

**Bulletin Number:** MSA 18-17

**Distribution:** Durable Medical Equipment Providers, Home Health Agencies, Practitioners, Medicaid Health Plans, Hospitals, MI Choice Waiver Agents, Integrated Care Organizations, Community Mental Health Services Programs (CMHSPs), Prepaid Inpatient Health Plans (PIHPs)

**Issued:** May 25, 2018

**Subject:** Implementation of Affordable Care Act (ACA) Home Health Rule Requiring Face-to-Face Visits for Durable Medical Equipment

**Effective:** July 1, 2018

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

**NOTE: Implementation of this policy is contingent upon State Plan Amendment Approval from the Centers for Medicare & Medicaid Services (CMS).**

The purpose of this bulletin is to inform providers of changes to durable medical equipment and medical supplies policy in compliance with Section 6407 of the Patient Protection and Affordable Care Act of 2010 and Section 504 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) of 2015.

Medicaid Health Plans (MHPs) are not required to implement this rule. Providers should check with the MHPs to determine if the plans will apply this rule to durable medical equipment and medical supplies.

**Definition Changes:**

**Durable Medical Equipment (DME):** Equipment that can withstand repeated use, is reusable or removable, is suitable for use in any non-institutional setting in which normal life activities take place, is primarily and customarily used to serve a medical purpose and is generally not useful to an individual in the absence of illness, injury or disability.

**Medical Supplies:** Health care-related items that are required to address an individual's illness, injury or disability; are consumable, disposable or have a limited life expectancy, cannot withstand repeated use, and are suitable for use in any non-institutional setting in which normal life activities take place.

The Michigan Department of Health and Human Services (MDHHS) considers an institution to be any facility where services are included in the overall payment, including room and board (e.g., nursing facility, hospital or intermediate care facility for individuals with intellectual disabilities). With some exceptions, DME and medical supplies are provided by the institution and are prohibited from separate payment to the DME provider. (Refer to the Medicaid Provider Manual for additional information. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.)

### **Face-to-Face Visits**

The ACA requires that prior to the initial written order and delivery of selected items (Attachment A) the beneficiary has had a face-to-face visit with a physician or non-physician practitioner (NPP). The face-to-face visit must be within six months prior to the initial written prescription/order, replacement of the base equipment, or certain changes outlined in the orders/prescriptions section. The visit must be related to the primary condition that supports the medical need for the equipment or supply. Telemedicine visits qualify as face-to-face visits (refer to the Practitioner Chapter of the Medicaid Provider Manual).

### **Practitioners Who May Perform Face-to-Face Visits**

The face-to-face evaluation may be provided by a physician (MD or DO) or any of the following NPPs:

- Physician Assistant (PA)
- Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

Although the PA, NP or CNS may conduct the face-to-face visit, they may not write orders for the items listed in Attachment A and the ordering physician must certify that the face-to-face occurred.

### **Physician Must Certify Face-to-Face**

The ordering physician must certify that a face-to-face visit occurred within six months prior to the written order whether he/she performed the face-to-face visit or another treating physician or NPP performed the visit. The physician must document the date of the face-to-face visit, specify the name of the practitioner who performed the evaluation, document the clinical findings supporting the need for the item(s), and confirm the primary reason for the visit.

A treating or attending physician (e.g., inpatient hospital physician) may conduct the face-to-face visit and order the item(s) if all criteria of the face-to-face rule are met. If the treating or attending physician chooses to conduct the face-to-face evaluation but does not write the initial order, he/she must communicate the details of the visit to the ordering physician.

For administrative ease, MDHHS will not require the face-to-face visit be documented separately from the physician order or certificate of medical necessity (CMN). A copy of the face-to-face visit information must be kept in the beneficiary's file and the original sent to the DME provider. Upon receipt the DME provider must date stamp the order, the CMN or other documentation containing the face-to-face information and keep the information in the beneficiary file. The information must be made available upon request. For items requiring a prior authorization, the documentation of the face-to-face visit must accompany other required documentation with the prior authorization request.

### **Orders/Prescriptions**

All durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) require a written order; however, equipment that requires a face-to-face visit may only be ordered by a physician regardless of State licensing rules that may allow for NPPs to write orders.

MDHHS recommends the ordering physician include the face-to-face visit information on the written order or the CMN. The physician must document the date of the face-to-face visit, indicate the name of the practitioner who performed the evaluation and confirm the visit was related to the primary condition that supports the need for the equipment or supply.

The face-to-face visit applies to initial orders and not to supply refills, equipment repairs, the servicing of equipment or to accessories for base equipment. The ordering physician must assess the continued need for the medical supply or equipment on an annual basis. For refills of supplies the ordering physician must indicate "renewal," on the order.

A new face-to-face evaluation/visit is required for the following:

- Initial order for rental/purchase;
- New prescription/orders;
- The replacement of the base equipment;
- When there is a change in the prescription/order of the item;
- When there is a change in the supplier of the item and the new supplier was unable to obtain a copy of the original order and documentation from the original supplier; and
- When there is a change in the state or federal law, policies or regulations.

