

Bulletin: MSA 05-12

Distribution: Medical Suppliers

Issued: March 1, 2005

Subject: New Coverage Criteria for Pull-on Briefs
Clarification of Coverage Criteria for Pressure Gradient Garments and
Surgical Stockings
Clarification of Payment Rules for a Pulse Oximeter
New Coverage Criteria for Home Infusion of Anti-Emetic Drugs
Clarification of Coverage Criteria for Blood Glucose Monitoring
Equipment/Supplies and High Frequency Chest Wall Oscillation
(HFCWO) Device

Effective: April 1, 2005

Programs Affected: Medicaid, Children's Special Health Care Services

New Coverage Criteria for Pull-on Briefs

Standards of Coverage

Pull-on briefs are covered for beneficiaries age 3 through 20 when there is the presence of a medical condition causing bowel/bladder incontinence and one of the following applies:

- The beneficiary would not benefit from a bowel/bladder program but has the cognitive ability to independently care for his/her toileting needs.
(or)
- The beneficiary is actively participating in, and demonstrating definitive progress in, a bowel/bladder program.

Pull-on briefs are covered for beneficiaries age 21 and over when there is the presence of a medical condition causing bowel/bladder incontinence and the following applies:

- The beneficiary is able to care for his/her toileting needs independently or with minimal assistance from a caregiver.

Continued Coverage for Pull-on Briefs

- **Pull-on Briefs used as a training item** - are considered a short-term transitional product that requires a reassessment every six months. The assessment must detail definitive progress being made in the bowel/bladder training program.
- **Pull-on Briefs covered as a long-term item** - requires a reassessment once a year.
- Documentation of the reassessment must be kept in the beneficiary's file.

Clarification of Coverage for Gradient Compression Stockings, Surgical Stockings, and Custom Compression Burn Garments

Standards of Coverage

Gradient compression stockings are custom-made or custom-fitted support to reduce edema, promote circulation, reduce scarring or reduce retention of fluid in the extremities due to the following conditions:

- Lymphedema
- Chronic venous insufficiency
- Thrombophlebitis
- Burns

Gradient compression stockings (HCPCS codes L8100 - L8220) are covered when ordered by a physician to treat one of the above conditions and deliver at least 18 mmHg or greater compression. For custom burn garments, refer to HCPCS codes A6501 – A6512.

Surgical stockings, such as heavy elastic or anti-embolism stockings (HCPCS codes A4490 - A4510) are covered when ordered by a physician as a short-term treatment (up to three months) after a surgical event (e.g., prevent blood clots for non-ambulatory individuals after hospital discharge). If required for treatment during an inpatient hospital stay or outpatient hospital visit, the service will not be reimbursed to the medical supplier.

Payment Rules

Gradient compression stockings are considered a "one item" service. The right (RT) and left (LT) modifiers must be used for these items when reporting HCPCS codes L8110 – L8150. When a gradient compression stocking is provided bilaterally, the same code is reported for both garments on one service line using modifiers LTRT with a quantity of "2". Surgical stockings are billed with a quantity of "1" for each stocking but are packaged by the pair. No RT or LT modifier is required for billing purposes.

Clarification of Payment Rules for Pulse Oximeters

A pulse oximeter is a **capped rental** and is inclusive of the following:

- All accessories needed to use the unit (e.g., infant or adult non-disposable oximeter probes, cables, etc.)
- Education on the proper use and care of the equipment
- Routine servicing and all necessary repairs or replacements to make the unit functional
- Periodic downloading of recorded data

If needed for continuous use beyond the 10 months of rental, the item is considered purchased and necessary repairs and/or replacements of accessories are separately reimbursable if not covered under the manufacturer's warranty. Replacement of one non-disposable probe annually is separately reimbursable without prior authorization.

New Coverage for HCPCS Code S9351 - Home Infusion of Continuous Anti-Emetic Infusion Therapy

Effective for dates of service on and after April 1, 2005, HCPCS code S9351 will be covered if the standards of coverage for home intravenous infusion therapy are met (refer to the Medical Supplier Chapter of the Michigan Medicaid Provider Manual).

Documentation for anti-emetic infusion must indicate a diagnosis of cancer or hyperemesis gravidarum and include a trial of oral anti-emetics.

Clarification of Coverage Criteria for Blood Glucose Monitoring Equipment and Supplies

A home blood glucose monitor and related supplies are covered when a beneficiary has been diagnosed with diabetes and it is medically necessary to monitor fluctuations of blood glucose levels on a daily basis. Diabetes includes:

- Gestational diabetes
- Insulin-dependent diabetes
- Non-insulin-dependent diabetes

Clarification of Coverage Criteria for the High Frequency Chest Wall Oscillation (HFCWO) Device

A HFCWO system is covered up to four months if both of the following apply:

- Diagnosis of Cystic Fibrosis, and
- All other treatment modalities have not been effective.

Manual Maintenance

This bulletin should be retained until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at 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 1-800-292-2550.

Approved



Paul Reinhart, Director
Medical Services Administration