



Durable Medical Equipment Providers Frequently Asked Questions During the COVID-19 Pandemic

April 8, 2020

- 1. What prior authorization requirements are you following during this time?**
HAP will follow the Michigan Department of Health and Human Services (MDHHS) and The Centers for Medicare & Medicaid Services (CMS) guidance on the next page.
- 2. What documentation can be used for hospital discharges that require oxygen treatment?**
DME suppliers can use provider's documentation of COVID-19 rationale for O2 equipment with a qualifying oxygen sat. DME script can be written for up to 60 days if medically necessary from date of discharge. Discretion of provider to determine allowable timeframe. After prescription expires, the patient will require a reevaluation.
- 3. With an increase in oxygen orders with the primary diagnosis of COVID-19, is the diagnosis COVID-19 enough on its own? If sufficient, how long can oxygen be provided to patients with the primary (only) diagnosis of COVID-19?**
COVID-19 diagnosis with a qualifying oxygen sat. qualifies for up to first 60 days or length of script and then patient needs to be re-evaluated. DME supplier should check at 30 days to assess if patient requires oxygen beyond the initial 30 days or when patient no longer needs oxygen any longer.

Use new diagnosis code U07.1, COVID-19, effective from April 1, 2020. Use CDC codes for COVID-19 conditions before the new COVID-19 code is available.
- 4. With members fearing they will run out of supplies; can we ship orders early?**
HAP will follow CMS billing rules for refills which allows to process well in advance. This will minimize unintended consequence of DME shortages due to stockpiling. DME can be delivered as early as 10 calendar days earlier than refill date which HAP follows for Medicare, Medicaid and Commercial.
- 5. Will HAP offer subsidy's to members or suppliers who have out-of-pocket expenses for DME/medical supplies, in the event the member can't make payments due to the impacts of COVID-19?**
HAP will follow CMS and MDHHS guidelines for member cost share which at this time does not include the scope of DME and supplies. HAP will continue to assess the environment for additional changes.
- 6. Will HAP waive the requirements on the prescription (date of birth, ID number, diagnosis, gender, times testing, etc.)?**
HAP will follow MDHHS and CMS guidance on the next page.
- 7. Will HAP waive medical record documentation, if required for a supply or order if we're unable to obtain it during this time?**
HAP will follow MDHHS and CMS guidance on the next page.
- 8. Will HAP waive expired documentation or prescription renewals for existing members?**
HAP will follow MDHHS and CMS guidance on the next page.

MDHHS Guidance

Bulletin [MSA 20-14](#): Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Providers, Hospitals, Physicians, Pharmacies, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Start Date: March 26, 2020

End Date: 30 days following the termination of the Governor's Declaration of a State Emergency Order (2020-04, COVID-19) or the first of the following month, whichever is later

Applies to: MMP, Medicaid, HMP, CSHCS

Excludes: Commercial and Medicare

Here are the guidelines from the MDHHS:

- Waive quantity limits, prior authorization and documentation requirements for:
 - Respiratory equipment/supplies (e.g. ventilators, suction catheters, oxygen, etc)
 - Medical supplies the member typically receives through home delivery (e.g. diabetic supplies, incontinence supplies, enteral formulas, etc)
- Ordering provider must establish medical necessity for specified equipment/supplies and quantities on order.
- Physician order must be kept in the member file and be available upon request.
- All other documentation requirements (timeliness, medical records, tests results, etc) are waived during emergency.
- Waive POA and need for new medical documentation for the replacement of medical equipment/supplies that have been lost, destroyed, damaged or otherwise rendered unusable or unavailable during emergency.

CMS Guidance

COVID-19 [Emergency Declaration Health Care Provider Fact Sheet](#) (3/13/2020)

Start date: March 13, 2020.

End date: Continue up to the termination of the Governor's Declaration of a State Emergency Order

Applies to: Medicare, MMP, DSNP, Commercial

Excludes: Medicaid, ASO

Here are the guideline from CMS:

For Durable Medical Equipment Where Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) is lost, destroyed, irreparably damaged, or otherwise rendered unusable:

- Contractors have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.
- Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced.
- Suppliers need to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

HAP will continue to assess the situation and revise policies as needed or if government rulings require changes.