

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Lisa Trumbell

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

Initial

Public Comment

Final

**Brief description of policy:**

This policy ends portions of the COVID-19 durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) temporary policies in stages prior to the end of the Federal Public Health Emergency.

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

To restore prior authorization and documentation requirements to pre-COVID-19 policy requirements.

**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?**

Yes

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

Yes - Program Review Division.

**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> 2249-DMEPOS	<b>Date:</b> October 24, 2022

**Comments Due:** November 28, 2022  
**Proposed Effective Date:** As Indicated  
**Direct Comments To:** Lisa Trumbell  
**Address:**  
**E-Mail Address:** [trumbell@michigan.gov](mailto:trumbell@michigan.gov)  
**Phone:** 517-284-1226 **Fax:**

**Policy Subject:** Reversal of Temporary COVID-19 Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Policies

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

**Distribution:** DMEPOS Providers, Hospitals, Practitioners, Pharmacies, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

**Summary:** This policy ends portions of the COVID-19 DMEPOS temporary policies in stages prior to the end of the Federal Public Health Emergency.

**Purpose:** To restore prior authorization and documentation requirements to pre-COVID-19 policy requirements.

**Cost Implications:** Budget neutral

**Potential Hearings & Appeal Issues:** Yes

<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>If yes, date submitted:</b>	<b>Submitted date:</b>

**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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# Proposed Policy Draft

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

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

**Issued:** November 1, 2022 (Proposed)

**Subject:** Reversal of Temporary COVID-19 DMEPOS Policies

**Effective:** As Indicated (Proposed)

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

Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs) 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 or ICO, the provider must check with the beneficiary's MHP/ICO for prior authorization requirements.

This bulletin notifies providers of the intent by the Michigan Department of Health and Human Services (MDHHS) to reverse portions of the temporary COVID-19 DMEPOS policies prior to the end of the Public Health Emergency (PHE) (beginning December 1, 2022, ending January 1, 2023). The temporary policies impacted by this bulletin include: [MSA 20-14](#), [MSA 20-25](#), [MSA 20-32](#), [MSA 20-35](#), and [MSA 20-62](#). This policy applies to Medicaid Fee-for-Service (FFS), Medicaid Health Plans (MHPs) and the Integrated Care Organizations (ICOs).

The purpose of the temporary COVID-19 policies was to maintain access to vital home-delivered medical equipment/supplies while protecting the health and welfare of beneficiaries and DMEPOS providers during the COVID-19 pandemic. With the development of COVID-19 vaccines and decreases in COVID-19 cases, MDHHS intends to end portions of the temporary policies prior to the end of the PHE. MDHHS will implement these reversals in stages beginning December 1, 2022. Reversal Stage dates indicated in this bulletin are contingent upon the federal PHE end date. Should the PHE end during any of the dates depicted in this bulletin, MDHHS is required to reverse the temporary policies no later than end of the federal PHE. Note Attachments A and B, included with this bulletin.

To prepare beneficiaries and providers for these changes, reversals will be performed in stages as follows:

### **Stage 1 – Effective December 1, 2022**

- Pre-pandemic documentation requirements restored (e.g., certificates of medical necessity [CMNs], documentation timelines, lab tests, etc.) for items in Attachment A (Stage 1).
- Restore prior authorization (PA) of walking boots, wheelchair batteries, blood pressure monitors, enteral formula/supplies, parenteral formula/supplies, home infusion/supplies, incontinence products, catheters and ostomy products. (Refer to Attachment A [Stage 1].)
  - Providers will no longer submit invoices for manually priced items through the Document Management Portal (DMP). Submit invoices to the Program Review Division (PRD) or the Telephone PA Contractor, as applicable (refer to the Medicaid Provider Manual).
  - Temporary fees applied during the PHE will revert to pre-PHE rates (e.g., labor units will be removed from the wheelchair battery Healthcare Common Procedure Coding System [HCPCS] codes).
- Restore PA for replacement of DMEPOS items.
- End coverage of hand sanitizer (HCPCS A9286). Due to the high volume of recalls and counterfeit products identified by the U.S. Food & Drug Administration (FDA) regarding hand sanitizer and the continued suggestion from the Centers for Disease Control and Prevention (CDC) that washing hands with soap and water is the most effective means to prevent the spread of contaminants, MDHHS is ending coverage of hand sanitizers.

### **Stage 2 - Effective January 1, 2023**

- Restore PA of medical supplies, diabetic supplies, surgical dressings, wound supplies, respiratory and tracheostomy supplies. (Refer to Attachment A [Stage 2].)
- Pre-pandemic documentation requirements restored (e.g., CMNs, documentation timelines, lab tests, etc.) for items in Attachment A (Stage 2).
- End coverage of spirometers for home use (such services are included in outpatient clinic services).

### **Documentation**

During the PHE, MDHHS waived all required documentation except for the practitioner order. Effective December 1, 2022, all documentation requirements as indicated in the Medical Supplier Chapter of the MDHHS Medicaid Provider Manual will be restored in stages (refer to timelines for Stages 1 and 2 above). As a reminder to providers, although additional documentation was waived during the PHE, specific policy standards of coverage remained in effect.

## **Practitioner Prescriptions/Orders**

Prescriptions/orders written on or before the effective date for each Stage (1 & 2) above will continue to be honored per the order and timeframes (order must be less than 12 months from the practitioner's original signature date) indicated in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual.

- Example: Order is for an item listed in Attachment A (Stage 1, effective date December 1, 2022). Order signature date is November 1, 2022, for 12 months of catheter refills. The physician order expires November 1, 2023.

## **Documentation Waived During the PHE (e.g., CMNs, Lab Tests, etc.)**

Effective December 1, 2022, MDHHS will reinstate documentation requirements waived during the PHE. Reinstatement of documentation will occur per the stages indicated above (and in Attachment A). (Refer to the general documentation and specific policy requirements indicated in the Medical Supplier Chapter of the MDHHS Medicaid Provider Manual for documentation criteria.) MDHHS will not require a new CMN or other documentation if there is a current order on file (original signature date less than 12 months old). The durable medical equipment (DME) provider may make note in the beneficiary file "CMN/other documentation waived per MSA 20-14." Upon expiration of the original practitioner order, a new order, CMN and other applicable documentation indicated in specific policy is required. This applies to all items indicated in Attachment A regardless of whether the item requires PA. All documentation must be kept in the beneficiary's file and be available upon request. (See examples in Attachment B.)

