

DME Task Force Meeting

1/13/2010

Location: ND Medicaid Office at the North Dakota State Capital in Bismarck

Attendees: Erik Elkins; Julie Johnson; Kevin Holzer; Kurt Schmidt; Russ Nylander; Todd Flick; Greg Lord; Jerry Geiger; Nancy Willes; Patty Donovan; Roxcy Reiter; Jody Anderson; Barb Stockert; Gail Urbanec; Mitch Evenson; Steven Jacobchick; Sara Regner; Barb Koch; Dawn Mock; Mary Helmers; Alice Duchscherer

1. ND Medical Assistance Computer System

- a. Is the new ND Medical Assistance computer system still on schedule to be implemented in the spring of 2010?
 - Expected implementation date set for April 2011.
 - Provider enrollment planned for November 2010 or six months prior to roll out of MMIS.
- b. When the new system is implemented, will Medicare primary claims be paid on a crossover process...or will a Prior Authorization to NDMA still be required?
 - It does not matter if Medicaid is primary or secondary, items on the DME Fee Schedule identified as requiring prior authorization will require prior authorization.
- c. Will a ND MAMES Provider have the capability to research a beneficiary's name, date of birth and NDMA number (if the beneficiary does not know it)?
 - NO. Member ID and from/to dates of services are the required fields. The provider web portal does not allow for a member name search.

2. TENS Electrodes

A North Dakota MAMES Provider would like to know why TENS unit electrodes are an item which require a Prior Authorization. Has this been an over utilized item in the past? Can this item be considered for no Prior Authorization?

- Code A4595 will no longer require prior authorization. The monthly allowable will continue at 2.
- *This will include the lead wires. Limits will apply. See on-line fee schedule. Periodic data probes will be performed to be sure these limits are being followed.*

3. Labor and Repair

Will all labor and repair continue to require a Prior Authorization? A MAMES Provider realizes that NDMA allows certain amounts of labor for specific repairs, which follow Medicare guidelines. However, Medicare does not require Prior Authorizations.

The time and paperwork required to get a repair completed is much more when dealing with NDMA than any other insurance including Medicare. The ND MAMES Provider is hardly breaking even when getting reimbursed for these repair items.

Would it be possible to eliminate Prior Authorizations for repairs or increase the amount of labor for repair items?

- Labor and repairs have been discussed at great lengths at multiple meetings. Repairs that require a provider to bill labor (K0739-repair or non-routine service for DME other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes) will continue to require prior authorization.
- *Would consider revising to: Individuals responsible for completing prior authorizations need to be aware of what a unit is equal to. For example, labor is measured in 15 minute increments, therefore an hour of labor would be 4 units (60 minutes/15=4).*

4. Custom Seating System Allowable

The current allowable for custom molded seating (cost + 20%) does not make it feasible for a ND MAMES Provider to break even. The HCPC codes are E2609 for the seat cushion and E2617 for the backrest.

This is a very highly intensive process that takes multiple visits in order to ensure proper fit and support. This type of seating is only used when off the shelf or lesser products (foam in place) do not match the seating and positioning needs of the patient.

Will NDMA consider a cost +30% as was changed in July of 2009 with other rehabilitation mobility devices?

- Provide the Department with examples (at least three) of actual payments received from other payers (Medicare, other State Medicaid, etc,) and consideration will be given.

5. Wheelchair Transit Option

Transit has always been a concern and a safety issue for NDMA beneficiaries. Beneficiaries are being transported in buses and vans while seated in their wheelchairs. A majority of these are not being correctly tied down with transport brackets. Transport brackets are crash tested and are an absolute must for safe transportation. Is ND Medical Assistance the responsible agency to cover the costs of these items for the beneficiary who owns a NDMA purchased mobility devices?

- This issue will be taken under advisement with the Utilization Review Team, Claims Policy Team and Department officials.
- *Discussion on who is responsible for the proper tie down... DOT, DHS, School, Personal...*

- *Additional information is to be provided to the Department by the DME Providers to support the medical necessity of transport bracket vs. transport tiedowns.*

6. Gait Trainers

The NDMA allowable for gait trainers is too low to even cover the cost of the product. The current HCPC E8000-E8002 has an allowable of \$826.80. The ND MAMES Providers will provide NDMA invoices for two product cost quotes of \$2,699 and \$2,356 (from separate manufacturers).

- Provide the Department with examples (at least three) of actual payments received from other payers (Medicare, other State Medicaid, etc.).
- Provide actual invoices (not quotes) for *HCPC code* E8000-E8002 (these codes include all accessories and components) for review by the department.

