MDHHS Michigan Department of Health & Human Services

Medical Services Administration

BULLETIN MSA

Bulletin Number: MSA 18-36

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: October 1, 2018

Subject: Face-to-Face Claim Requirements for Durable Medical Equipment (DME) Providers; Home Health Agencies Providing DME

Effective: Upon Receipt

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

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

This policy supplements bulletin MSA 18-17, issued May 25, 2018, and announces billing updates for equipment that requires face-to-face visits. In addition, the policy informs home health agencies (HHAs) of enrollment rules when HHAs provide durable medical equipment and supplies.

Per bulletin MSA 18-17, 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.

KX Modifier

The KX modifier must be appended to the Healthcare Common Procedure Coding System (HCPCS) code on the claim. The KX modifier indicates that policy requirements are met, and that documentation is on file and available upon request. Adding the KX modifier on the claim if the face-to-face documentation has not been received and/or is not in the beneficiary file is incorrect billing and could result in post-payment recovery of funds or provider audit.

The list of HCPCS codes requiring a face-to-face visit 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.

To allow DME providers time to acclimate to the new face-to-face rules, the Michigan Department of Health and Human Services (MDHHS) will not implement claim denials for claims lacking the KX modifier until 2019. Providers will be notified in advance of implementation. Although MDHHS will not deny claims lacking the KX modifier until 2019, providers are reminded to follow policy indicated in bulletin MSA 18-17.

Home Health Agencies Providing Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

The Affordable Care Act (ACA) requires HHAs to provide medically necessary DMEPOS either directly or through arrangement with DME providers when providing home health nursing or aide services.

Except for items identified in the Home Health chapter of the Medicaid Provider Manual as routine medical supplies and those items listed on the Home Health database as separately reimbursed to HHAs, HHAs choosing to provide DMEPOS must enroll with Medicaid as DME providers. HHAs must comply with all federal and state DMEPOS provider rules, policies and regulations (refer to the General Information for Providers chapter, Home Health chapter and Medical Supplier chapter in the Medicaid Provider Manual for additional information). The Medicaid Provider Manual can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms. The Home Health Agency database is posted on the MDHHS website at: www.michigan.gov/medicaidproviders >> Billing & Reimbursement >> Provider Specific Information >> Home Health.

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. 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

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