

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Lisa Trumbell

**Phone Number:** 517-284-1226

Initial

Public Comment

Final

**Brief description of policy:**

This policy serves as a supplemental billing policy to MSA 20-14 and includes costs for personal protection equipment (PPE).

**Reason for policy (problem being addressed):**

To provide billing guidance to durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) providers regarding MSA 20-14.

**Budget implication:**

budget neutral

will cost MDHHS \$ 2 million-\$3 million, and is not budgeted in current appropriation

will save MDHHS \$

**Is this policy change mandated per federal requirements?**

No

**Does policy have operational implications on other parts of MDHHS?**

Yes

**Does policy have operational implications on other departments?**

No

**Summary of input:**

controversial

acceptable to most/all groups

limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date:                      Approval                      Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2031-DMEPOS	<b>Date:</b> July 20, 2020

**Comments Due:** August 24, 2020  
**Proposed Effective Date:** March 1, 2020  
**Direct Comments To:** Lisa Trumbell, DMEPOS Policy Specialist  
**Address:** N/A  
**E-Mail Address:** [trumbell@michigan.gov](mailto:trumbell@michigan.gov)  
**Phone:** 517-284-1226 **Fax:**

<p><b>Policy Subject:</b> COVID-19 Response: Durable Medical Equipment, Prosthetics, Orthotics, Medical Supplies Supplemental Billing Policy to MSA 20-14</p> <p><b>Affected Programs:</b> Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS)</p> <p><b>Distribution:</b> Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, Hospitals, Physicians, Pharmacies, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)</p> <p><b>Summary:</b> This policy serves as a supplemental billing policy to MSA 20-14 and includes costs for personal protection equipment (PPE).</p> <p><b>Purpose:</b> To provide billing guidance to DMEPOS providers regarding MSA 20-14.</p> <p><b>Cost Implications:</b> Will cost the Michigan Department of Health and Human Services (MDHHS) between \$2 million-\$3 million (\$1 million to fee-for-service)</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> No</p>
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<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
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**Tribal Notification:** Yes  No  - Date:

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

<b>Bureau/Administration</b> <i>(please print)</i>	<b>Date</b>
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**Bulletin Number:** MSA 20-25

**Distribution:** Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, Hospitals, Physicians, Pharmacies, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Issued:** July 20, 2020

**Subject:** COVID-19 Response: COVID-19 Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Supplemental Billing Policy to Bulletin MSA 20-14

**Effective:** March 1, 2020

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy supplements Bulletin MSA 20-14, issued March 26, 2020, and announces billing and coding requirements for items indicated in the bulletin during the COVID-19 emergency. The temporary policy changes in Bulletin MSA 20-14 apply to the Medicaid Health Plans (MHPs) and the Integrated Care Organizations (ICO's); however, billing instructions may differ. Refer to the beneficiary's specific MHP or ICO for billing instructions.

Consistent with public health emergency conditions at both the state and federal level related to COVID-19, the Michigan Department of Health and Human Services (MDHHS) is issuing this policy effective March 1, 2020. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

### **Billing for Items in Attachment A of MSA 20-14**

Prior authorization, quantity limits and documentation (other than the physician order) for items indicated in Attachment A of Bulletin MSA 20-14 are waived during the COVID-19 emergency. Providers are instructed to follow Medicaid National Correct Coding Initiative (NCCI) rules and current billing guidelines in the MDHHS Medicaid Provider Manual. The MDHHS Medicaid Provider Manual is available on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

**Temporary Coverage of Personal Protection Equipment (PPE)**

Coverage of the following PPE items will be available for patients diagnosed with or suspected of having COVID-19 during the COVID-19 emergency. The ordering physician must include the COVID-19 diagnosis on the order or, if the person has not been diagnosed with the virus, detail the medical need for the ordered item(s).

<b>HCPSC Code</b>	<b>Description</b>	<b>Required Modifier</b>	<b>Units</b>	<b>Rate</b>	<b>Note</b>
A4928	Surgical Masks, per 20		1 unit = 1 mask	\$0.45 per mask	Maximum of 30 masks, per month
A9286	Hygienic item or device, disposable or non-disposable, any type, each		1 unit = 1 ounce	\$0.55 per ounce	Use for hand sanitizer. Maximum of 32 ounces per month
E1399	Durable medical equipment, miscellaneous	CR	1 unit = 1 patient gown	\$0.78 per gown	Use for Centers for Disease Control and Prevention (CDC) recommended non-sterile disposable gown.