In preparation for the reinstatement of documentation requirements, providers should monitor beneficiary files and coordinate with the beneficiary and the beneficiary's practitioner as appropriate. Providers are reminded that billing for items when the required documentation is not obtained from the practitioner and in the beneficiary's file is not in compliance with Medicaid policy and could result in post-payment recovery of funds or provider audit.

## **MSA 20-35 & MSA 20-62:**

The portions of bulletin MSA 20-35 and MSA 20-62 regarding Interim final rule CMS-5531, which amends 42 CFR 440.70 (a)(2) are permanent changes and will not be reversed.

Items from temporary policies MSA 20-14, MSA 20-25, MSA 20-32, MSA 20-35 and MSA 20-62 not included in this bulletin remain in effect until the end of the PHE.

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

Some items may only require prior authorization for medical need beyond the policy standards of coverage or that exceed quantity limits/frequency. Refer to specific policies in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual and the Medicaid Code and Rate Reference tool in the Community Health Automated Medicaid Processing System (CHAMPS).

Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A4310	Insert Tray W/O Bag/Cath	A4206	1 Cc Sterile Syringe&Needle
A4311	Catheter W/O Bag 2-Way Latex	A4207	2 Cc Sterile Syringe&Needle
A4312	Cath W/O Bag 2-Way Silicone	A4208	3 Cc Sterile Syringe&Needle
A4313	Catheter W/Bag 3-Way	A4209	5+ Cc Sterile Syringe&Needle
A4314	Cath W/Drainage 2-Way Latex	A4210	Nonneedle Injection Device
A4315	Cath W/Drainage 2-Way Silcne	A4213	20+ Cc Syringe Only
A4316	Cath W/Drainage 3-Way	A4215	Sterile Needle
A4320	Irrigation Tray	A4230	Infus Insulin Pump Non Needl
A4322	Irrigation Syringe	A4231	Infusion Insulin Pump Needle
A4326	Male External Catheter	A4232	Syringe W/Needle Insulin 3cc
A4328	Fem Urinary Collect Pouch	A4244	Alcohol Or Peroxide Per Pint
A4330	Stool Collection Pouch	A4245	Alcohol Wipes Per Box
A4331	Extension Drainage Tubing	A4246	Betadine/Phisohex Solution
A4333	Urinary Cath Anchor Device	A4247	Betadine/Iodine Swabs/Wipes
A4334	Urinary Cath Leg Strap	A4250	Urine Reagent Strips/Tablets
A4335	Incontinence Supply	A4253	Blood Glucose/Reagent Strips
A4338	Indwelling Catheter Latex	A4256	Calibrator Solution/Chips
A4340	Indwelling Catheter Special	A4259	Lancets Per Box
A4344	Cath Indw Foley 2 Way Silicn	A4481	Tracheostoma Filter
A4346	Cath Indw Foley 3 Way	A4606	Oxygen probe used w oximeter
A4349	Disposable Male External Cat	A4614	Hand-Held Pefr Meter
A4351	Straight Tip Urine Catheter	A4620	Variable Concentration Mask

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

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Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A4352	Coude Tip Urinary Catheter	A4623	Tracheostomy Inner Cannula
A4353	Intermittent Urinary Cath	A4624	Tracheal Suction Tube
A4354	Cath Insertion Tray W/Bag	A4625	Trach Care Kit For New Trach
A4355	Bladder Irrigation Tubing	A4626	Tracheostomy Cleaning Brush
A4357	Bedside Drainage Bag	A4627	Spacer Bag/Reservoir
A4358	Urinary Leg Or Abdomen Bag	A4628	Oropharyngeal Suction Cath
A4361	Ostomy Face Plate	A4629	Tracheostomy Care Kit
A4362	Solid Skin Barrier	A4657	Syringe W/Wo Needle
A4363	Ostomy Clamp, Replacement	A6010	Collagen Based Wound Filler
A4364	Adhesive, Liquid Or Equal	A6011	Collagen Gel/Paste Wound Fil
A4367	Ostomy Belt	A6021	Collagen Dressing <=16 Sq In
A4368	Ostomy Filter	A6022	Collagen Drsg>16<=48 Sq In
A4369	Skin Barrier Liquid Per Oz	A6023	Collagen Dressing >48 Sq In
A4371	Skin Barrier Powder Per Oz	A6024	Collagen Dsg Wound Filler
A4372	Skin Barrier Solid 4x4 Equiv	A6025	Silicone Gel Sheet, Each
A4373	Skin Barrier With Flange	A6196	Alginate Dressing <=16 Sq In
A4375	Drainable Plastic Pch W Fcpl	A6197	Alginate Drsg >16 <=48 Sq In
A4376	Drainable Rubber Pch W Fcpl	A6198	Alginate Dressing > 48 Sq In
A4377	Drainable Plstic Pch W/O Fp	A6199	Alginate Drsg Wound Filler
A4378	Drainable Rubber Pch W/O Fp	A6203	Composite Drsg <= 16 Sq In
A4379	Urinary Plastic Pouch W Fcpl	A6204	Composite Drsg >16<=48 Sq In