Refer to the Medical Supplier Chapter of the Medicaid Provider Manual for other documentation and specific policy requirements. DME providers are reminded that all required documentation must be kept in the beneficiary file and made available upon request.

Attachment A contains the list of items for which the Centers for Medicare & Medicaid Services (CMS) requires a face-to-face visit. The list is subject to change as determined by CMS, and is maintained on the CMS website at: [www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME\\_List\\_of\\_Specified\\_Covered\\_Items\\_updated\\_March\\_26\\_2015.pdf](http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME_List_of_Specified_Covered_Items_updated_March_26_2015.pdf).

## Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Lisa Trumbell  
MDHHS/MSA  
PO Box 30479  
Lansing, Michigan 48909-7979  
Or  
E-mail: [TrumbellL@michigan.gov](mailto:TrumbellL@michigan.gov)

If responding by e-mail, please include "Face-to-Face Visit Requirement for Durable Medical Equipment" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## 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-mail at [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 1-800-292-2550.

## Approved



Kathy Stiffler, Acting Director  
Medical Services Administration

**Durable Medical Equipment Face-to-Face List  
July 1, 2018**

**Decubitus Care Equipment**

<b>HCPCS Code</b>	<b>Description</b>
E0185	Gel or gel-like pressure mattress pad
E0188	Synthetic sheepskin pad
E0189	Lamb's wool sheepskin pad
E0194	Air fluidized bed
E0197	Air pressure pad for mattress standard length and width
E0198	Water pressure pad for mattress standard length and width
E0199	Dry pressure pad for mattress standard length and width

**Hospital Beds**

<b>HCPCS Code</b>	<b>Description</b>
E0250	Hospital bed fixed height with any type of side rails, mattress
E0251	Hospital bed fixed height with any type side rails without mattress
E0255	Hospital bed variable height with any type side rails with mattress
E0256	Hospital bed variable height with any type side rails without mattress
E0260	Hospital bed semi-electric (head and foot adjustment) with any type side rails with mattress
E0261	Hospital bed semi-electric (head and foot adjustment) with any type side rails without mattress
E0265	Hospital bed total electric (head, foot and height adjustments) with any type side rails with mattress
E0266	Hospital bed total electric (head, foot and height adjustments) with any type side rails without mattress
E0290	Hospital bed fixed height without rails with mattress
E0291	Hospital bed fixed height without rail without mattress
E0292	Hospital bed variable height without rail without mattress
E0293	Hospital bed variable height without rail with mattress
E0294	Hospital bed semi-electric (head and foot adjustment) without rail with mattress
E0295	Hospital bed semi-electric (head and foot adjustment) without rail without mattress
E0296	Hospital bed total electric (head, foot and height adjustments) without rail with mattress
E0297	Hospital bed total electric (head, foot and height adjustments) without rail without mattress
E0301	Hospital bed heavy duty extra wide, with weight capacity 350-600 lbs. with any type of rail, without mattress
E0302	Hospital bed heavy duty extra wide, with weight capacity greater than 600 lbs. with any type of rail, without mattress

<b>HCPCS Code</b>	<b>Description</b>
E0303	Hospital bed heavy duty extra wide, with weight capacity 350-600 lbs. with any type of rail, with mattress
E0304	Hospital bed heavy duty extra wide, with weight capacity greater than 600 lbs. with any type of rail, with mattress

### Oxygen and Related Respiratory Equipment

<b>HCPCS Code</b>	<b>Description</b>
E0424	Stationary compressed gas oxygen system rental; includes contents, regulator, nebulizer, cannula or mask and tubing
E0431	Portable gaseous oxygen system rental includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, content gauge, cannula or mask, and tubing
E0439	Stationary liquid oxygen system rental, includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0441	Oxygen contents, gaseous (1 months supply)
E0442	Oxygen contents, liquid (1 months supply)
E0443	Portable oxygen contents, gas (1 months supply)
E0444	Portable oxygen contents, liquid (1 months supply)
E0462	Rocking bed with or without side rail
E0470	Respiratory assist device, bi-level pressure capability, without backup rate used non-invasive interface
E0471	Respiratory assist device, bi-level pressure capability, with backup rate for a non-invasive interface
E0480	Percussor electric/pneumatic home model
E0482	Cough stimulating device, alternating positive and negative airway pressure
E0483	High frequency chest wall oscillation air pulse generator system
E0484	Oscillatory positive expiratory device, non-electric

### Humidifiers/Nebulizers/Compressors for Use with Oxygen IPPB Equipment

<b>HCPCS Code</b>	<b>Description</b>
E0570	Nebulizer with compressor
E0575	Nebulizer, ultrasonic, large volume
E0585	Nebulizer with compressor & heater

**Suction Pump/Room Vaporizers**

<b>HCPSC Code</b>	<b>Description</b>
E0601	Continuous airway pressure device

**Monitoring Equipment**

<b>HCPSC Code</b>	<b>Description</b>
E0607	Home blood glucose monitor

**Patient Lifts**

<b>HCPSC Code</b>	<b>Description</b>
E0636	Multi positional patient support system, with integrated lift, patient accessible controls

