



## Connecticut Medical Assistance Program

Policy Transmittal 2017-23

Roderick L. Bremby, Commissioner

Provider Bulletin 2017-55

September 2017

Effective Date: November 1, 2017

Contact: Ginny Mahoney @ 860-424-5145

**TO: Early Intervention Services Providers (Birth to Three Providers)**

**RE: Early Intervention Services Pursuant to EPSDT Coverage and Reimbursement under the Connecticut Medical Assistance Program (CMAP)-(Revised)**

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Effective November 1, 2017, the Department of Social Services (DSS) and the Office of Early Childhood (OEC) are implementing a new reimbursement methodology for Early Intervention Services (EIS) providers, also known as Birth to Three providers, reimbursed under the Connecticut Medical Assistance Program (CMAP).

This change is necessary to comply with federal Medicaid requirements and will enable providers and DSS to capture more detailed data on services and payments rendered.

These changes will affect claims with dates of service on and after November 1, 2017. Current Medicaid billing practices will remain in effect for claims with dates of service prior to November 1, 2017.

All EIS billing and performing providers are required to comply with all applicable federal and state statutes, regulations, procedures, and guidelines.

These requirements include, but are not limited to: the federal Individuals with Disabilities Education Act (IDEA) statute and regulations (20 U.S.C. § 1471 et seq. and 34 CFR Part 303); Connecticut General Statutes (C.G.S.) §§ 17a-248 to 17a-248i, inclusive; sections 17a-248-1 to 17a-248-14, inclusive, of the Regulations of Connecticut State Agencies; Birth to Three policies, procedures and service guidelines issued by OEC; the DSS Requirements for Payment of Early Intervention Services Pursuant to EPSDT (Early and Periodic Screening, Diagnosis and Treatment Services) under the CMAP Birth to Three System; and all DSS guidelines, bulletins, and manuals. All state and federal statutes, regulations, procedures and guidelines may be amended from time to time.

### **Birth to Three Fee Schedule**

A Birth to Three Fee Schedule using Healthcare Common Procedure Coding System (HCPCS) procedure codes can be found on the CMAP Web site at [www.ctdssmap.com](http://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 the "Birth to Three" 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.

### **Billing Requirements to PCG**

EIS providers can bill only for the codes listed on the Birth to Three fee schedule. OEC contracted with the Public Consulting Group (PCG) to assist in the billing process for Birth to Three services other than medical equipment, devices and supplies codes (including hearing aids). PCG is currently providing training to EIS providers on this billing process.

The following services will continue to be entered into the Birth to Three Data System, transmitted nightly, and PCG will then submit the claims for members covered under CMAP to DSS for reimbursement:

1. evaluations;
2. assessments;
3. Individualized Family Services Plan (IFSP) meetings; and
4. early intervention treatment.

For information on PCG's billing requirements, please contact PCG at the following email: [connecticutei@pcgus.com](mailto:connecticutei@pcgus.com) or call the PCG Call Center at 1-844-293-0023 between 8 a.m. – 5 p.m. Eastern standard time.

**Billing Directly to DXC Technology for Medical Equipment, Devices and Assistive Technology (AT) Items (Including Hearing Aids)**

EIS providers must submit claims directly to DXC Technology for the following services:

1. Durable Medical Equipment (DME\*), Assistive Technology (AT);
2. hearing aids,
3. assistive listening devices, and
4. auditory osseointegrated devices.

Please note, these services are only reimbursable if they:

1. meet the federal definitions of medical supplies, equipment or appliances at 42 C.F.R. §440.70 (b)(3);
2. are medically necessary as defined by C.G.S. §17b-259 (b); and
3. meet the following definition of DME or AT:
  - DME: any equipment that provides therapeutic benefits to a patient in need due to certain medical conditions and/or illnesses and which:
    - is primarily and customarily used to service a medical purpose;
    - is not useful to a person in the absence of illness or injury;
    - is reusable or removable;
    - can withstand repeated use; and
    - is ordered or prescribed by a physician; physician assistant or advanced practice registered nurse (APRN);
  - AT: any item, piece of equipment or product system; whether acquired commercially off the shelf, modified, or customized; that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Providers must obtain prior authorization (PA) from DSS' Medical Administrative Services Organization, Community Health Network of CT (CHNCT), for hearing aids, assistive listening devices, and DME items identified as being manually priced (MP) under the "Max Fee" column on the Birth to Three fee schedule.

All hearing aids, DME/AT items and accessories must be billed at actual acquisition cost (AAC). Shipping is reimbursable and should be provided along with the AAC for the hearing aid or DME/AT item. Where items are purchased in bulk, shipping costs for an individual item will not be reimbursed. In order to submit for shipping reimbursement, the invoice for the item ordered for a specific member must include the specific shipping costs for the hearing aid or DME/AT item.

For EIS providers who are also enrolled separately as DME or hearing aid providers under CMAP, duplicate billing for the same service to the same HUSKY Health member is **not** allowed.

\* Please note DME items with an established procedure code listed on the DME fee schedule are not reimbursable to an EIS provider. If there is no established procedure code for a DME item under the DME fee schedule, then an EIS provider can bill under procedure code E1399. The Department expects a DME vendor to submit a PA request for a DME item. DME/AT items under \$25.00 will not require PA; however, all documentation, including the prescription and AAC costs, must be retained on file for post-payment auditing purposes. For DME/AT items \$25.00 and over, the PA process outlined below must be followed.