7. Standing Frames

The current NDMA authorized age a Medicaid beneficiary can obtain a standing frame is two years old. Children start standing before the age of 1 year. Why does NDMA have an age floor to this medically necessary equipment?

- The minimum age limit of 2 has been removed. The DME manual does not reflect this change. Standing frames are allowed for recipients up to the age of 21 yrs if medically necessary
- *There may be room for discussion for over 21 if medical documentation is submitted and will be reviewed on a case by case basis.*

8. Oxisensors

Is there a possibility of increasing the NDMA allowable for Oxisensors to more than one per month? The Oxisensors made for children are made out of a bandage like material that loosens as it becomes wet or dirty. We can try to get these to last longer by adding tape to it but they will rarely last a month.

- The allowable will increase from one to two per month if medically necessary and will continue to require a prior auth. When requesting disposable probes, medical documentation must be submitted justifying the need for disposable probes. The documentation must show why a non-disposable probe would not meet medically necessity.

9. Claims

As a general rule how long can a claim remain on the suspended list?

- As a general rule a claim is on the suspended list two to four weeks depending on our current backlog.

- *Discussion on pinning this down to a more specific time. Juli responded that "No, it is not possible due to the constant change in the amount of claims being submitted." "Some claims do take longer due to CSP, coder review..."*

10. Intermittent Catheters

Two years ago, Medicare increased their allowable on Intermittent Catheters from four per month to 200 per month. This decision was made after the Medicare physician medical directors review substantiated data about the increase of infections among the users of these products. Most of the infections were due to reusing the same catheter. Will NDMA follow suit with Medicare and increase the monthly amount of catheters?

- *April 2008 response. At the present time we will not consider increasing the monthly quantity limits. We will review and make exceptions on the quantity limit when medically necessary. Example: Frequent UTI*
- *Current monthly allowable of 4/month.*

11. Oxygen

With all of the changes regarding oxygen and Medicare coverage, would it be possible for NDMA to clarify in a separate section of the provider manual the steps you would like ND MAMES Providers to take and the reimbursement allowed for all systems when:

- A beneficiary only has ND Medical Assistance.
 - A beneficiary only has ND Medical Assistance but will become Medicare primary within a short time.
 - A beneficiary patient has Medicare and ND Medical Assistance.
- *Need clarification before a response can be provided.*
 - *IE; Pt is on Medicaid we have approved 36 months, but will be eligible for Medicare in 3 months, how do we bill?*
 - *When the rental begins, Medicaid will pay 36 months continuous rental. Only a break in service of 60 days or longer will allow a new rental period to start. A new recertification would need to be completed as well. Being on Medicare doesn't affect the situation.*

12. Wheelchair Elevating Legrests

According to the ND Medical Assistance purchase and rental fee schedules for elevating leg rests reimbursement is \$127.76 and \$10.65 respectfully. ND Providers are seeing a significant difference in the amount they are being reimbursed for these items.

Is the current fee schedule correct? If so why would providers be seeing reimbursement in the less than \$3.00 for rentals, and less than \$25.00 for purchase? (Examples can be provided if necessary).

- *Please provide examples. Providers will need to provide examples for Department review.*

- Is this happening to one provider or multiple providers? - *Multiple*

OTHER ITEMS TO COVER

- Prior authorization increases from \$500 to \$750 unless the item is identified on the fee schedule as requiring a prior auth.
 - *Fee schedule online is not current at this time but will be shortly. Our system is (as of 1-1-10) using the \$750.*
- Duplicate prior authorization requests
 - *Check with other areas of your facility before requesting another Prior.*
 - *Sending in multiple prior authorization requests for the same recipient, item, DOS has a negative effect on the timely processing.*
- Prior Auth inquiries need to go thru Provider Relations 328-4030 or 1-800-755-2604
- Number of units
 - *Use HCPC book to make sure you are submitting the correct units.*
- DME manual update
 - *Priority this year is to update the manual.*
- Questions from the floor:
 - *Can we get these requests for more information earlier so the information could be brought to the meeting? Yes, but we would need the questions 1 month before the meeting.*
 - *Primary Care Providers – Nurse Practitioners can now order DME.*
 - *Coverage on gloves – only covered for incontinence of feces. Allow a maximum of 2 boxes/month. Any other coverage must be submitted to be reviewed on a case-by-case basis.*
 - *FYI – People have gone out of state and have orders for an AFO, KAFO, DME or other services and these services are being denied as they are available in state.*