

April 1, 2020

North Dakota (ND) Medicaid: COVID-19 Temporary Durable Medical Equipment (DME) Policy

ND Medicaid is issuing this temporary Durable Medical Equipment/Supplies, Prosthetic and Orthotic (DMEPOS) policy to provide flexibility for members and providers to receive and deliver services during the national emergency. This temporary policy goes into effect April 1, 2020 and ends the date the national emergency, as authorized in Title V of the Stafford Act, is declared over or other guidance as directed by ND Medicaid.

What is the temporary policy if DME is lost, destroyed, irreparably damaged, or otherwise rendered unusable as a result of the emergency?

The requirements for a face-to-face visit to attain a ND Medicaid physician/practitioner visit/note and new medical necessity documentation are temporarily waived. The supplier must still include a narrative description on the claim explaining the reason why the equipment must be replaced and is reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

What about service authorizations (SA)?

During the national emergency, ND Medicaid is working to address provider burden associated with service authorization (SA) requirements. In particular, ND Medicaid is investigating what SA requirements should be extended, waived, or should be modified to exceed "quantity allowable" limits. However, any changes to SA requires systems changes in MMIS due to payment and pricing. As such, ND Medicaid is working with its partners at MAMES and Medicare to prioritize this work. This FAQ will be updated as decisions are made.

What about DME prescriptions and orders?

ND Medicaid will allow an extension of 90 calendar days from the expiration date of a DME prescription/order for continuous medical supplies, DME rental claims and equipment.

What about oxygen?

SA for oxygen and oxygen-associated equipment such as tanks, stationary or portable concentrators is waived with the exception of ventilators. Device selection will be based upon availability and therapeutic benefit for the member. Oxygen coverage includes acute, short-term treatment and portable devices. Portable systems may be utilized to offer oxygen therapy. All oxygen and oxygen-associated equipment are rental only.

ND Medicaid will waive SA for CPAP, BIPAP, nebulizers, and humidifiers as these items related to oxygen therapy. All these items are for rental only during this national emergency and inclusive of supplies. Waiving SA for oxygen, oxygen-associated equipment, CPAP, BIPAP, nebulizers, and humidifiers as these items relate to oxygen therapy and will go into effect for dates of service on or after April 1, 2020 until the date the emergency is declared over.

Individuals with a COVID 19 diagnosis are eligible for home oxygen therapy with documented oxygen saturations of 92% or less.

MEDICAL SERVICES

600 E Boulevard Ave Dept 325 | Bismarck ND 58505-0250

701.328.7068 | Fax 701.328.1544 | 800.755.2604 | 711 (TTY) | Provider Relations 701.328.7098 | www.nd.gov/dhs

What about multi-purpose ventilators?

Multi-purpose ventilators require prior authorization and utilize the same HCPCS codes and fee schedule as other ventilators. These codes will be covered by ND Medicaid even after the national emergency ends and the codes are:

E0465 *Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)*

E0466 *Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)*

During the national emergency, these multi-purpose ventilators should only be rented, and not purchased, if possible.

What about Certificates of Medical Necessity?

Requirements for Certificates of Medical Necessity (CMN) are suspended until the national emergency is over or further guidance is provided. A valid practitioner order is still required and may be provided by a practitioner of the healing arts within their scope of practice. It is the responsibility of the DME provider to collect and document all information required on the CMN and maintain that information in the patient record. Information may be collected in writing or telephonically.

What about proof of delivery requirements?

Proof of delivery signatures are waived during the emergency. Providers should document the date of delivery in the medical record.

What about supporting hospital / facility discharges?

To facilitate the discharge of Medicaid members from inpatient status, DME providers may provide and deliver DME items to hospitalized individuals, so long as:

- The discharging hospital or physician attests that the equipment is necessary to support the discharge; (this will be considered accomplished with the script)
- The discharge is consistent with the Centers for Disease Control and Prevention-recommended guidelines for the statewide COVID-19 response.

How do I code place of service on the claim if member is at home or anticipating discharge to home from a hospital or nursing facility?

If the member is at home, the place of service edits will be waived so providers will need to specify the place of service as the member's home using Place of Service code "12". Providers should bill the date of service on the claim as the **date the member received** the DMEPOS.

If the member is in a hospital or nursing facility and anticipating discharge to home and either:

- (a.) items are either delivered to a member in a hospital or nursing facility for the purpose of fitting or training the member in its proper use, or;
- (b.) items are provided to a member's home in anticipation of discharge from a hospital or nursing facility;

then providers must bill the date of service on the claim as the **date of discharge** from the hospital or nursing facility using the Place of Service code "12".