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

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Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A4380	Urinary Rubber Pouch W Fcplt	A6205	Composite Drsg > 48 Sq In
A4381	Urinary Plastic Pouch W/O Fp	A6206	Contact Layer <= 16 Sq In
A4382	Urinary Hvy Plstc Pch W/O Fp	A6207	Contact Layer >16<= 48 Sq In
A4383	Urinary Rubber Pouch W/O Fp	A6208	Contact Layer > 48 Sq In
A4385	Ost Skn Barrier Sld Ext Wear	A6209	Foam Drsg <=16 Sq In W/O Bdr
A4387	Ost Clsd Pouch W Att St Barr	A6210	Foam Drg >16<=48 Sq In W/O B
A4388	Drainable Pch W Ex Wear Barr	A6211	Foam Drg > 48 Sq In W/O Brdr
A4389	Drainable Pch W St Wear Barr	A6212	Foam Drg <=16 Sq In W/Border
A4390	Drainable Pch Ex Wear Convex	A6213	Foam Drg >16<=48 Sq In W/Bdr
A4391	Urinary Pouch W Ex Wear Barr	A6214	Foam Drg > 48 Sq In W/Border
A4392	Urinary Pouch W St Wear Barr	A6215	Foam Dressing Wound Filler
A4393	Urine Pch W Ex Wear Bar Conv	A6216	Non-Sterile Gauze<=16 Sq In
A4394	Ostomy Pouch Liq Deodorant	A6217	Non-Sterile Gauze>16<=48 Sq
A4395	Ostomy Pouch Solid Deodorant	A6218	Non-Sterile Gauze > 48 Sq In
A4397	Irrigation Supply Sleeve	A6219	Gauze <= 16 Sq In W/Border
A4398	Ostomy Irrigation Bag	A6220	Gauze >16 <=48 Sq In W/Bordr
A4399	Ostomy Irrig Cone/Cath W Brs	A6221	Gauze > 48 Sq In W/Border
A4400	Ostomy Irrigation Set	A6222	Gauze <=16 In No W/Sal W/O B
A4402	Lubricant Per Ounce	A6223	Gauze >16<=48 No W/Sal W/O B
A4404	Ostomy Ring Each	A6224	Gauze > 48 In No W/Sal W/O B
A4405	Nonpectin Based Ostomy Paste	A6231	Hydrogel Dsg<=16 Sq In
A4406	Pectin Based Ostomy Paste	A6232	Hydrogel Dsg>16<=48 Sq In

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

Some items may only require prior authorization for medical need beyond the policy standards of coverage or that exceed quantity limits/frequency. Refer to specific policies in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual and the Medicaid Code and Rate Reference tool in the Community Health Automated Medicaid Processing System (CHAMPS).

Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A4407	Ext Wear Ost Skn Barr <=4sq	A6233	Hydrogel Dressing >48 Sq In
A4408	Ext Wear Ost Skn Barr >4sq	A6234	Hydrocolld Drg <=16 W/O Bdr
A4409	Ost Skn Barr Convex <=4 Sq l	A6235	Hydrocolld Drg >16<=48 W/O B
A4410	Ost Skn Barr Extnd >4 Sq	A6236	Hydrocolld Drg > 48 In W/O B
A4411	Ost Skn Barr Extnd =4sq	A6237	Hydrocolld Drg <=16 In W/Bdr
A4412	Ost Pouch Drain High Output	A6238	Hydrocolld Drg >16<=48 W/Bdr
A4413	2 Pc Drainable Ost Pouch	A6239	Hydrocolld Drg > 48 In W/Bdr
A4414	Ost Sknbar W/O Conv<=4 Sq In	A6240	Hydrocolld Drg Filler Paste
A4415	Ost Skn Barr W/O Conv >4 Sqi	A6241	Hydrocolloid Drg Filler Dry
A4416	Ost Pch Clsd W Barrier/Filtr	A6242	Hydrogel Drg <=16 In W/O Bdr
A4417	Ost Pch W Bar/Bltinconv/Filtr	A6243	Hydrogel Drg >16<=48 W/O Bdr
A4418	Ost Pch Clsd W/O Bar W Filtr	A6244	Hydrogel Drg >48 In W/O Bdr
A4419	Ost Pch For Bar W Flange/Fit	A6245	Hydrogel Drg <= 16 In W/Bdr
A4420	Ost Pch Clsd For Bar W Lk FI	A6246	Hydrogel Drg >16<=48 In W/B
A4422	Ost Pouch Absorbent Material	A6247	Hydrogel Drg > 48 Sq In W/B
A4423	Ost Pch For Bar W Lk FI/Filtr	A6248	Hydrogel Drsg Gel Filler
A4424	Ost Pch Drain W Bar & Filter	A6250	Skin Seal Protect Moisturizr
A4425	Ost Pch Drain For Barrier FI	A6251	Absorpt Drg <=16 Sq In W/O B
A4426	Ost Pch Drain 2 Piece System	A6252	Absorpt Drg >16 <=48 W/O Bdr
A4427	Ost Pch Drain/Barr Lk Flng/F	A6253	Absorpt Drg > 48 Sq In W/O B
A4428	Urine Ost Pouch W Faucet/Tap	A6254	Absorpt Drg <=16 Sq In W/Bdr

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

Some items may only require prior authorization for medical need beyond the policy standards of coverage or that exceed quantity limits/frequency. Refer to specific policies in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual and the Medicaid Code and Rate Reference tool in the Community Health Automated Medicaid Processing System (CHAMPS).

Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A4429	Urine Ost Pouch W Bltinconv	A6255	Absorpt Drg >16<=48 In W/Bdr
A4430	Ost Urine Pch W B/Bltin Conv	A6256	Absorpt Drg > 48 Sq In W/Bdr
A4431	Ost Pch Urine W Barrier/Tapv	A6257	Transparent Film <= 16 Sq In
A4432	Os Pch Urine W Bar/Fange/Tap	A6258	Transparent Film >16<=48 In
A4433	Urine Ost Pch Bar W Lock Fln	A6259	Transparent Film > 48 Sq In
A4434	Ost Pch Urine W Lock Flng/Ft	A6260	Wound Cleanser Any Type/Size
A4435	1pc Ost Pch Drain Hgh Output	A6261	Wound Filler Gel/Paste /Oz
A4450	Non-Waterproof Tape	A6262	Wound Filler Dry Form / Gram
A4452	Waterproof Tape	A6266	Impreg Gauze No H20/Sal/Yard
A4455	Adhesive Remover Per Ounce	A6402	Sterile Gauze <= 16 Sq In
A4456	Adhesive Remover, Wipes	A6403	Sterile Gauze>16 <= 48 Sq In
A4458	Reusable Enema Bag	A6404	Sterile Gauze > 48 Sq In
A4459	Manual Pump Enema, Reusable	A6407	Packing Strips, Non-Impreg
A4467	Belt Strap Sleev Grmnt Cover	A6410	Sterile Eye Pad
A4663	Dialysis blood pressure cuff	A6411	Non-Sterile Eye Pad
A4670	Automatic bp monitor, dial	A6412	Occlusive Eye Patch
A5051	Pouch Clsd W Barr Attached	A6441	Pad Band W>=3" <5"/Yd
A5052	Clsd Ostomy Pouch W/O Barr	A6442	Conform Band N/S W<3"/Yd
A5053	Clsd Ostomy Pouch Faceplate	A6443	Conform Band N/S W>=3"<5"/Yd
A5054	Clsd Ostomy Pouch W/Flange	A6444	Conform Band N/S W>=5"/Yd
A5055	Stoma Cap	A6445	Conform Band S W <3"/Yd
A5056	1 Pc Ost Pouch W Filter	A6446	Conform Band S W>=3" <5"/Yd

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

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Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
A5057	1 Pc Ost Pou W Built-In Conv	A6447	Conform Band S W >=5"/Yd
A5061	Pouch Drainable W Barrier At	A6448	Lt Compres Band <3"/Yd
A5062	Drnble Ostomy Pouch W/O Barr	A6449	Lt Compres Band >=3" <5"/Yd
A5063	Drain Ostomy Pouch W/Flange	A6450	Lt Compres Band >=5"/Yd
A5071	Urinary Pouch W/Barrier	A6451	Mod Compres Band W>=3"<5"/Yd
A5072	Urinary Pouch W/O Barrier	A6452	High Compres Band W>=3"<5"Yd
A5073	Urinary Pouch On Barr W/FIng	A6453	Self-Adher Band W <3"/Yd
A5081	Stoma Plug Or Seal, Any Type	A6454	Self-Adher Band W>=3" <5"/Yd
A5082	Continent Stoma Catheter	A6455	Self-Adher Band >=5"/Yd
A5083	Stoma Absorptive Cover	A6456	Zinc Paste Band W >=3"<5"/Yd
A5093	Ostomy Accessory Convex Inse	A6457	Tubular Dressing
A5112	Urinary Leg Bag	A6460	Synthetic Drsg <= 16 Sq In
A5120	Skin Barrier, Wipe Or Swab	A6461	Synthetic Drsg >16<=48 Sq In
A5121	Solid Skin Barrier 6x6	A7000	Disposable Canister For Pump
A5122	Solid Skin Barrier 8x8	A7002	Tubing Used W Suction Pump
A5126	Disk/Foam Pad +Or- Adhesive	A7003	Nebulizer Administration Set
A5200	Percutaneous Catheter Anchor	A7004	Disposable Nebulizer Sml Vol
B4034	Enter Feed Supkit Syr By Day	A7005	Nondisposable Nebulizer Set
B4035	Enteral Feed Supp Pump Per D	A7006	Filtered Nebulizer Admin Set
B4036	Enteral Feed Sup Kit Grav By	A7007	Lg Vol Nebulizer Disposable
B4081	Enteral Ng Tubing W/ Stylet	A7009	Nebulizer Reservoir Bottle

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

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Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
B4082	Enteral Ng Tubing W/O Stylet	A7010	Disposable Corrugated Tubing
B4083	Enteral Stomach Tube Levine	A7012	Nebulizer Water Collec Devic
B4087	Gastro/Jejuno Tube, Std	A7015	Aerosol Mask Used W Nebulize
B4088	Gastro/Jejuno Tube, Low-Pro	A7016	Nebulizer Dome & Mouthpiece
B4102	Ef Adult Fluids And Electro	A7018	Water Distilled W/Nebulizer
B4105	Enzyme Cartridge Enteral Nut	A7025	Replace Chest Compress Vest
B4149	Ef Blenderized Foods	A7026	Replace Chst Cmprss Sys Hose
B4150	Ef Complet W/Intact Nutrient	A7027	Combination Oral/Nasal Mask
B4152	Ef Calorie Dense $\geq$ 1.5kcal	A7028	Repl Oral Cushion Combo Mask
B4153	Ef Hydrolyzed/Amino Acids	A7029	Repl Nasal Pillow Comb Mask
B4154	Ef Spec Metabolic Noninherit	A7030	Cpap Full Face Mask
B4155	Ef Incomplete/Modular	A7031	Replacement Facemask Interfa
B4157	Ef Special Metabolic Inherit	A7032	Replacement Nasal Cushion
B4158	Ef Ped Complete Intact Nut	A7033	Replacement Nasal Pillows
B4159	Ef Ped Complete Soy Based	A7034	Nasal Application Device
B4160	Ef Ped Caloric Dense $\geq$ 0.7kc	A7035	Pos Airway Press Headgear
B4161	Ef Ped Hydrolyzed/Amino Acid	A7036	Pos Airway Press Chinstrap
B4162	Ef Ped Specmetabolic Inherit	A7037	Pos Airway Pressure Tubing
B4185	Pn Soln Nos 10 Grams Lipids	A7038	Pos Airway Pressure Filter
B4187	Omegaven, 10 Grams Lipids	A7044	Pap Oral Interface
B4189	Parenteral Sol Amino Acid &	A7045	Repl Exhalation Port For Pap
B4193	Parenteral Sol 52-73 Gm Prot	A7046	Repl Water Chamber, Pap Dev
B4197	Parenteral Sol 74-100 Gm Pro	A7501	Tracheostoma Valve W Diaphra
B4199	Parenteral Sol > 100gm Prote	A7502	Replacement Diaphragm/Fplate
B4220	Parenteral Supply Kit Premix	A7503	Hmes Filter Holder Or Cap
B4224	Parenteral Administration Ki	A7504	Tracheostoma Hmes Filter
B9002	Enter Nutr Inf Pump Any Type	A7505	Hmes Or Trach Valve Housing

