



Deidre S. Gifford, MD, MPH, Commissioner

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

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

RE: MEDS Fee Schedule Changes

- 1. Reimbursement Changes**
- 2. Prior Authorization Requirements**
- 3. Quantity Changes and Limitations**

Effective for dates of service November 1, 2019 and forward, the Department of Social Services (DSS) is revising certain procedure codes found on the Connecticut Medical Assistance Program (CMAP) Medical Equipment, Devices and Supplies (MEDS) fee schedule. The revisions include reimbursement reductions, the addition of prior authorization (PA) requirements, quantity changes and limitations to the procedure codes as specified below.

Reimbursement Changes

Effective for dates of service November 1, 2019 and forward, DSS will decrease reimbursement fees for the following durable medical equipment (DME) items:

Procedure Code and Description	Modifier	Current Fee	New Fee
A6198 - Alginate or other fiber gelling dressing, wound cover sterile...size greater than 48 square inches		\$112.50	\$19.29
E1028 - Wheelchair accessory manual swingaway retractable		\$177.39	\$128.10
E1028 - Wheelchair accessory manual swingaway retractable	RR	\$17.74	\$12.81

E1028 - Wheelchair accessory manual swingaway retractable	KA	\$177.39	\$128.10
E1028 - Wheelchair accessory manual swingaway retractable	RB	\$177.39	\$128.10
E2620 - Positioning wheelchair back cushion planar width less than 22 inches...		\$442.27	\$325.60
E2620 - Positioning wheelchair back cushion planar width less than 22 inches...	RR	\$44.23	\$32.56
E2620 - Positioning wheelchair back cushion planar width less than 22 inches...	KA	\$442.27	\$325.60
E2620 - Positioning wheelchair back cushion planar width less than 22 inches...	RB	\$442.27	\$325.60
K0040 - Adjustable angle footplate each		\$60.30	\$45.60
K0040 - Adjustable angle footplate each	RR	\$6.33	\$4.56
K0040 - Adjustable angle footplate each	KA	\$60.30	\$45.60

Please note the fee for procedure code A6198 is being reduced to align with available information regarding applicable cost. The 3 wheelchair codes above (E1028, E2620 and K0040) are being reduced to align the fees to 100% of the Medicare rate.

Prior Authorization Requirement for Procedure Codes L1960 and L1970

Effective November 1, 2019, DSS will require PA for procedure codes:

- L1960 (Ankle foot orthosis [AFO], posterior solid ankle, plastic, custom fabricated) and
- L1970 (Ankle foot orthosis, plastic, with ankle joint, custom fabricated).

Alternatively, MEDS providers may continue to choose to supply prefabricated AFOs in lieu of custom fabricated AFO's for those members who do not require a custom fabricated AFO. Prefabricated AFOs do not require PA. Please refer to the custom fabricated to prefabricated crosswalk below:

Description of Custom Fabricated AFO Code	Crosswalk to Prefabricated AFO code
L1960 - AFO posterior solid ankle plastic custom-fabricated	L1930 - AFO plastic or other material prefabricated includes fitting and adjustment
L1970 - AFO plastic with ankle joint custom-fabricated	L1971 - AFO plastic or other material w/ankle joint prefabricated, includes fitting and adjustment

Quantity Changes and Limitations

Effective November 1, 2019, DSS will change the monthly quantity limit for

procedure code A4259 (lancets per box of 100). Quantities will be reduced from 4 boxes per month to 2 boxes per month. Additional units that are medically necessary are eligible for reimbursement with PA. However, PA will not override the daily federally required National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE).

Effective November 1, 2019, procedure codes A4660 (Sphygmomanometer/blood pressure apparatus with cuff and stethoscope) and A4670 (Automatic blood pressure monitor) are limited to 1 per 3 years.

Accessing the Fee Schedules:

The updated MEDS fee schedules can be accessed and downloaded by accessing the Connecticut Medical Assistance Program (CMAP) 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 scroll down to the "MEDS – Durable Medical Equipment" fee schedule, the "MEDS – Medical/ Surgical Supplies" fee schedule, or the "MEDS – Prosthetic/Orthotic" 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 CMAP Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of CMAP by DXC Technology.

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

Date Issued: October 2019