

DME Updates – July 14, 10:00 a.m. (Natasha Kester and Jimmy Witcosky)	
<b>Q</b>	1. When a resident is in a nursing home are there any programs that would cover customized manual wheelchairs such as an Incurred Medical Expense program (Applied Income Program)? What forms are required for this program?
<b>A</b>	<i>Effective 7/1/2020 All equipment and supplies for members residing in a Nursing or ICF/IID Facility is the responsibility of the facility.</i>
<b>Q</b>	2. When a resident is PASRR positive what program and what forms are required to be able to get a resident in a nursing home specialized equipment such as a specialized wheelchair, low air loss mattress, or a gait trainer. Are there any other items that are covered?
<b>A</b>	<i>Effective 7/1/2020 All equipment and supplies for members residing in a Nursing or ICF/IID Facility is the responsibility of the facility.</i>
<b>Q</b>	3. Does SoonerCare cover customized power wheelchairs Group 3's when residents are in the nursing home and what forms are required?
<b>A</b>	<i>Effective 7/1/2020 All equipment and supplies for members residing in a Nursing or ICF/IID Facility is the responsibility of the facility.</i>
<b>Q</b>	4. What about handheld showers, toilet seat risers, grab bars etc.?
<b>A</b>	<p><i>Items excluded from coverage by SoonerCare:</i></p> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> <li>• <i>transfer benches</i></li> <li>• <i>Bath Stools/Benches</i></li> <li>• <i>hip kits (includes reacher-sock aide-shoe horn-button hook)</i></li> <li>• <i>Stool safety frames</i></li> <li>• <i>Bottom Buddies</i></li> <li>• <i>Adaptive Utensils</i></li> <li>• <i>PERS</i></li> </ul>
<b>Q</b>	5. We provide bracing (boots, wrist, back) to patients and currently do not have to get auths. Do we need to get auths now? And are these DME items covered for patients over the age of 20 now?
<b>A</b>	<i>There are no changes to the current PA Requirements or Age Limits for Orthotics and Prosthetics.</i>
<b>Q</b>	6. Nebulizers and Cpaps - can we bill as purchase?
<b>A</b>	<i>Nebulizers will be a purchased item. C-paps are a rental item as member must have a 3-month trial first.</i>
<b>Q</b>	7. Are there rate changes for incontinence supplies? If so, where do we obtain the fee schedules?
<b>A</b>	<i>The rates that are set (and not manually priced) by the Waivers will be the rates OHCA adopts for incontinence supplies for adults. The fee schedules will be posted to the OHCA website following the September OHCA Board meeting, if approved.</i>
<b>Q</b>	8. HH Showers, grab bars, tub bars, reachers, hip kits, bed wedges, transfers benches - do they go through waiver program still? (Hip Kits - includes reacher-sock aide - shoe horn, button hook.)
<b>A</b>	<p><i>Items excluded from coverage by SoonerCare:</i></p> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> </ul>

