 2016-07 remains in effect. Therefore, supplies such as transcutaneous electrical nerve stimulation (TENS) electrodes and lead wires, medical surgical supplies such as filters, canisters, aerosols, masks, nasal cannula, water collection devices, disposable humidifiers, corrugated tubing and administration sets are **still** included in the monthly rental and may **not** be billed separately during the rental period.

To ensure cost neutrality while allowing for the reimbursement of PAP supplies while the devices are being rented, the reimbursement rate

for these PAP supplies will be reduced to the lower of:

- 100% of the Medicare fee schedule, or
- The amounts that Medicare would have paid under its Competitive Bid Program, or
- The current Medicaid fee schedule rate.

Please note, the revise fee schedule with the new reimbursement rates will be posted close to the effective date of August, 1, 2018.

Below are the procedure codes impacted by this update:

HCPCS Codes	Code Description	Modifier	New Rates
A4604	Tubing with heating element	NU	\$39.97
A7027	Combination oral/nasal mask	NU	\$109.72
A7028	Replacement oral cushion combo mask	NU	\$32.05
A7029	Replacement nasal pillow comb mask	NU	\$15.00
A7030	Cpap full face mask	NU	\$88.49
A7031	Replacement facemask interface	NU	\$33.36
A7032	Replacement nasal cushion	NU	\$18.61
A7033	Replacement nasal pillows	NU	\$15.35

A7034	Nasal application device	NU	\$54.27
A7035	Positive airway press headgear	NU	\$18.56
A7036	Positive airway press chinstrap	NU	\$10.31
A7037	Positive airway pressure tubing	NU	\$11.61
A7038	Positive airway pressure filter	NU	\$2.00
A7039	Filter, non-disposable with PAP	NU	\$5.97
A7044	PAP oral interface	NU	\$77.78
A7045	Replacement exhalation port for PAP	NU	\$12.93
A7046	Replacement water chamber, PAP dev	NU	\$12.31
E0561	Humidifier non-heated with PAP	NU	\$68.30
E0561	Humidifier non-heated with PAP	RR	\$6.83
E0562	Humidifier heated used with PAP	NU	\$132.83
E0562	Humidifier heated used with PAP	RR	\$ 13.28

Effective August 1, 2018, procedure code A7027 has a monthly limit of 1 per 3 months.

The repair (RB) modifier is discontinued for codes: A7027, E0561 and E0562. Prior authorization (PA) requirements that allow up to 3 months of rental for the PAP device, will

remain the same. A new PA is required for the purchase of the device and the DME provider must supply proof that the member is compliant with using the device.

This change applies to services reimbursed under HUSKY A, B, C and D.

Future Fee Schedule Reimbursement Changes

Except as referenced above, for the remainder of calendar year 2018, DSS does not currently plan to revise any additional fees for codes on the MEDS fee schedules, including the DME, orthotics and prosthetics, hearing aids, parenteral and enteral supplies, and miscellaneous fee schedules.

Accessing the Fee Schedules:

The updated fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download". Click on the "I accept" button and proceed to click on the appropriate fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

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

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by DXC Technologies.

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

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