**Prior Authorization Process**

EIS providers are required to submit a PA request for manually priced items to CHNCT. Providers may submit a PA request by faxing the PA form along with clinical and pricing information to CHNCT at (203) 265-3994.

EIS providers are required to provide the following when submitting a PA to CHNCT:

- A completed Outpatient PA Request Form. The PA form can be found at [www.ct.gov/husky](http://www.ct.gov/husky). Click "For Providers", "Prior Authorization", then "Prior Authorization Forms & Manuals".
- Items such as hearing aids, assistive listening devices and DME items do not require

additional clinical documentation; however, the items must comply with the requirements described above.

- Auditory osseointegrated devices require clinical documentation from the ordering physician, APRN or physician assistant, justifying the medical necessity for the item, in addition to the PA request form and prescription.
- All items, with the exception of hearing aids, require a prescription signed by a physician, physician assistant or APRN enrolled in CMAP.
- Hearing aids require medical clearance from a CMAP enrolled physician, APRN or physician assistant in place of a prescription.

As is required by federal law at 42 U.S.C. §1396a(kk), the ordering practitioner must be enrolled in the CMAP provider network as either a fully credentialed billing or performing provider or as an ordering, prescribing and referring provider.

In order to determine whether an ordering practitioner is enrolled with CMAP, the EIS provider must log onto the secure Web portal at [www.ctdssmap.com](http://www.ctdssmap.com). From the Account Home page, click on the Ordering/Prescribing/Referring Provider List link which is located in the top right corner quick link box. Once on the Ordering/Prescribing/Referring Provider List page, scroll to the bottom of the page and select the Ordering/Prescribing/Referring List link. This will open an excel file that will show all providers that are “active” or “performing provider only”. The listing also shows providers who have the status of an application in process – not yet enrolled, as required by federal law. If the ordering practitioner is not listed on this link, the item submitted to CMAP by the EIS provider will be denied.

### **Prescription Requirements**

The prescription must include the HUSKY Health member’s name, date of birth, Medicaid ID and diagnosis code. The prescription must also include a description of the item ordered and quantities, as well as the physician, physician assistant or APRN’s name, NPI

number, signature (written or electronic) and date.

### **Provider Trainings**

#### **PCG**

PCG provided billing and claims training Webinar series for EIS providers throughout the month of August 2017. In addition, PCG provided in-person training during the first week of September 2017. If you would like one-on-one training or have any questions, please contact PCG at the following email: [cteitraining@pcgus.com](mailto:cteitraining@pcgus.com) or call the PCG Call Center at 1-844-293-0023 between 8 a.m. – 5 p.m. Eastern standard time.

#### **DXC Technology**

DXC Technology, in collaboration with DSS, provided Birth to Three Billing and Web Claim Submission workshops on August 24, 2017 and August 29, 2017 to review submission of claims for hearing aids, accessories, and DME items that are also considered AT. A copy of the Billing and Web Claim Submission Workshop presentation can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. To access the workshop presentation, go to “Provider”, “Provider Services”, “Provider Training” and click on the “here” link. A new Web page will open. Under “Materials”, click on the “Birth to Three Workshops” link then on the “Birth to Three Billing and Web Claim Submission Workshop 2017” link.

Providers who have not set up an e-messaging account, or have not updated their current e-messaging account to include receipt of Birth to Three CMAP correspondence, are encouraged to do so by accessing the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. Locate the “Email Subscription” box in the lower left portion of the Web site Home page, and click on the “Register/Update E-mail Subscription” link to create a new or modify an existing e-messaging account. If you have any questions, please contact DXC Technology at 1-800-842-8440 between 8 a.m. – 5 p.m.

#### **CHNCT**

CHNCT, in collaboration with DSS, provided an overview of the DME/Assistive Technology PA process trainings on August 28, 2017 and August 30, 2017. Providers may obtain the

Webinar presentation by going to the following Web site link:

<http://www.huskyhealthct.org/providers/prior-authorization-webinars.html>

Scroll down to “Durable Medical Equipment Webinars” to find the overview of DME PA process for Birth to Three Providers.. If you have any questions, please contact CHNCT at 1-800-440-5071 between 8 a.m. – 6 p.m.

### **DSS Operational Policy**

Draft CMAP regulations, entitled “Requirements for Payment of EIS Pursuant to EPSDT under the CMAP Birth to Three System”, were posted to the DSS Web site before September 1, 2017. In accordance with section 17b-10 of the Connecticut General Statutes, DSS is implementing these regulations in draft form as a binding operational policy. Accordingly, all EIS Providers are required to comply with this operational policy for claims with dates of service on and after November 1, 2017.

The operational policy is posted to the DSS Web site, which can be found at this link: [www.ct.gov/dss/birthtothree](http://www.ct.gov/dss/birthtothree) under the “Birth to Three Operational Policy” tab.

The regulation will be posted prior to the effective date on the CMAP Web site [www.ctdssmap.com](http://www.ctdssmap.com). To access the regulation, go to “Information”, then “Publications”, then “Provider Manuals Chapter 7”, and then choose “Birth to Three” from the drop down menu.

**Posting Instructions:** Policy transmittals can be downloaded from the CMAP Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

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

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

**Date Issued:** September 2017