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

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Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
B9004	Parenteral Infus Pump Portab	A7506	Hmes/Trachvalve Adhesivedisk
B9006	Parenteral Infus Pump Statio	A7507	Integrated Filter & Holder
E2358	Gr34 nonsealed leadacid battery	A7508	Housing & Integrated Adhesiv
E2359	Gr34 sealed leadacid battery	A7509	Heat & Moisture Exchange Sys
E2360	22nf nonsealed leadacid	A7520	Trach/Laryn Tube Non-Cuffed
E2361	22nf sealed leadacid battery	A7521	Trach/Laryn Tube Cuffed
E2362	Gr24 nonsealed leadacid	A7522	Trach/Laryn Tube Stainless
E2363	Gr24 sealed leadacid battery	A7523	Tracheostomy Shower Protect
E2364	U1nonsealed leadacid battery	A7524	Tracheostoma Stent/Stud/Bttn
E2365	U1 sealed leadacid battery	A7525	Tracheostomy Mask
E2366	Battery charger, single mode	A7526	Tracheostomy Tube Collar
E2367	Battery charger, dual mode	A7527	Trach/Laryn Tube Plug/Stop
L4360	Pneumat walking boot pre cst	A9276	Disposable Sensor, Cgm Sys
L4361	Pneuma/vac walk boot pre ots	E0424	Stationary Compressed Gas O2
S5498	Hit Simple Cath Care	E0431	Portable Gaseous O2
S5501	Hit Complex Cath Care	E0434	Portable Liquid O2
S5502	Hit Interim Cath Care	E0439	Stationary Liquid O2
S5520	Hit Picc Insert Kit	E0441	Stationary O2 Contents, Gas
S5521	Hit Midline Cath Insert Kit	E0442	Stationary O2 Contents, Liq
S9326	Hit Cont Pain Per Diem	E0443	Portable O2 Contents, Gas
S9327	Hit Int Pain Per Diem	E0444	Portable O2 Contents, Liquid
S9330	Hit Cont Chem Diem	E0445	Oximeter Non-Invasive
S9331	Hit Intermit Chemo Diem	E0462	Rocking Bed W/ Or W/O Side R
S9338	Hit Immunotherapy Diem	E0465	Home Vent Invasive Interface
S9345	Hit Anti-Hemophil Diem	E0466	Home Vent Non-Invasive Inter
S9346	Hit Alpha-1-Proteinase Diem	E0470	Rad W/O Backup Non-Inv Intfrc
S9348	Hit Sympathomim Diem	E0471	Rad W/Backup Non Inv Intrfc
S9351	Hit Cont Antiemetic Diem	E0480	Percussor Elect/Pneum Home M
S9355	Hit Chelation Diem	E0484	Non-Elec Oscillatory Pep Dvc
S9374	Hit Hydra 1 Liter Diem	E0500	Ippb All Types
S9375	Hit Hydra 2 Liter Diem	E0550	Humidif Extens Supple W Ippb
S9376	Hit Hydra 3 Liter Diem	E0560	Humidifier Supplemental W/ I
S9377	Hit Hydra Over 3l Diem	E0561	Humidifier Nonheated W Pap
S9490	Hit Corticosteroid/Diem	E0562	Humidifier Heated Used W Pap
S9497	Hit Antibiotic Q3h Diem	E0565	Compressor Air Power Source
S9500	Hit Antibiotic Q24h Diem	E0570	Nebulizer With Compression
S9501	Hit Antibiotic Q12h Diem	E0574	Ultrasonic Generator W Svneb

## Attachment A – Project # 2249-DMEPOS: Restore Prior Authorization

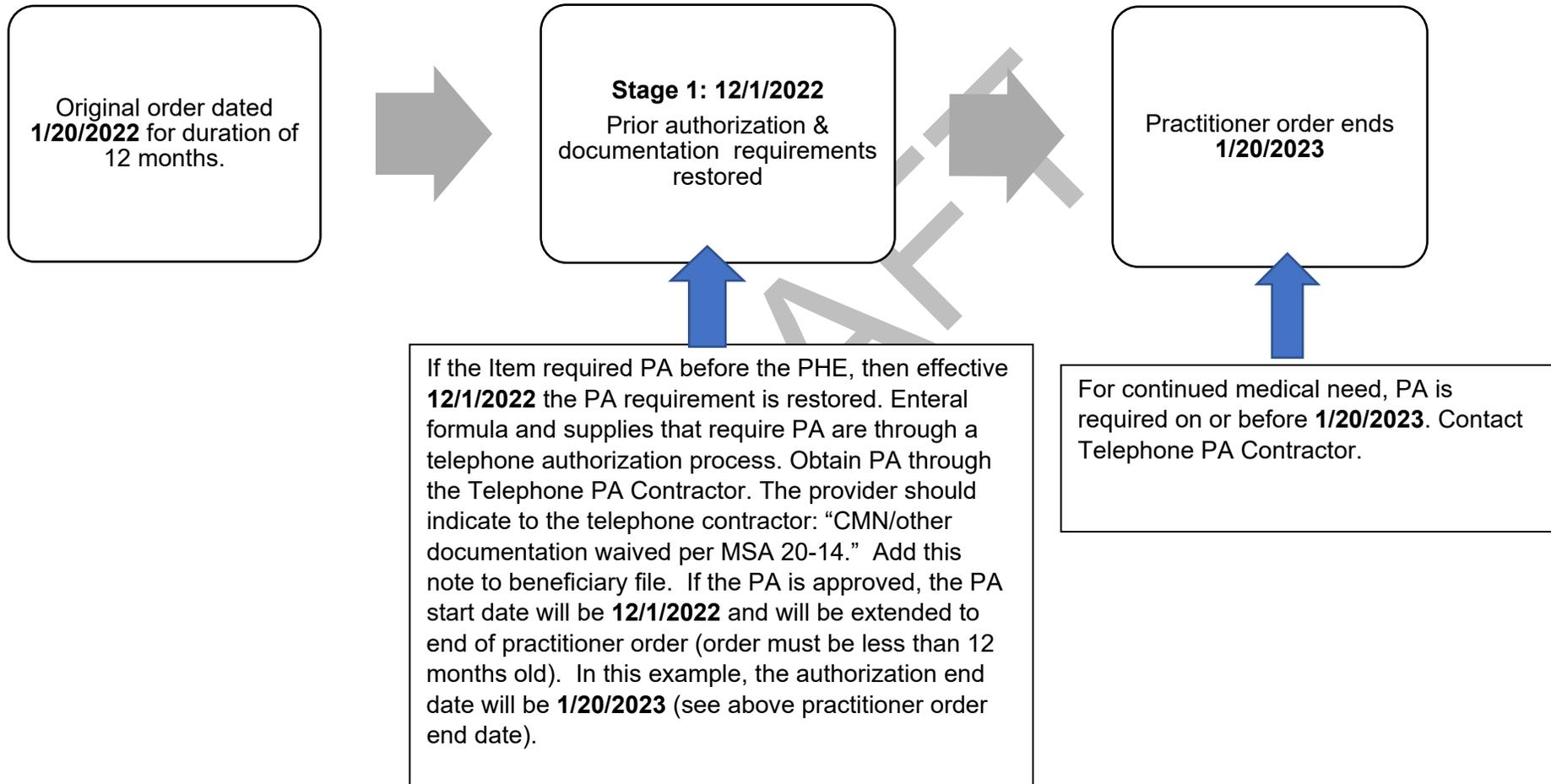
Some items may only require prior authorization for medical need beyond the policy standards of coverage or that exceed quantity limits/frequency. Refer to specific policies in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual and the Medicaid Code and Rate Reference tool in the Community Health Automated Medicaid Processing System (CHAMPS).

