

MEDICAID POLICY INFORMATION SHEET

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Initial

Public Comment

Final

Brief description of policy:

This bulletin revises current pneumatic compressor and appliances (lymphedema pump) policy to incorporate a new type of compression device (non-pneumatic).

Reason for policy (problem being addressed):

The Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Workgroup established HCPCS codes for a new type of compression device (non-pneumatic) that performs the same function as pneumatic compressors but does not use air to perform compression therapy. This bulletin updates current policy to include coverage of non-pneumatic compressors and appliances.

Budget implication:

budget neutral

will cost MDHHS \$ _____, and (select one) 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?

No

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	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: _____ Approval	Date: _____

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2236-DMEPOS	Date: October 5, 2022

Comments Due: November 9, 2022
Proposed Effective Date: January 1, 2023
Direct Comments To: Lisa Trumbell, DMEPOS Policy Specialist
Address:
E-Mail Address: trumbell@michigan.gov
Phone: 517-284-1226 **Fax:**

Policy Subject: Revisions to Pneumatic Compressors and Appliances (Lymphedema Pumps) Policy

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

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Hospitals, Clinics

Summary: This bulletin revises the current pneumatic compressor and appliances (Lymphedema pump) policy to incorporate a new type of compression devices (non-pneumatic).

Purpose: To add the new Healthcare Common Procedure Coding System (HCPCS) codes (non-pneumatic) to policy and to define the difference between pneumatic and non-pneumatic lymphedema compression devices.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: No

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: 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"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
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Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
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Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Medical Suppliers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs), Hospitals, Clinics

Issued: December 1, 2022 (Proposed)

Subject: Revisions to Pneumatic Compressors and Appliances (Lymphedema Pumps) Policy

Effective: January 1, 2023 (Proposed)

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

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

This bulletin announces revisions to the pneumatic compressors (lymphedema pumps) and appliances policy to incorporate a new type of compression device (non-pneumatic compressor), effective January 1, 2023.

New Definition

Lymphedema compressors (pump) and appliances (sleeve/garment) apply pressure to a limb to remove excess fluid from the limb. The compressor may be pneumatic (uses air to compress) or non-pneumatic (other compression mechanism used such as nickel-titanium shape-memory alloy). The compressor and appliance may be either non-segmented (single chamber) or segmented (multiple chambers) with or without calibrated gradient pressure.

Update to Standards of Coverage

A pneumatic or non-pneumatic compression device may be covered only as a treatment of last resort (e.g., other less intensive treatment has not been effective).

Prior Authorization

Prior authorization is required for all compressors and appliances. Coverage will only be provided for one type of compressor (pneumatic or non-pneumatic).

Addition to Payment Rules

For purchased items, the manufacturer's warranty must be exhausted prior to submitting a request for a repair to the device or for replacement part(s).

All other policy standards of coverage, documentation, prior authorization, and payment rules remain unchanged.