IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS BT202031 MARCH 31, 2020

IHCP temporarily removes prior authorization for certain DME or HME supplies and services

Effective April 1, 2020, and through the duration of the public health emergency for coronavirus disease 2019 (COVID-19) outbreak, the Indiana Health Coverage Programs (IHCP) is temporarily removing prior authorization (PA) requirements for some services and supplies. This policy change includes Traditional Medicaid (feefor-service) as well as all managed care benefit programs.



Respiratory services and supplies

PA will no longer be required for the following respiratory services and supplies shown in Table 1 for dates of service (DOS) on or after April 1, 2020, through the duration of the public health emergency.

Table 1 – Respiratory services and supplies not requiring PA for dates of service on or after April 1, 2020,through the duration of public health emergency

| Procedure code | Description |
|-------------------|------------------------------|
| 94660 | POS airway pressure CPAP |
| 94662 | Neg press ventilation CNP |
| 94668 | Chest wall manipulation |
| A7025 | Replace chest compress vest |
| A7026 | Replace chst cmprss sys hose |
| E0424 | Stationary compressed gas O2 |
| E0431 | Portable gaseous O2 |
| E0433 | Portable liquid oxygen sys |
| E0434 | Portable liquid O2 |
| E0439 | Stationary liquid O2 |
| E0441 | Stationary O2 contents, gas |
| E0442 | Stationary O2 contents, liq |
| E0443 | Portable O2 contents, gas |
| E0444 | Portable O2 contents, liquid |
| E0447 | Port O2 cont, liq over 4 lpm |
| E0455 | Oxygen tent excl croup/ped t |
| E0457 | Chest shell |
| E0459 | Chest wrap |
| E0481 | Intrpulmnry percuss vent sys |
| E0482 | Cough stimulating device |

| Table 1 – Respiratory services and supplies not requiring PA for dates of service on or after April 1, 2020, | |
|--------------------------------------------------------------------------------------------------------------|--|
| through the duration of public health emergency (Continued) | |

| Procedure code | Description |
|-------------------|------------------------------|
| E0483 | Hi freq chest wall oscil sys |
| E0484 | Non-elec oscillatory PEP dvc |
| E0485 | Oral device/appliance prefab |
| E0486 | Oral device/appliance cusfab |
| E0500 | IPPB all types |
| E0561 | Humidifier nonheated w PAP |
| E0562 | Humidifier heated used w PAP |
| E0570 | Nebulizer with compression |
| E0574 | Ultrasonic generator w svneb |
| E0575 | Nebulizer ultrasonic |
| E0580 | Nebulizer for use w/ regulat |
| E0606 | Drainage board postural |
| E1390 | Oxygen concentrator |
| E1391 | Oxygen concentrator, dual |
| E1392 | Portable oxygen concentrator |
| E1405 | O2/water vapor enrich w/heat |
| E1406 | O2/water vapor enrich w/o HE |
| K0738 | Portable gas oxygen system |
| S8189 | Trach supply NOC |

Note: Ventilators and bilevel positive airway pressure (BiPAP) devices are excluded from this policy and will continue to require PA.

Other durable and home medical equipment repairs and replacements

For DOS on or after April 1, 2020, through the duration of the public health emergency, PA will not be required for repairs and replacements for previously approved durable medical equipment (DME) and home medical equipment (HME), in the member's possession. This does not include repairs and replacements for beds, motorized (power) wheelchairs, and power-operated vehicles (POVs), and their accessories. All repairs and replacements must be medically necessary and documentation must be maintained by the provider. PA is still required for new DME or HME, unless referenced otherwise in this policy.

As noted in the *Durable and Home Medical Equipment and Supplies* provider reference module, providers should bill labor costs associated with servicing and repairs using Healthcare Common Procedure Coding System (HCPCS) code K0739 – Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes.

For the duration of the public health emergency, providers must bill for replacements or repairs using the following modifiers as applicable:

- RA Repair Replacement of a DME, orthotic, or prosthetic item
- **RB** *Replacement of a part of a DME, orthotic, or prosthetic item furnished as part of a repair*

As a reminder, the IHCP will not pay for labor for the repair of DME or HME under the following circumstances:

- The IHCP does not pay for repair of equipment still under warranty.
- The IHCP does not authorize payment for repair necessitated by member misuse or abuse, whether intentional or unintentional. The provider must obtain documentation from the member stating that the member understands the service is not covered by the IHCP and the member will assume responsibility for the repairs.
- The IHCP does not cover payment for maintenance charges of properly functioning equipment.
- For rental equipment, repairs are the responsibility of the rental provider.
- For DME or HME included in a long-term care (LTC) facility's per diem rate, repair costs are also not separately reimbursable.

Note: The face-to-face requirement for DME and HME may be completed via telemedicine, which includes video or voice-only communication. Please see IHCP Bulletin <u>BT202022</u> for additional information regarding telemedicine. In addition, the IHCP will be publishing a Telemedicine FAQs bulletin in the near future.

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