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Q	9. What are six codes that are going to be at 70% to use a national company?
A	<i>E0482, E0483, K0606, A4351, A4352, A4353. They are not all at 70% of Medicare rates, but instead various percentages. These items are supplied mostly by national companies, but not entirely. These items will still see a rate increase from their current rates.</i>
Q	10. Harmony still going to exist?
A	<i>Yes.</i>
Q	11. Can DME Providers complete Section 1 and Section 2 of the Physician Order for Incontinence Supplies (HCA-52A) like most detailed written orders? (Physician info and Member info)
A	<i>Yes, like most physician-signed forms, office staff/DME staff can assist with completion of these forms.</i>
Q	12. Will the Advantage case managers still initiate the plan of care and determine with the Physicians the needed incontinent supplies and bathroom safety as we as providers will not be reimbursed for case management hours?
A	<i>For the ADvantage waiver, the member should work with their physician and DME. The physician is responsible for prescribing the necessary products, including amounts and frequency.</i>
Q	13. Is there a site that lists all the waiver programs that are offered and how they may work?
A	<a href="https://www.okhca.org/individuals.aspx?id=8137">https://www.okhca.org/individuals.aspx?id=8137</a>
Q	14. Currently the incontinence supplies have specific HCPC codes and allowables. Will SoonerCare have specific codes and allowables?
A	<i>The currently utilized HCPCS codes will not change.</i>
Q	15. When might we expect a thorough outline of how the current Advantage Waiver Plan will be administered under title 19?
A	<i>For ADvantage waiver providers, a bulletin will be sent with the most current information once information on rates and eligible items have been obtained.</i>
Q	16. Are hearing aids and speech/communication devices covered for adults or will they still go through the waiver?
A	<i>Coverage for Hearing Aids has not changed. Coverage for Communication Devices will change and be opened for ages 0-999 with a Prior Authorization.</i>
Q	17. DME for orthopedic - we normally do not have to get a prior auth for the items we provide. Will we need to after August 1? And if our patient lives in an assisted living facility or nursing home would that need to be billed to them directly?
A	<i>There are no changes to Orthotics and Prosthetics which are only covered for ages 0-20.</i>
Q	18. Can you please repeat the 6 codes to be reduced that typically went to large national providers and where we can go to find more information?
A	<i>E0482, E0483, K0606, A4351, A4352, A4353. These items are supplied mostly by national companies, but not entirely. These items will still see a rate increase from their current rates.</i>
Q	19. If a patient requires a group 3 pwc is it correct to say that we only need either a PT or specialty evaluation or a RESNA certified evaluation but not both?
A	<i>Correct.</i>
Q	20. Are DME required to obtain the form, office note, and med justification from the doctor then submit for authorization on each line item?
A	<i>Yes.</i>

Q	21. Under DME on the public site, some of the hyperlinks are not available longer (i.e. FAQ's for mobility, L Codes and A Codes). Is this going to be corrected?
A	<i>We are in the process of updating some of the information that was on the DME webpage once updates are complete the documents will be reposted.</i>
Q	22. If you have a incontinence patient that does not have the 2nd diagnosis - do we have to file and get a denial on prior auth before contacting case manager to see if can be approved through waiver program?
A	<i>The Waivered programs will require a copy of the SoonerCare Denial letter.</i>
Q	23. Are they going to adopt the same HCPC codes for the incontinence supplies as currently under waivers?
A	<i>The currently utilized HCPCS codes will not change.</i>
Q	24. Has OHCA educated the Physicians, PAs and NPs on how to properly fill out the necessary paperwork and what must be documented in the face to face to successfully provide these items for patients?
A	<i>Face-to-Face Requirements have been in place since 8/23/2016 please see Provider Letters OHCA 2016-24 and OHCA 2017-25. Providers are given training opportunities in the Spring and Fall each year to be updated on changes and to be given the opportunity to ask questions they may have. Providers also have the access to reach out to Provider Services at <a href="mailto:SoonerCareEducation@okhca.org">SoonerCareEducation@okhca.org</a> for any training needs and may also reach out to the Medical Authorization Unit at <a href="mailto:DMEAdmin@okhca.org">DMEAdmin@okhca.org</a> OR <a href="mailto:MAUAdmin@okhca.org">MAUAdmin@okhca.org</a> for questions.</i>
Q	25. We want to confirm that this goes like August 1st instead of October 1st
A	<i>Yes, August 1 is the planned effective date. Due to CMS processing some claims may need to be run again after CMS approval comes through; this will be done automatically without need for provider contact.</i>
Q	26. How do we handle oxygen patients curing pandemic who can't get a pulse ox test?
A	<i>Members can do an overnight pulse ox test in the home.</i>
Q	27. Will the 8/1 date affect members who have a recert date soon on incontinence supplies?
A	<i>8/1 is the effective date. Currently approved supplies will finish their current authorization period before requiring re-authorization.</i>
Q	28. CRT takes ample time (more than basic DME) and expertise (ATP) to provide to complex patients. There are currently only 5 providers of CRT in the state of Oklahoma. Is there a possibility that OHCA would consider changing these cuts to prevent reduction in access of CRT to Oklahomans?
A	<i>The proposed rate method change is not a reduction or cut for CRT providers. All base power wheelchairs will be priced at 70% of the Medicare fee schedule and will see increases from the current rates of between 3-27%. All CRT accessories will be priced at 100% of the Medicare fee schedule.</i>
Q	29. Where are the incontinence fee schedules posted?
A	<i>The fee schedules have not been posted yet, but will be soon at: <a href="http://www.okhca.org/providers.aspx?id=102&amp;menu=60&amp;parts=7773">http://www.okhca.org/providers.aspx?id=102&amp;menu=60&amp;parts=7773</a></i>

