



Deidre S. Gifford, MD, MPH, Commissioner

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

TO: Physicians, Physician Assistants (PAs), Advance Practice Registered Nurses (APRNs) and Medical Equipment, Devices and Supplies (MEDS) Providers

RE: 1. October 2022 HIPAA Quarterly HIPAA Compliant Update Medical Equipment, Devices and Supplies Fee Schedule 2. Breast Pump Supplies 3. Reimbursement for Extended Infusion Set Supplies

1. October 2022 HIPAA Quarterly HIPAA Compliant Update Medical Equipment, Devices and Supplies Fee Schedule

Effective for dates of service October 1, 2022 and forward, the Department of Social Services (DSS) will incorporate the following October 2022 Healthcare Common Procedure Coding System (HCPCS) procedure code update to the applicable Medical Equipment, Devices and Supplies (MEDS) fee schedules.

- E0183 – Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty

DSS is adding procedure code E0183 to the DME fee schedule. This procedure code will be priced at 85% of the Medicare fee schedule when Medicare pricing is available. If Medicare pricing is not available, then procedure code E0183 will be manually priced at the lesser of MSRP minus 15% or Actual Acquisition Cost plus 35%.

These revisions are necessary to ensure the MEDS fee schedules remain compliant with the Health Insurance Portability and Accountability Act (HIPAA). This change applies to services reimbursed under all the HUSKY Health (A, B, C, and D) programs.

2. Breast Pump Supplies

Effective for dates of service October 1, 2022 and forward, DSS will add the following

procedure codes to the Medical and Surgical Supply (MSS) and Durable Medical Equipment (DME) fee schedule in order to encourage and support breastfeeding among HUSKY members:

| Procedure Code | Procedure Code Description | Quantity | Rate |
|----------------|---|---|-------------|
| * A4284 | Breast shield and splash protector for use with breast pump, replacement | 1 pair per 6 months if different size flanges are required. | \$14.54 |
| K1005 | Disposable collection and storage bag for breast milk, any size, any type, each | 100 per month | \$0.26 each |

* A4284 should be used ONLY when a breastfeeding HUSKY member is identified and documented as requiring a different sized flange due to the inability to pump breastmilk with the standard size flange originally provided with the breast pump kit.

A prescription for A4284 (breast pump flange) and the breast milk storage bags is required and must be signed by an enrolled licensed practitioner (physician, physician assistant [PA] or advance practice registered nurse [APRN]).

3. Reimbursement for Extended Wear Insulin Infusion Set Supplies

Effective for dates of service **October 1, 2022** and forward, the Department will create an additional reimbursement methodology for extended wear insulin infusion set supplies by adding modifier SC – (medically necessary service or supply) to procedure code A4230 (Infusion set for external insulin pump non needle cannula type). The inclusion of modifier SC will allow a new frequency option for extended wear insulin infusion set supplies.

Since extended wear insulin infusion sets last 7 days versus 2 – 3 days for the traditional infusion sets, HUSKY Health members will now have access to newer insulin infusion set technology where a lower frequency of set changes are necessary. HUSKY Health members must discuss with their clinicians to select the most clinically appropriate type of infusion set.

For members who are changing to the new extended wear infusion sets and have a Medtronic insulin pump, DSS will allow a claim to be submitted for \$143.48 per month, which would be equivalent to billing 4 extended wear sets per month at a rate of \$35.87 each. The amount of \$143.48 a month must be submitted under procedure code A4230 using modifier SC – Medically necessary service or supply.

No changes will be made to the reimbursement for traditional infusion sets and these will remain at \$14.35 per set for HUSKY Health members who continue to use traditional infusion sets.

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule

Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable 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 the CMAP by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy, Ginny Mahoney, Health Policy Consultant ginny.mahoney@ct.gov.

Date Issued: September 2022