

Connecticut Department of Social Services Medical Assistance Program

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Provider Bulletin 2023-67 November 2023

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Prior Authorization Threshold for Procedure Code B9998 – NOC Enteral Supplies

Effective November 1, 2023, the Department of Social Services is updating the prior authorization (PA) threshold dollar amount when submitting claims for procedure code B9998 – Not otherwise classified (NOC) for Enteral Supplies. This provider bulletin supersedes provider bulletin 2015-21 "Billing Guidelines for Procedure Code B9998 – NOC Enteral Supplies."

PA Threshold

The fee for procedure code B9998 is listed as "Zero" on the Parenteral/Enteral Supplies fee schedule. **Providers <u>must</u> continue to bill this code at Actual Acquisition Cost (AAC) plus 25%.** PA is required when the billed amount for the enteral supplies is greater than the established PA threshold amount. Effective November 1, 2023, the PA threshold amount will change from \$150.00 to \$279.00.

PA Threshold	Effective Date	End Date
\$150.00	Current	10/31/2023
\$279.00	11/1/2023	12/31/2299

Providers will be required to obtain PA only if the billed amount is greater than \$279.00. Please note that any claims billed in excess of \$279.00 will deny without PA.

If you have any questions regarding this bulletin, please contact the Provider Assistance Center Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

Prior Authorization Submission Process

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.