#### DME Updates for Providers, July 16, 2020, 2:00 p.m. (Natasha Kester & Jimmy Witcosky)

Q	1. To my understanding now for a member to acquire incontinence supplies a doctor will have to fill out the incontinence form. Do the physicians also have to provide a progress note? if so can you provide an example of the wording needed? I don't want to ask for progress note and doctor give us a note, then Medical Authorization to say it's not good enough and ask doctor to redo note. My experience in the past doctor will get frustrated and either not redo note or get upset at the DME supplier.
A	<i>OHCA cannot dictate how a physician notates in medical records. The office note provided by the physician must indicate members need for incontinence supplies and why and must</i>

	<i>indicate details demonstrating medical necessity of the requested items and necessity of the requested quantity.</i>
Q	2. I want to make sure I understand the approval of gloves. The providers we work with were under the impression that each patient would be approved for gloves and the DME company had to be on some list in order to provide them. Do you know anything about a list for the DME on gloves? My understanding is that as long as we have a contract with OHCA, we can provide our patient any supplies they need.
A	<i>There is not a list. Any SoonerCare Contracted DME provider can provide the non-sterile gloves as long as the member has met the criteria and has an approval.</i>
Q	3. Existing Authorizations -- If a recent authorization has a start date AFTER Aug. 1st, will that authorization be good for the entire auth period? If yes, will ADvantage members with soon to be expired plans continue to receive renewal authorizations up to July 31st?
A	<i>No change to authorizations that have already been approved, regardless of start date. The new rules will apply to all new authorizations as well as renewing authorizations submitted on/after August 1.</i>
Q	4. For any A codes that require 26 or 30 days between billing, example A7010 and A7003 and A7008, is there any clarification on the OHCA website?
A	<i>Not at this time. Lists that were previously on the OHCA Website have been taken off as updates were needed. Once Updates are completed lists will be re-published.</i>
Q	5. Where can find the details for the changes for Neb, CPAPs and sleep studies?
A	<i>DME equipment and supplies guidelines can be found on the OHCA Public website at <a href="#">DME Webpage</a> . If you are not seeing something that you have questions about please email <a href="mailto:DMEAdmin@okhca.org">DMEAdmin@okhca.org</a> . Sleep Study guidelines can be found on the OHCA Public website at <a href="#">Medical Webpage</a> . If you have questions please email <a href="mailto:MAUAdmin@okhca.org">MAUAdmin@okhca.org</a></i>
Q	6. What brought on the change of DME being responsible for submitting to OHCA for incontinence supplies?
A	<i>The Home Health final rule requires DME to be a mandatory Medicaid benefit. Currently, it is an optional benefit. Once DME becomes a mandatory benefit, OHCA must cover all medically necessary DME equipment for all Medicaid members. Some incontinence supplies and DME will still be supplied by DHS/Waivers if the item does not meet medical necessity criteria. DHS/Waivers do not have to meet medical necessity.</i>
Q	7. On adult has BIPAP or need BIPAP is that available for adult patient as well .do they need prior authorizations for BIPAP and CPAPs?
A	<i>Bi-paps are currently covered for adults with a Prior Authorization. C-paps required a Prior Authorization and are currently covered for ages 0-20 only however 8/1/2020 will be opened up to ages 0-999.</i>
Q	8. Is there a limit of incontinence supplies monthly?
A	<i>There is a standard of care limit listed in the Guideline posted on the public website however if member needs units above that a detailed letter of medical necessity that medically justifies the need for the additional units would need to be provided along with the other required documentation.</i>
Q	9. If a member is on Medicare and Medicaid do we have to get denial form Medicare first?
A	<i>For items that Medicare paid for, OHCA will continue to pay the coinsurance and deductible as we do today. For items that Medicare does not cover, OHCA may require the denial from Medicare before paying. This is not a guarantee of payment, because not all dually eligible members receive covered services and benefits other than cost sharing.</i>
Q	10. Will the items currently covered under the DDSD program for adults 21 and over move over to Title 19 coverage like the Advantage Waiver products are?
A	<i>Yes.</i>
Q	11. Where can we find enteral formula and supply coverage criteria for adults?
A	<i>Enteral Nutrition Guideline is posted on the OHCA public website on the <a href="#">DME Webpage</a>.</i>
Q	12. What is the age limit for Neb coverage?
A	<i>Currently age limit is 0-20 however effective 8/1/2020 age will be 0-999.</i>