The CR modifier must be appended to E1399 on the claim line for gowns. If the CR modifier is missing, the claim may be denied. The provider must indicate the number of units and add the comment “gowns,” in the claim note field/loop on the claim.

The Healthcare Common Procedure Coding System (HCPCS) codes for temporary coverage of PPE will be listed on the Medical Supplier database on the MDHHS website, in the Medicaid Code and Rate Reference Tool in CHAMPS, and the COVID-19 Response database on the MDHHS website. The Medical Supplier and COVID-19 Response databases are located at: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information.

**Temporary Fees**

HCPCS Code	Description	Units	Rate
A4456	Adhesive Remover, Wipes, any type, each	1 unit = 1 wipe	\$0.28
A5083	Stoma Absorptive Cover	1 unit = 1 cover	\$0.75
A7522	Trach/Laryn Tube Stainless, each	1 unit = 1 tube	\$52.47

**Invoice Pricing**

The manually priced HCPCS codes listed below require the provider to submit an invoice through the Document Management Portal (DMP) and indicate “invoice in DMP,” in the claim note field/loop of the claim.

A4459, A4467, A6412, B4105, B4157, B4162, B4187, E0439\*

\*Code requires liter flow to be reported on claim.

Instructions for the DMP are located at:

[www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> CHAMPS >> CHAMPS Functions >> External Links >> Document Management Portal (DMP). Providers needing assistance may contact Provider Support by telephone at: 1-800-292-2550 or email: [providersupport@michigan.gov](mailto:providersupport@michigan.gov).

**DMEPOS Replacements During the COVID-19 Emergency**

MDHHS will waive the requirements for prior authorization and the need for new medical documentation (e.g. order, Certificate of Medical Necessity [CMN], medical documentation) for the replacement of DMEPOS items that have been lost, destroyed, irreparably damaged, or otherwise unusable or unavailable during the COVID-19 emergency.

The replacement (RA) modifier must be appended to the HCPCS code on the claim line. The provider must submit an invoice through the DMP and indicate “invoice in DMP,” in the claim note field/loop of the claim, along with a summary describing the circumstances requiring the need for a replacement (e.g. invoice in DMP, date: 4/25/20 wheelchair was damaged in a fire). The supporting documentation (e.g. fire report) must be kept in the beneficiary file. Documentation must be made available upon request.

### **Items Included in Rental Fee/Service**

HCPCS codes listed in the table below are included in the oxygen rental. Separate reimbursement is only available if Medicare or other insurance made separate payment for the item.

<b>HCPCS Code</b>	<b>Description</b>	<b>Note</b>
A4620	Variable Concentration Mask	Included in the oxygen rental.
E1356	Batt Pack/Cart, Portable Concentrator	Included in the portable concentrator rental.
E1357	Battery Charger, Portable Concentrator	Included in portable concentrator rental.

### **Quantities Supplied**

To avoid service interruptions and to promote social distancing, MDHHS will allow providers to ship up to a 90-day supply of the items indicated in Bulletin MSA 20-14 during the COVID-19 emergency. The quantity provided must meet the amount and length of time indicated on the physician order. Billing and prescription rules indicated in the MDHHS Medicaid Provider Manual, in bulletin MSA 20-14, and this policy apply.

### **Physician Orders**

Physician orders for items in Attachment A of Bulletin MSA 20-14 and PPE must include all required elements indicated in current policy and provide the medical reason for the ordered quantity. The order must be kept in the beneficiary file and be available upon request. Providers are reminded that billing for items when the required documentation is not obtained from the physician or in the beneficiary file is not in compliance with Medicaid policy and could result in post-payment recovery of funds or provider audit. All other documentation requirements (e.g. CMNs, documentation timelines, medical records, tests, etc.) are waived during the COVID-19 emergency.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Lisa Trumbell, Policy Specialist, via e-mail at:

E-mail: [Trumbelll@michigan.gov](mailto:Trumbelll@michigan.gov)

Please include "COVID-19 Response: COVID-19 Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Supplemental Billing Policy to Bulletin MSA 20-14" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Information is time-limited and will not be incorporated into any policy or procedure manuals.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **Approved**

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration