



**Connecticut Medical Assistance Program**  
Policy Transmittal 2021-01

Provider Bulletin 2021-04  
January 2021

Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: February 1, 2021  
Contact: Ginny Mahoney@ct.gov

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

**RE: 2021 Update to MEDS Fee Schedule 1) HIPAA Compliant Updates and 2) Reduced Rates for Orthotic Braces**

Effective for dates of service February 1, 2021 and forward, the Department of Social Services (DSS) is revising the applicable Medical Equipment, Devices and Supplies (MEDS) fee schedules, to include procedure code additions and description changes consistent with the federal January 2021 Healthcare Common Procedure Coding System (HCPCS) updates. These revisions are necessary to ensure the MEDS fee schedules remain compliant with the federal Health Insurance Portability and Accountability Act (HIPAA). These changes apply to all MEDS reimbursed under all the HUSKY Health (A, B, C, and D) programs.

DSS is adding the following procedure codes to the Durable Medical Equipment fee schedule and these will be manually priced at the lesser of MSRP minus 15% or Actual Acquisition Cost plus 35%:

<u>Code</u>	<u>Procedure Code Description</u>
K1010	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
K1011	Activation device for intraurethral drainage device with valve, replacement only, each
K1012	Charger and base station for intraurethral activation device, replacement only

**Reduced Rates for Orthotic Braces:**

DSS is decreasing reimbursement rates to several procedure codes found on the Orthotics and Prosthetics (O & P) fee schedule in order to ensure that the rates remain at or below the Medicare payment rate as a result of Medicare adding these

O & P codes under the Medicare competitive bidding program.

Specifically, the Medicaid reimbursement for the O & P braces will be decreased in order to remain at or below the applicable Medicare rate, as required by state regulations in section 17b-262-743 (Orthotic and Prosthetic Devices [O & P]) of the Regulations of Connecticut State Agencies. DSS is revising the fees to 100% of the lowest applicable Medicare fee (incorporating the Medicare Competitive Bid Program's lowest single payment amount).

Below is a list of the orthotic procedure codes impacted:

Code	Code Description	Medicaid	
		Current	2/1/2021 New
L0450	TLSO, flexible, provides trunk support	\$146.92	\$124.23
L0621	Sacroiliac orthosis, flexible, provides pelvic sacral support	\$68.78	\$65.50
L0625	Lumbar orthosis, flexible, provides lumbar support	\$39.26	\$36.64
L0628	Lumbar sacral orthosis, flexible, provides lumbo-sacral support	\$59.79	\$55.79
L0641	Lumbar orthosis, sagittal control	\$55.56	\$51.84
L0643	Lumbar-sacral orthosis, sagittal control	\$115.43	\$107.71

L0649	Lumbar-sacral orthosis, sagittal-coronal control	\$204.39	\$190.72
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**Accessing the Fee Schedules:**

The updated fee schedules can be accessed and downloaded from the Connecticut Medical Assistance Program Web site: [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 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".

For questions about billing or if further assistance is needed to access the fee schedules on the Connecticut Medical Assistance Program Web site, please contact the Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

**Posting Instructions:**

Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:**

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Gainwell Technologies.

**Responsible Unit:**

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