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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850

Financial Management Group/ Division of Reimbursement Review

February 4, 2020

Dr. Deidre Gifford, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105

RE: TN 19-0031

Dear Commissioner Gifford:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0031. The proposed amendment updates the Medical Equipment, Devices and Supplies (MEDS) fee schedule by updating pricing methodology to increase payment for two patient lift codes: E0639 and E0640.

The SPA also reduces monthly quantities for procedure code A4259 (lancets per box of JOO) allowed without prior authorization and adds prior authorization to codes L1960 and L1970 (ankle foot orthosis).

Finally, this SPA decreases reimbursement to the following procedure codes: A6198 (alginate or other fiber gelling dressing wound cover sterile); EI028 (Wheelchair accessory manual swing away retractable); E2620 (positioning wheelchair back cushion planar back) and K0040 (adjustable angle footplate each).

Based upon the information provided by the State, we have approved the amendment for incorporation into the official State Plan with an effective date of November 1, 2019. A copy of the CMS-179 and the approved plan page, Attachment 4.19-B Page 1(a)V is enclosed with this letter.

If you have any questions, please call Marie DiMartino at 978-330-8063 or by email at Marie.DiMartino@cms.hhs.gov

Sincerely,

/S/

Todd McMillion
Acting Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19-0031

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR,CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2019

5. TYPE OF STATE PLAN MATERIAL (Check One):

___ NEW STATE PLAN ___AMENDMENT TO BE CONSIDERED AS NEW PLAN _X_ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1905(a)(7) of the Social Security Act and 42 CFR 440.70(b)(3)

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 ($87,000)
b. FFY 2020 ($108,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-B, Page 1(a)v

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If applicable)
Attachment 4.19-B Page 1(a)v

10. SUBJECT OF AMENDMENT: As described in more detail in the cover letter for this SPA, effective November 1, 2019, SPA 19-0031 amends Attachment 4.19-B of the Medicaid State Plan in order to update the Medical Equipment, Devices and Supplies (MEDS) fee schedule as follows: Update pricing methodology to increase payment for two patient lift codes: E0639 and E0640; reduce monthly quantities for procedure code A4259 (lancets per box of JOO) allowed without prior authorization; add prior authorization to codes LI 960 and Ll970 (ankle foot orthosis); decrease reimbursement to the following procedure codes: A6 J 98 (alginate or other fiber gelling dressing wound cover sterile); E I028 (Wheelchair accessory manual swingaway retractable); E2620 (positioning wheelchair back cushion planar back) and K0040 (adjustable angle footplate each).

11. GOVERNOR'S REVIEW (Check One):

_X_ GOVERNOR'S OFFICE REPORTED NO COMMENT
__ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
__ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
__ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
/S/

TYPED NAME: Kathleen M. Brennan

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 30, 2019

16. RETURN TO:

State of Connecticut
Department of Social Services
55 Farmington Avenue, 9th Floor
Hartford, CT 06105
Attention: Ginny Mahoney, Medical Policy

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 31 2019

18. DATE APPROVED: February 4 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
/S/

21. TYPED NAME: Todd McMillion

22. TITLE: Acting Director
Financial Management Group

23. REMARKS

FORM CMS-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

(7) Home Health Services –

(a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.

(b) Home health aide services provided by a home health agency with limitations.

(c) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (c) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." Home health service rates were set as of October 1, 2019 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency's website. The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

(d) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of November 1, 2019 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to "Provider," then to "Provider Fee Schedule Download." Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

(8) Private duty nursing services – Not provided.