



Connecticut Medical Assistance Program
Policy Transmittal 2018-02

Provider Bulletin 2018-08
February 2018

Roderick L. Bremby, Commissioner

Effective Date: March 1, 2018
Contact: Ginny Mahoney @ 860-424-5145

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

RE: Updated MEDS Fee Schedule Changes

HIPAA Compliance Update

Effective for the dates of service on or after March 1, 2018, the Department of Social Services (DSS) is revising the MEDS 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.

Effective for dates of service on or after March 1, 2018, the following codes have been added:

E0953	E0954	E1639	L7700
L8625	L8694	L8692	

Effective for dates of service on or after March 1, 2018 the following codes have been deleted:

A6020	E1092	E1093	E1100	E1110
E1140	E1150	E1160	E1221	E1222
E1223	E1224	E1227	E1228	E1230
E1231	E1240	E1250	E1270	E1280
E1285	E1290	E1295	E1296	E1297
E1298	K0284	L3835		

Prior Authorization Changes

Effective for dates of service on or after March 1, 2018, **repairs** for the following procedure codes will **no** longer require prior authorization (PA):

E2603 through E2608; E2613 through E2616; and E2620 through E2625.

Please note that procedure code E0958 will require prior authorization (PA) when furnished as a purchase (NU) or modification (NU KA) for HUSKY Health members. In addition, the following thoracic-lumbar-sacral orthosis (TLSO) will require prior authorization: L0456, L0460, L0468, L0470, L0480, L0482 through L0488, L0491 and L0492.

Quantity Changes

Effective for dates of service on or after March 1, 2018, DSS will change the quantities allowed per month for the following procedure codes as follows:

Code	Procedure Description	New Qty
A4310	Insertion tray without drainage bag and without catheter (accessories only)	10
A4322	Irrigation syringe bulb or piston each	20
A4338	Indwelling catheter; foley type two-way latex with coating (teflon silicone sili	10
A4344	Indwelling catheter foley type two-way all silicone each	10
A4357	Bedside drainage bag day or night with or without anti-reflux device with or wit	10
A4361	Ostomy faceplate each	10
A4366	Ostomy vent any type each	10
A4375	Ostomy pouch drainable with faceplate attached plastic each	20
A4376	Ostomy pouch drainable with faceplate attached rubber each	20

A4377	Ostomy pouch drainable for use on faceplate plastic each	20
A4378	Ostomy pouch drainable for use on faceplate rubber each	20
A4379	Ostomy pouch urinary with faceplate attached plastic each	20
A4380	Ostomy pouch urinary with faceplate attached rubber each	20
A4381	Ostomy pouch urinary for use on faceplate plastic each	20
A4382	Ostomy pouch urinary for use on faceplate heavy plastic each	20
A4383	Ostomy pouch urinary for use on faceplate rubber each	20
A4384	Ostomy faceplate equivalent silicone ring each	20
A4387	Ostomy pouch closed with barrier attached with built-in convexity (1 piece) each	31
A4388	Ostomy pouch drainable with extended wear barrier attached (1 piece) each	31
A4389	Ostomy pouch drainable with barrier attached with built-in convexity (1 piece) e	31
A4390	Ostomy pouch drainable with extended wear barrier attached with built-in convexi	31
A4391	Ostomy pouch urinary with extended wear barrier attached (1 piece) each	20
A4392	Ostomy pouch urinary with standard wear barrier attached with built-in convexity	31
A4393	Ostomy pouch urinary with extended wear barrier attached with built-in convexity	31
A4394	Ostomy deodorant with or without lubricant for use in ostomy pouch per fluid ou	10
A4399	Ostomy irrigation supply; cone/catheter with or without brush	10
A4404	Ostomy ring each	20
A4405	Ostomy skin barrier non-pectin based paste per ounce	10
A4406	Ostomy skin barrier pectin-based paste per ounce	20
A4411	Ostomy skin barrier solid 4x4 or equivalent extended wear with built-in convexit	20
A4412	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys	20