Q	13. When will the change become effective (for PAP device, nebulizer, incontinence supplies)? Will incontinence supplies for adult have a new HCA 52 from difference than the current form?
A	<i>Changes will take place 8/1/2020. The updated Incontinence Supply forms are posted on the OHCA public website on the forms page. HCA-52 is for ages 0-20 and MUST be provided by Peoples First Industries and HCA-52A is for ages 21 and above and can be provided by any SoonerCare Contracted DME provider.</i>
Q	14. So will patients in nursing home not be covered for CPAP?
A	<i>The Home Health final rule reclassifies DME as a Home Health benefit. According to 42 CFR 440.70, A beneficiary's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, except for home health services in an intermediate care facility for Individuals with Intellectual Disabilities that are not required to be provided by the facility under subpart I of part 483. For example, a registered nurse may provide short-term care for a beneficiary in an intermediate care facility for Individuals with Intellectual Disabilities during an acute illness to avoid the beneficiary's transfer to a nursing facility. Nothing in this section should be read to prohibit a beneficiary from receiving home health services in any setting in which normal life activities take place, other than a hospital, nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home health services cannot be limited to services furnished to beneficiaries who are homebound.</i>
Q	15. How confident are you that CMS will approve in time for the Aug 1st effective date?
A	<i>We can never be certain that CMS will approve prior to August 1<sup>st</sup>. If CMS does not approve prior to the effective date we will still have an August 1<sup>st</sup> effective date, but it may be applied retroactively at a later date.</i>
Q	16. Are CPAP supplies still going to be covered only once a year? Or will that have different coverage limits?
A	<i>There are no changes at this time to Cpap supplies.</i>
Q	17. When will DME not be billing for nursing home equipment extra?
A	<i>Effective 7/1/2020.</i>
Q	18. If the Medicaid patient is on Homehealth service, does DME provider able to provide supplies for the Homehealth treatment?
A	<i>There is no change to the DME process for those on home health and living in personal residence. See #14.</i>
Q	19. Will oxygen continue to be paid in the nursing facilities by Medicaid?
A	<i>No, DME items supplied in a nursing facility will now be the financial responsibility of the nursing facility.</i>
Q	20. Are DDSD and Medically Fragile both considered waiver program affected by these changes?
A	<i>All OHCA and DHS Waivers are impacted by these changes.</i>
Q	21. I feel most physicians are going to be furious over the incontinence changes. Some members will definitely not qualify under Title 19. Is there going to be any filter for this process, or will ALL members have to be denied before going through the Waiver programs?
A	<i>The Home Health final rule requires these changes. If medical necessity criteria are not met, the member will have recourse through the Waiver care manager to help meet his/her needs.</i>