

**Bulletin Number:** MSA 18-03

**Distribution:** Durable Medical Equipment Providers, Medical Suppliers, Orthotists, Prosthetists, Practitioners, Medicaid Health Plans

**Issued:** January 30, 2018

**Subject:** Clarification to Age Limitations for Durable Medical Equipment, Prosthetics, Orthotics and Supplies

**Effective:** As Indicated

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

The purpose of this bulletin is to clarify Medicaid medical supplier policy that is currently in effect regarding age limitations. The Age Limitations and Age Parameters sections of the Medical Supplier chapter within the Medicaid Provider Manual will be removed and contents moved to the Medical Necessity section and to a new Age Factors section within the Medical Supplier chapter. Coverage of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) may differ based on the beneficiary's age. Coverage determinations are based on the evaluation of the documentation received and all of the following:

- The beneficiary's benefit plan scope and coverages (e.g., Emergency Services Only [ESO]);
- Food and Drug Administration (FDA) and manufacturer product intended usage(s);
- Healthcare Common Procedure Coding System (HCPCS) Level II code definitions as deemed by the American Medical Association; and
- The safety and effectiveness of the product for age appropriate treatment as substantiated by current evidence based national, state and peer-review medical guidelines.

Medicaid does not cover equipment and supplies that are considered investigational, experimental or have unproven medical indications for treatment.

When age limitations exist for equipment or supplies, the DMEPOS provider can submit a prior authorization request for consideration of coverage beyond the policy standards of coverage. The Michigan Department of Health and Human Services (MDHHS) reserves the right to a final determination of whether the practitioner's submitted medical documentation sufficiently demonstrates the medical necessity for the services requested. Beneficiaries may request a fair hearing in accordance with 42 CFR Part 431 Subpart E for any MDHHS coverage denials.

For specifics of HCPCS codes and age limits, refer to the Coverage Conditions and Requirement Section of the Medical Supplier chapter within the Medicaid Provider Manual, and the Community Health Automated Medicaid Processing System (CHAMPS) Medicaid Code Rate and Reference tool. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

### **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, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-979-4662.

Approved

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director  
Medical Services Administration