MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 20-32

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: Emergency Temporary Removal of Prior Authorization for Walking Boots and Wheelchair Batteries. Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting

Effective: April 1, 2020

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

The purpose of this bulletin is to inform durable medical equipment, prosthetic, orthotic and supplies (DMEPOS) providers of the temporary removal of prior authorization for walking boots and wheelchair batteries during the COVID-19 emergency. This policy will also provide temporary coverage of spirometers for cystic fibrosis beneficiaries used in the home setting through durable medical equipment providers. 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 April 1, 2020. Given the circumstances, this policy is intended to be time limited, and MDHHS will notify providers of its termination.

The temporary policy changes in this bulletin apply to Medicaid Health Plans (MHPs) and Integrated Care Organizations (ICOs); however, billing instructions may differ. Refer to the beneficiary's specific MHP or ICO for billing instructions.

Walking Boots (L4360/L4361)

MDHHS is temporarily lifting prior authorization and documentation (a physician order is required) requirements during the COVID-19 emergency for the following prefabricated lower extremity orthoses following surgery or injury:

HCPCS Code	Description	Required Modifier
L4360	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED ITEM THAT HAS BEEN TRIMMED, BENT, MOLDED, ASSEMBLED, OR OTHERWISE CUSTOMIZED TO FIT A SPECIFIC PATIENT BY AN INDIVIDUAL WITH EXPERTISE	LT/RT
L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, OFF-THE-SHELF	LT/RT

A physician order (in compliance with current policy) must be kept in the beneficiary file and be available upon MDHHS request. All other medical documentation is waived until this policy is terminated.

Power Wheelchair Batteries

MDHHS is temporarily lifting prior authorization and documentation (a physician order is required) requirements during the COVID-19 emergency for the following power wheelchair batteries:

HCPCS Code	Description	Required Modifier	Fee
E2358	Gr 34 Nonsealed Leadacid	CR	Code requires invoice submitted with claim in DMP
E2359	Gr 34 Sealed Leadacid Battery	CR	$169.38
E2360	22nf Nonsealed Leadacid	CR	$112.76
E2361	22nf Sealed Leadacid Battery	CR	$151.30
E2362	Gr24 Nonsealed Leadacid	CR	$109.69
E2363	Gr24 Sealed Leadacid Battery	CR	$192.06
E2364	U1Nonsealed Leadacid Battery	CR	$112.76
E2365	U1 Sealed Leadacid Battery	CR	$127.38
E2366	Battery Charger, Single Mode	CR	$162.99
E2367	Battery Charger, Dual Mode	CR	$292.15

A physician order (in compliance with current policy) must be kept in the beneficiary file and be available upon MDHHS request. All other medical documentation is waived until this policy is terminated.

The fee schedule has temporarily been adjusted to include reimbursement for the allowable units of labor for battery replacement; providers will not be required to obtain prior authorization or bill for labor using K0739. For E2358, providers may add two (2) units ($14.55 per unit) of labor to the wheelchair battery code on the claim line.

The CR modifier must be appended to the Healthcare Common Procedure Coding System (HCPCS) code on the claim line. If the CR modifier is missing, the claim may be denied. The provider must include the number of units. Providers are instructed to follow Medicaid National Correct Coding Initiative (NCCI) rules and current billing guidelines in the MDHHS Medicaid Provider Manual.

HCPCS code E2358 requires manual pricing. The provider must submit an invoice through the Document Management Portal (DMP) and indicate "invoice in DMP" in the claim note field/loop of the claim.
Instructions for the DMP are located at:

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 e-mail providersupport@michigan.gov.

Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting

The use of telehealth and social distancing during the COVID-19 emergency is encouraged for those beneficiaries at high risk of contracting the virus. To address potential barriers to spirometry testing that typically takes place in the clinical setting, MDHHS will provide temporary coverage of spirometers for cystic fibrosis beneficiaries to use in the home setting.

Coverage of a spirometer is available for beneficiaries diagnosed with cystic fibrosis during the COVID-19 emergency and must be ordered by a pulmonologist. The order must be kept in the beneficiary file and be available upon request. Coverage may be provided for one of the following HCPCS codes:

HCPCS Code	Description	Limit	Fee
A9284	Spirometer, non-electric, includes all accessories	1	Manual Pricing
E0487	Spirometer, electric, includes all accessories	1	Manual Pricing

The ordering pulmonologist's National Provider Identifier (NPI) must be reported on the claim in the referring provider ID field/loop.

The provider must submit the invoice through the DMP and indicate "invoice in DMP" in the claim note field/loop of the claim.

Public Comment

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

Trumbelll@michigan.gov

Please include "COVID-19 Response: Emergency Temporary Removal of Prior Authorization for Walking Boots and Wheelchair Batteries. Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting" in the subject line.

Comments received will be considered for revisions to the changes 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. 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. Typical providers should call 800-292-2550; atypical providers should call 800-979-4662.

Approved

Kate Massey, Director
Medical Services Administration