Stage 1 - Effective December 1, 2022		Stage 2 - Effective January 1, 2023	
Code	Short Description	Code	Short Description
S9502	Hit Antibiotic Q8h Diem	E0575	Nebulizer Ultrasonic
S9503	Hit Antibiotic Q6h Diem	E0585	Nebulizer W/ Compressor & He
S9504	Hit Antibiotic Q4h Diem	E0600	Suction Pump Portab Hom Modl
S9537	Ht Hem Horm Inj Diem	E0601	Cont Airway Pressure Device
T4521	Adult Size Brief/Diaper Sm	E1356	Batt Pack/Cart, Port Conc
T4522	Adult Size Brief/Diaper Med	E1357	Battery Charger, Port Conc
T4523	Adult Size Brief/Diaper Lg	E1390	Oxygen Concentrator
T4524	Adult Size Brief/Diaper XI	E1391	Oxygen Concentrator, Dual
T4525	Adult Size Pull-On Sm	E1405	O2/Water Vapor Enrich W/Heat
T4526	Adult Size Pull-On Med	E1406	O2/Water Vapor Enrich W/O He
T4527	Adult Size Pull-On Lg	K0553	Ther Cgm Supply Allowance
T4528	Adult Size Pull-On XI	S8185	Flutter Device
T4529	Ped Size Brief/Diaper Sm/Med	S8186	Swivel Adaptor
T4530	Ped Size Brief/Diaper Lg	S8210	Mucus Trap
T4531	Ped Size Pull-On Sm/Med		
T4532	Ped Size Pull-On Lg		
T4533	Youth Size Brief/Diaper		
T4534	Youth Size Pull-On		
T4535	Disposable Liner/Shield/Pad		
T4536	Reusable Pull-On Any Size		
T4541	Large Disposable Underpad		
T4542	Small Disposable Underpad		
T4543	Adult Disp Brief/Diap Abv XI		
T4544	Adlt Disp Und/Pull On Abv XI		

## Attachment B - Project #2249-DMEPOS: Prior Authorization (PA) and Documentation Examples

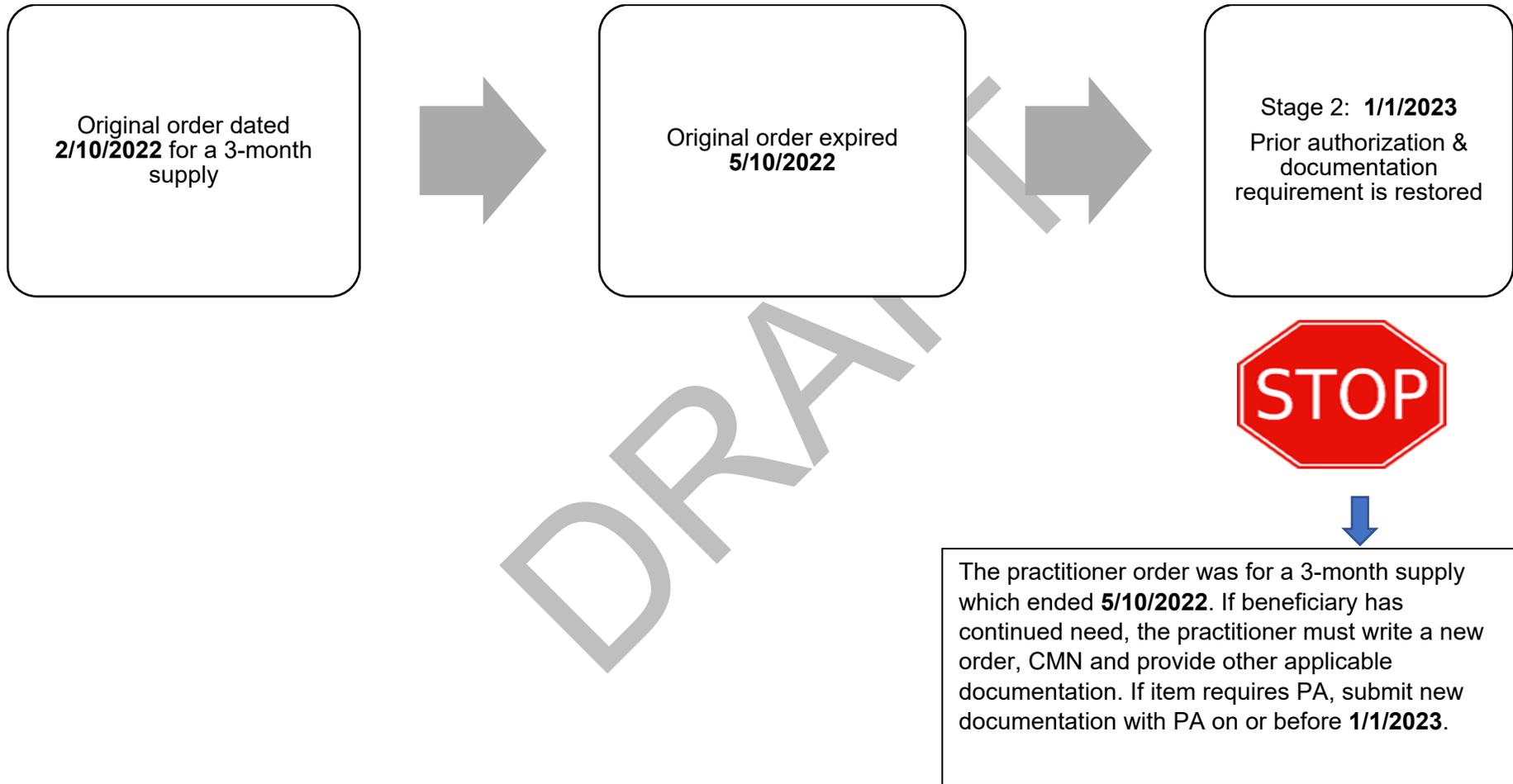
### Stage 1 (effective December 1, 2022) Example: Enteral Nutrition Administered via tube

