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

Re: SPA 17-M: Medical Equipment, Devices and Supplies (MEDS) Reimbursement Update

Dear Ms. Mahoney:

We are writing today to express our concern regarding the recently announced reimbursement Connecticut Medicaid update for procedure code S1040—Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s).

The American Orthotic & Prosthetic Association (AOPA), founded in 1917, is the largest national orthotic and prosthetic trade association with a membership that draws from all segments of the field of artificial limbs and customized bracing for the benefit of patients who have experienced limb loss or mobility impairment resulting from a trauma, chronic disease or health condition. AOPA's membership includes patient care facilities, manufacturers and distributors of prostheses, orthoses and related products, and educational and research institutions.

AOPA has significant concern regarding the impact an approximate 40% reimbursement reduction will have on Connecticut Medicaid Beneficiary's access to medically necessary treatment for infant plagiocephaly through the use of a cranial remolding orthosis.

The *Notice of Proposed Medicaid State Plan Amendment* (SPA) that was published on February 28, 2017 indicates that the purpose of the proposed reimbursement reduction for HCPCS code S1040 is to be consistent with fees paid by other states and to contain costs. While the proposed reimbursement amount for S1040 does not represent the lowest amount paid by a Medicaid program in the United States, it is significantly below the average Medicaid reimbursement amount on a national basis. More importantly, a 40% reduction represents an unreasonable reduction that will create undue burden and hardship on providers of, as well as patients who require cranial remolding orthoses, ultimately leading to access to care issues for Medicaid beneficiaries who are seeking cost effective, non-surgical procedures to treat infant plagiocephaly.

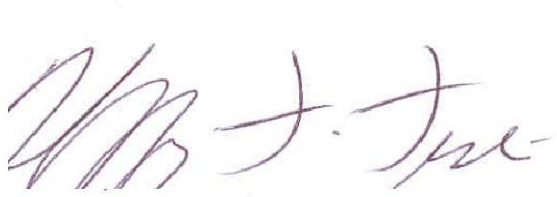
The treatment process that is involved with the provision of a cranial remolding orthosis is much more that the simple fabrication and delivery of the orthosis. In order to be effective, the orthosis must be adjusted regularly to encourage and/or restrict growth of the infant skull in certain areas. These adjustments require regular follow up visits with an orthotist throughout the treatment period in order to modify the cranial remolding orthosis according to the needs of the specific patient.

A drastic reduction in Connecticut Medicaid reimbursement rates, such as the proposed 40% reduction in the SPA, means that Medicaid payments will not cover the true cost of the provision of the cranial remolding orthosis as well as the required follow up care and adjustments that are necessary for the cranial remolding orthosis to be an effective mode of treatment for infant plagiocephaly. This will inevitably lead to a reduction in the number of orthotic and prosthethic providers who will be able to provide this medically necessary service to Connecticut Medicaid recipients resulting in a significant access to care issue for your beneficiaries.

A second concern involves changes to the prior authorization process for the provision of cranial remolding orthoses described by HCPCS code S1040. While the adoption of the McKesson InterQual® criteria in conjunction with the definition of Medical Necessity currently in Connecticut statutes may not, at initial glance, seem unreasonable, AOPA is concerned that the revised prior authorization process will result in unnecessary delays in the provision of medically necessary care. One of the keys to success for treatment with a cranial remolding orthosis is early intervention. Delays in the initiation of treatment due to an extended prior authorization process may significantly impact the chances for successful treatment with cranial remolding orthoses. The revised prior authorization process would need to assure completion within reasonable time frames to be acceptable, and even then, there is the likelihood of outliers in timing that could result in denial of access, and/or reduced quality of care to patients.

AOPA urges you to reconsider the decision to arbitrarily reduce the reimbursement for HCPCS code S1040 and we ask that the current fee schedule amount be restored immediately. In addition, we respectfully request that changes to the prior authorization process for cranial remolding orthoses are reviewed in order to ensure that it will not result in delayed treatment.

Sincerely,



Thomas. F. Fise

Executive Director