



Andrea Barton Reeves, J.D., Commissioner

Effective Date: July 1, 2023
 Contact: ginny.mahoney@ct.gov

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

RE: July 2023 HIPAA Update to Medical Equipment Devices and Supplies (MEDS) Fee Schedule

Effective for dates of service July 1, 2023 and forward, the Department of Social Services (DSS) is incorporating the July 2023 Healthcare Common Procedure Coding System (HCPCS) updates to the Durable Medical Equipment (DME); Orthotics and Prosthetics (O & P) and Medical Surgical Supplies (MSS) fee schedule.

DSS is making these changes to ensure that the DME, O & P and MSS fee schedules remain 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.

Code	Code Description	Rate
	with suction pump, per month	
E0677 RR modifier	Non-pneumatic sequential compression garment, trunk	\$76.85 rental fee Requires P.A.*
E0677	Non-pneumatic sequential compression garment, trunk	\$768.50 Requires P.A.*
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	\$21.76

*P.A. – prior authorization

Quantity limitations for each procedure code can be found on the applicable fee schedule.

Accessing the Fee Schedule:

The updated fee schedule 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 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”.

Code	Code Description	Rate
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	\$275.83
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	\$696.47
A6590	External urinary catheters; disposable, with wicking material, for use with suction pump, per month	\$301.90
A6591	External urinary catheter; non-disposable, for use	\$71.90

For questions about billing or if further assistance is needed to access the fee schedule 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 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 Section; Ginny Mahoney, Medical Policy Consultant at ginny.mahoney@ct.gov.

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