For a PA request to be approved with the start date of 12/1/2022, MDHHS must receive the PA request between 11/1/2022 and 12/31/2022. For any PA requests received after 12/31/2022, the start date will be no earlier than the date the request was received. Allow for PA processing time (15 business days).



**Stage 2 (effective January 1, 2023) Example: Surgical Dressings**

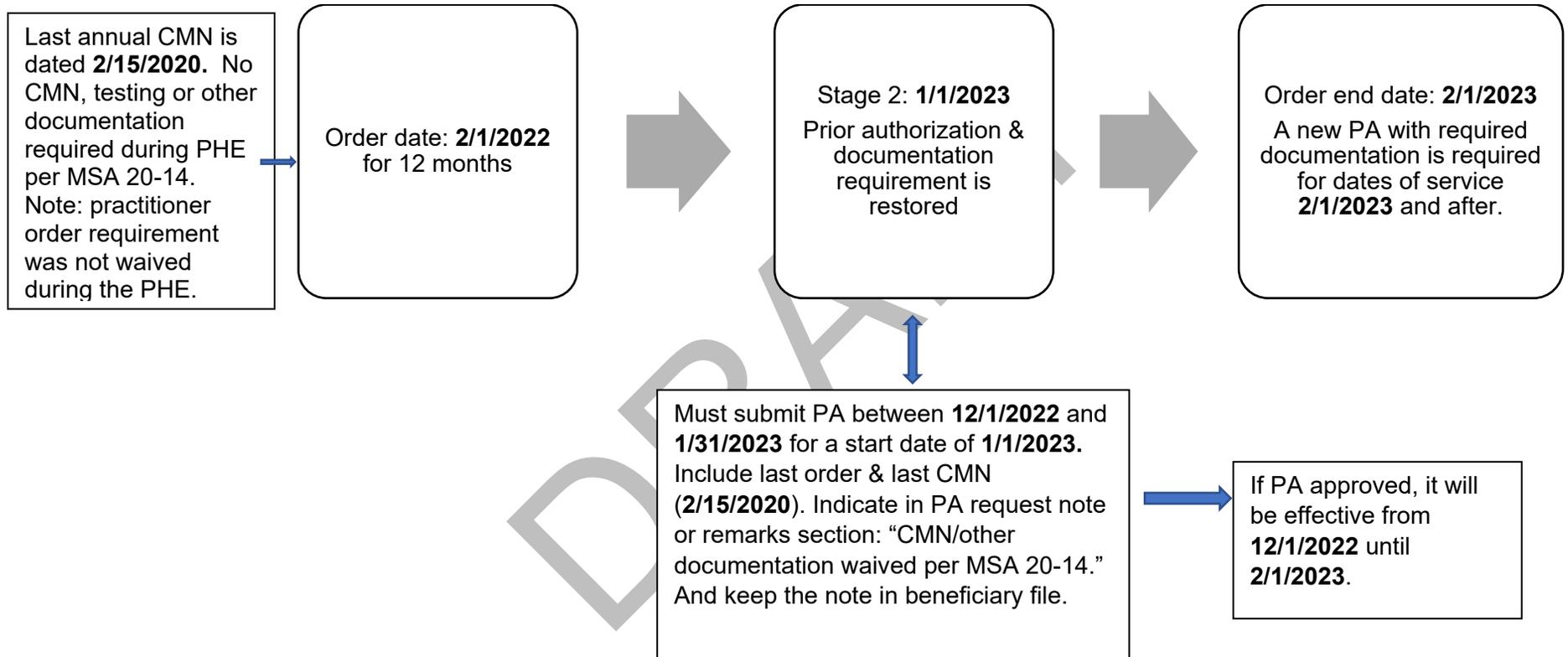
For a PA request to be approved with the start date of 1/1/2023, MDHHS must receive the PA request between 12/1/2022 and 1/31/2023. For any PA requests received after 1/31/2023, the start date will be no earlier than the date the request was received. Allow for PA processing time (15 business days).



## Stage 2 (effective January 1, 2023) Examples: Oxygen

For a PA request to be approved with the start date of 1/1/2023, MDHHS must receive the PA request between 12/1/2022 and 1/31/2023. For any PA requests received after 1/31/2023, the start date will be no earlier than the date the request was received. Allow for PA processing time (15 business days).