A4413	Ostomy pouch drainable high output for use on a barrier with flange (2 piece sys	20
A4415	Ostomy skin barrier with flange (solid flexible or accordion) without built-in c	31
A4424	Ostomy pouch drainable with barrier attached with filter (1 piece) each	20
A4425	Ostomy pouch drainable; for use on barrier with non-locking flange with filter (20
A4426	Ostomy pouch drainable; for use on barrier with locking flange (2 piece system)	20
A4427	Ostomy pouch drainable; for use on barrier with locking flange with filter (2 pi	20
A4428	Ostomy pouch urinary with extended wear barrier attached with faucet-type tap wi	20
A4429	Ostomy pouch urinary with barrier attached with built-in convexity with faucet-t	20
A4430	Ostomy pouch urinary with extended wear barrier attached with built-in convexity	20
A4431	Ostomy pouch urinary; with barrier attached with faucet-type tap with valve (1 p	20
A4432	Ostomy pouch urinary; for use on barrier with non-locking flange with faucet-ty	20
A4433	Ostomy pouch urinary; for use on barrier with locking flange (2 piece) each	20
A4434	Ostomy pouch urinary; for use on barrier with locking flange with faucet-type ta	20
A4435	Ostomy pouch drainable high output with extended wear barrier (one-piece system)	20
A4450	Tape non-waterproof per 18 square inches	300
A4456	Adhesive remover wipes any type each	60
A4463	Surgical dressing holder reusable each	4
A4606	Oxygen probe for use with oximeter device, replacement	2
A4615	Cannula nasal	4
A4618	Breathing circuits	4
A4619	Face tent	4

A4620	Variable concentration mask	4
A4623	Tracheostomy inner cannula	10
A4624	Tracheal suction catheter any type other than closed system each	200
A4628	Oropharyngeal suction catheter each	16
A5055	Stoma cap	31
A5056	Ostomy pouch drainable with extended wear barrier attached with filter (1 piece)	20
A5057	Ostomy pouch drainable with extended wear barrier attached with built in convexi	20
A5081	Stoma plug or seal any type	31
A5082	Continent device; catheter for continent stoma	10
A5083	Continent device stoma absorptive cover for continent stoma	20
A5093	Ostomy accessory; convex insert	10
A6220	Gauze non-impregnated sterile pad size more than 16 sq. in. but less than or equ	100
A6240	Hydrocolloid dressing wound filler paste sterile per ounce	20
A6241	Hydrocolloid dressing wound filler dry form sterile per gram	20
A6441	Padding bandage non-elastic non-woven/non-knitted width greater than or equal to	60
A6457	Tubular dressing with or without elastic any width per linear yard	31

Additional units that are medically necessary may be reimbursed with PA. However, PA will not override the daily federally required National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUE).

Medically Unlikely Edits

Please refer to guidance found in PB 2016-07 concerning Medically Unlikely Edits (MUEs). Providers 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 or the date prior to next delivery. Failure to report the “To” date of service will cause the claim to deny if

the units billed exceed the MUE for the given HCPCS/CPT. As previously communicated, claims exceeding the medically unlikely edits will auto-deny instead of cutback and post EOB 0770 “MUE units Exceeded”. Providers will need to resubmit the denied HCPCS codes with the correct units. Providers must refer to the Center for Medicare and Medicaid Services (CMS) MUE tables by clicking on the link below to obtain published quarterly additions, deletions and revisions:

<https://www.medicare.gov/medicaid/program-integrity/ncci/edit-files/index.html>

Accessing the Fee Schedule: The MEDS fee schedule is available on the Connecticut Medical Assistance Program (CMAP) Web site at www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, click on “I Accept”, and scroll down to “MEDS – DME” 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.

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 the Connecticut Medical Assistance Program by DXC Technology.

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

Date Issued: February 2018