**Pneumatic Compressor and Appliances**

<b>HCPSC Code</b>	<b>Description</b>
E0650	Pneumatic compressor non-segmental home model
E0651	Pneumatic compressor segmental home model without calibrated gradient pressure
E0652	Pneumatic compressor segmental home model with calibrated gradient pressure
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor on half arm
E0656	Non-segmental pneumatic appliance for use with pneumatic compressor on trunk
E0657	Non-segmental pneumatic appliance for use with pneumatic compressor chest
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor on full leg
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor on full arm
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor on half leg
E0667	Segmental pneumatic appliance for use with pneumatic compressor on full leg
E0668	Segmental pneumatic appliance for use with pneumatic compressor on full arm
E0669	Segmental pneumatic appliance for use with pneumatic compressor on half leg
E0671	Segmental gradient pressure pneumatic appliance for full leg
E0672	Segmental gradient pressure pneumatic appliance full arm
E0673	Segmental gradient pressure pneumatic appliance half leg

**Transcutaneous (TENS) and/or Neuromuscular Electrical Nerve Stimulators (NMES)**

<b>HCPSC Code</b>	<b>Description</b>
E0720	Transcutaneous electrical nerve stimulation, two lead, local stimulation
E0730	Transcutaneous electrical nerve stimulation, four or more leads, for multi
E0731	Form fitting conductive garment for delivery of TENS or NMES

<b>HCPSC Code</b>	<b>Description</b>
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spine application
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal application
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive

### Infusion Supplies

<b>HCPSC Code</b>	<b>Description</b>
E0784	External ambulatory infusion pump

### Traction Equipment: All Types and Cervical

<b>HCPSC Code</b>	<b>Description</b>
E0840	Tract frame attach to headboard, cervical traction
E0850	Traction stand, free standing, cervical traction

### Wheelchair Accessories

<b>HCPSC Code</b>	<b>Description</b>
E0958	Manual wheelchair accessory, one-arm drive attachment
E0959	Manual wheelchair accessory-adapter for Amputee
E0960	Manual wheelchair accessory, shoulder harness/strap
E0961	Manual wheelchair accessory wheel lock brake extension handle
E0966	Manual wheelchair accessory, headrest extension
E0967	Manual wheelchair accessory, hand rim with projections
E0968	Commode seat, wheelchair
E0969	Narrowing device wheelchair
E0971	Manual wheelchair accessory anti-tipping device
E0973	Manual wheelchair accessory, adjustable height, detachable armrest
E0974	Manual wheelchair accessory anti-rollback device
E0978	Manual wheelchair accessory positioning belt/safety belt/pelvic strap
E0980	Manual wheelchair accessory safety vest
E0981	Manual wheelchair accessory seat upholstery, replacement only
E0982	Manual wheelchair accessory, back upholstery, replacement only
E0983	Manual wheelchair accessory power add on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory power add on to convert manual wheelchair to motorized wheelchair, tiller control
E0986	Manual wheelchair accessory, push activated power assist
E0990	Manual wheelchair accessory, elevating leg rest
E0992	Manual wheelchair accessory, elevating leg rest solid seat insert
E1014	Reclining back, addition to pediatric size wheelchair

<b>HPCPS Code</b>	<b>Description</b>
E1015	Shock absorber for manual wheelchair
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray
E1030	Wheelchair accessory, ventilator tray, gimbaled

### Rollabout Chair and Transfer System

<b>HPCPS Code</b>	<b>Description</b>
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size up to 300 lbs.
E1039	Transport chair, adult size heavy duty >300 lbs.

### Wheelchair Standard

<b>HPCPS Code</b>	<b>Description</b>
E1161	Manual adult size wheelchair includes tilt in space

### Wheelchair: Special Size

<b>HPCPS Code</b>	<b>Description</b>
E1227	Special height arm for wheelchair
E1228	Special back height for wheelchair
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system

### Wheelchair: Heavy Duty

<b>HPCPS Code</b>	<b>Description</b>
E1296	Special sized wheelchair seat height
E1297	Special sized wheelchair seat depth by upholstery
E1298	Special sized wheelchair seat depth and/or width by construction

**Speech Device**

<b>HCPCS Code</b>	<b>Description</b>
E2502	Speech generating devices prerecord messages between 8 and 20 minutes
E2506	Speech generating devices prerecord messages over 40 minutes
E2508	Speech generating devices message through spelling, manual type
E2510	Speech generating devices synthesized with multiple message methods

**Wheelchairs and Accessories**

<b>HCPCS Code</b>	<b>Description</b>
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength lightweight wheelchair
K0005	Ultra-lightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy-duty wheelchair
K0009	Other manual wheelchair/base

**Automatic External Defibrillator (AED)**

<b>HCPCS Code</b>	<b>Description</b>
K0606	AED garment with electronic analysis

This list is maintained by the Centers for Medicare & Medicaid Services (CMS) at:  
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment.html>