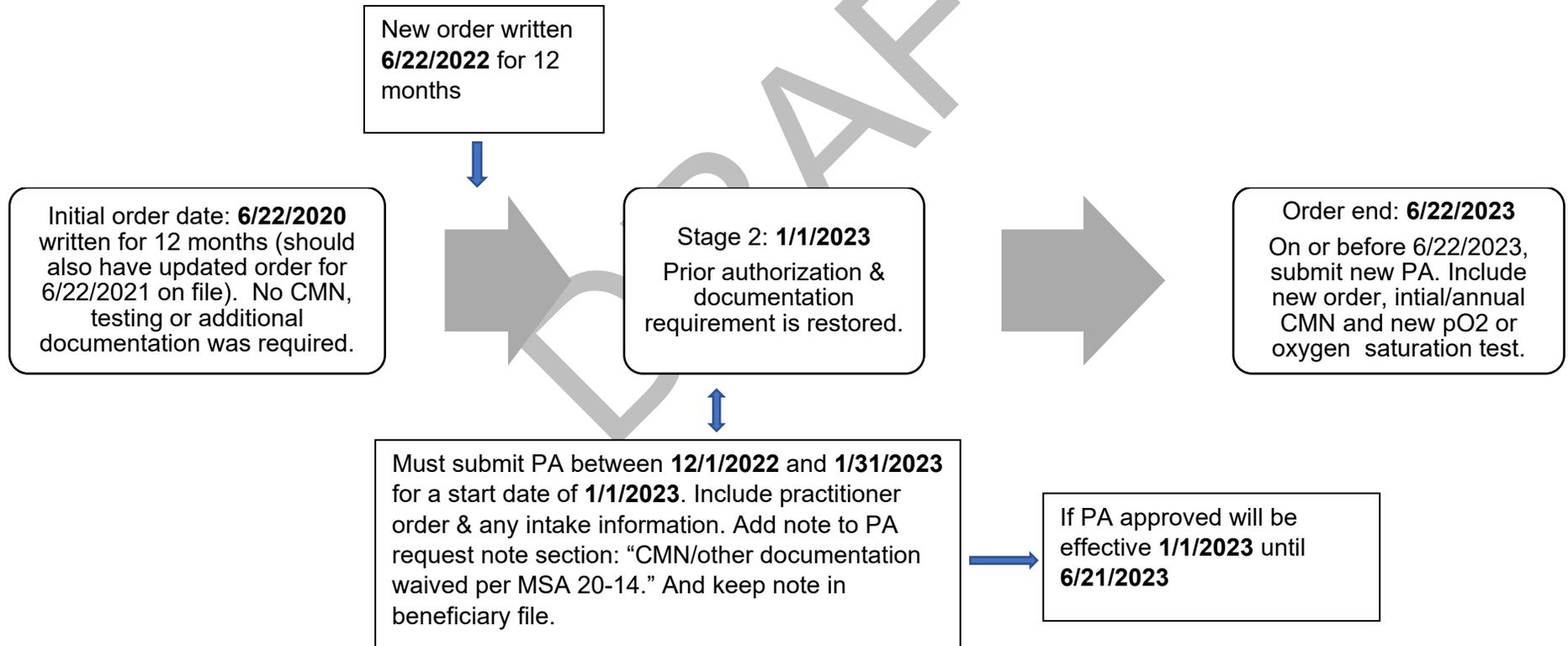
**PA for Long-Term Oxygen User** (Defined as someone on oxygen prior to 3/1/2020):



## PA New Oxygen User (Initial order written before 1/1/2023):

For approved PA requests with the start date of 1/1/2023, MDHHS must receive the PA request between 12/1/2022 and 1/31/2023. For approved PA requests received after 1/31/2023, the start date will be no earlier than the date the request was received. Allow for PA processing time (15 business days).

MDHHS will treat all initial orders written between 3/1/2020 and 1/1/2023 as new/initial oxygen users on 1/1/2023 but will waive the 6-month recertification CMN (including waiving the required 6-month pO2 or oxygen saturation test). On or before 1/1/2023, the DME provider must submit a PA request and include the practitioner order (signature date on order must be less than 12 months old and written on or before 1/1/2023) and any initial intake information the provider has on file. This PA will be effective 1/1/2023 to the end of the practitioner order (less than 12 months old). At the end of this authorization period, if there is a continued need a new PA request must be submitted with a new order, CMN (will be considered the initial/annual CMN) and a new pO2 or oxygen saturation test will be required. After this PA period, a new pO2 or oxygen saturation test will not be required unless there is a change in the level of oxygen usage or type of delivery system required (refer to the oxygen policy in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual). An updated CMN is required annually.



**Documentation: Items that do not require PA:**

If the item does not require PA (refer to Medical Supplier Chapter and the Medicaid Code and Rate Reference Tool), make sure the most recent order in beneficiary file is less than 12 months old. The most recent CMN on file must not be older than 3/1/2019. Keep note in beneficiary file: "CMN/other documentation waived per MSA 20-14." Follow last annual CMN date and most recent practitioner order.

**Example:** Oxygen last annual CMN dated 4/1/2019. The next annual CMN would have been due 4/1/2020; however, during the PHE MDHHS did not require an updated CMN. If the practitioner wrote the order on 4/1/2022 for a 12-month period, the next order and annual CMN is due 4/1/2023.

Approved PA requests will be approved through the end of the practitioner order (must not be older than 12 months) unless otherwise indicated in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual.

Note: To determine if an item requires PA, refer to the Medical Supplier Chapter in the MDHHS Medicaid Provider Manual and the Medicaid Code and Rate-Reference tool in CHAMPS.

Stages of reversals depicted in this document are contingent upon the Centers for Medicare and Medicaid Services (CMS) determination of the PHE end date. If CMS ends the PHE prior to or during any month indicated in project #2249-DMEPOS all stages will end upon the PHE end date.

DRAFT