



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: April 1, 2022
Contact: Ginny.Mahoney@ct.gov

TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Pharmacy Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses

RE: April 2022 Quarterly HIPAA Update – Changes to the Durable Medical Equipment (DME) Fee Schedule and Medical Surgical Supply (MSS) Fee Schedules

Effective for dates of service April 1, 2022, and forward, the Department of Social Services (DSS) is incorporating the April 2022 Quarterly federal Healthcare Common Procedure Coding System (HCPCS) billing code updates (additions, deletions, and description changes) to the durable medical equipment and medical surgical supply fee schedule.

DSS is making these changes to ensure that the DME fee schedule remains compliant with the Health Insurance Portability and Accountability Act (HIPAA).

These changes apply to services reimbursed under the HUSKY Health (A, B, C and D) programs.

1. Additions to DME and MSS Fee Schedules

Procedure Code	Code Description	Units
A4238*	Supply allowance for adjunctive continuous glucose monitor (cgm), includes all supplies and	1-month supply = 1 unit of service

	accessories, 1-month supply = 1 unit of service	
E2102*	Adjunctive continuous glucose monitor or receiver	1 per 3 years
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	1 per 3 years
K1031	Non-pneumatic compression controller without calibrated gradient pressure	1 per 3 years
K1032	Non-pneumatic sequential compression garment, full leg	4 units per 6-month period
K1033	Non-pneumatic sequential compression garment, half leg	4 units per 6-month period

* Procedure codes A4238 and E2102, must be billed at the lesser of Manufacturer's

Suggested Retail Price (MSRP) minus 15% or Actual Acquisition Cost (AAC) plus 25%. Newly added codes K1030 through K1033 are priced using a comparable methodology to other codes in the same or similar category.

2. Adjunctive (Non-therapeutic) CGMs Procedure Codes Coverage Changes:

The following procedure codes are no longer valid for Medicare beneficiaries:

- **A9276** – Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit
- **A9277** – Transmitter, external for use with interstitial continuous glucose monitoring system
- **A9278** – Receiver (monitor); external, for use with interstitial continuous glucose monitoring system

Providers **must** refer to PB 2022-29 “Billing guidance for Adjunctive (Non-Therapeutic) Continuous Glucose Monitor (CGM) Systems” for information on prior authorizations and billing guidance related to adjunctive (non-therapeutic) CGMs.

Accessing the Fee Schedule

The updated MEDS fee schedule can be accessed and downloaded by going to 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 the “I accept” button and scroll down to the “MEDS – Durable Medical Equipment” 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 CMAP by Gainwell Technologies.

Responsible Unit

DSS, Division of Health Services, Medical Policy and Regulations, Ginny Mahoney, Health Policy Consultant
Ginny.Mahoney@ct.gov.

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