

# DME ADVISORY COMMITTEE MEETING

## MINUTES

October 29, 2019

### ATTENDEES:

#### Members Present

Justin Decker – Alliance Rehab & Medical Equipment  
David Hosman - BJC Home Medical Equipment  
Chris Cobb – Cox Health  
Amy Ogle – Hannibal Medical Supplies  
Patrick Naeger – HealthCare Equipment & Supply Company  
Karen Atkins – Mobility First and MAMES  
Mike Seidel – United Seating & Mobility

#### Consultants Present

Dr. Tim Hogan, Hogan Consulting, Oxy & Resp  
Matt Chegwiddden – Hogan Consulting, DME – conference call

#### MHD Agency Staff Present

Cindy Wininger-Watson  
Angela Wilson  
Amanda Fahrendorf  
Terri Brondel  
Joshua Moore  
Jessica Viet  
Beth Stokes  
Shelly Smith  
Brittney Plassmeyer  
Glenda Kremer  
Franki Moseley  
Carmen Burton

#### Welcome/Introductions/Announcements

Pat Naeger, Chairman, welcomed everyone and called the meeting to order. Pat asked to approve the minutes from the April 23, 2019 meeting, everyone in favor approved April 23, 2019 meetings minutes.

Pat made an announcement to everyone that Mike Williams is no longer with Cox Health Systems and is no longer on the board which leaves 2 openings on the board. Recommendations/nominations from the committee was requested.

With several new faces, individuals were asked to introduce and tell a little about themselves.

### **MHD Update**

Cindy Wininger Watson, MHD, advised the committee that the DME program was now a part of the Pharmacy Unit within Clinical Services. Angela Wilson, Pharmacy Operations Manager and Joshua Moore, Director of Pharmacy, shared their rolls within the Division. Josh advised of good things ahead for Precertification and the Smart PA process in CyberAccess.

### **CPap Supplies/Medicare**

Dave Hosman, BJC, requested a status from MHD regarding the increase of quantity limits for CPap supplies. He and Amy Ogle, Hannibal Medical Supplies, had requested consideration in the previous meeting. They also requested coverage of heating tubing, procedure code A4604. Cindy presented a possible fiscal impact using the participant count from January to June, 2019. Comparison was made with MHD's current allowable and Medicare's allowable with proposed quantity limits every 90 days versus Medicare's. Cindy has not yet presented this MHD budget yet, as she wanted to get the committee's input first. CPAP supplies national average of replacing supplies based on the proposed limits is approximately 1.8% times per patient per year. Fiscal impact will be based on participant count but will note the national average.

### **Trachea Rate Increase**

Current reimbursement for trachea tubes have a set allowable. Pat is requesting we change reimbursement to manually price these codes at cost plus 20%. Providers cost is 2 to 3 times more than our reimbursement. Providers are refusing to take Mo HealthNet trachea participants because of the reimbursement. Kids cannot be released from the hospital without access of the trachea tubes which increases hospital cost. MHD will take it under consideration.

### **Power Assist Wheels for MWC**

Power assist wheels are currently a covered service but policy criteria has not been established. MO HealthNet presented a proposal which included the beneficiary would only be eligible for one power wheelchair or power assist chair over a 5 year time span. Matt Chedwigen was conferenced in for this conversation. Concern was expressed that a patient's condition can change to where they might need to get one before the 5 years is up. Dave suggested changing the language in the documentation to state if there is a medical necessity change consideration would be given. Recommendation by the committee is to adopt current Medicare policy. MHD will consider.

While Matt was conferenced in, Karen asked for direction of manual wheelchair for an obese patient who is wide but needs a low seat to floor height. Karen is not aware of a chair that can meet the needs other than a K0005. Matt asked Karen to send in an example that he could review. He did not have enough specific information make that decision.

### **NCCI Editing**

Karen is getting denials for replacement batteries for power chairs when there is a manual chair being rented. NCCI edits set by CMS are the reason the batteries are denying as CMS does not allow a both a power chair and a manual chair. Cindy said we cannot do away with the NCCI edits. She stated they might have to handle the claims manually and override the edit but would have to first check to see if it would allowed.

### **Procedure Code E1028**

Currently there is a limit of 5 units for procedure code E1028, Anything over 5 units must be submitted under the miscellaneous code K0108. A request was made to change the limit from 5 to 8 units. MHD will take under consideration.

### **Medicare ID changes and Crossover Claims**

Effective January 1, 2020, new Medicare numbers, which is now Medicare Beneficiary ID, claims submitted is based on date of submission and no longer date of service. Any claims submitted after January 1, 2020, that do not have the Medicare Beneficiary ID, will be denied.

### **Switching MCO and Rental Items**

There is a continual issue with MCO's not following up when a patient changes from FFS Medicaid to MCO or from MCO to MCO. When there is a rental piece of equipment, the loss goes to the provider. The MCO and/or the patient does not call to update the DME provider. They have a 60-day window to get it transitioned to new MCO. They are supposed to call the providers of service. They will not retro the claims.

Dave said on the bright side, Home State has made several changes as of June 14, 2019 and are authorizing oxygen for one year and rolling out a new prior authorization policy for C-Paps, wheelchairs, hospital beds and enteral nutritional pumps. These changes will be posted on their website and will send notices to the contractors and DME providers by October 31, 2019. It was announced that Blue Cross just bought Missouri Care but the change is not yet effective. It was requested to have a MCO representative at the next meeting on insight of how the transition will take place.

A report of cost comparison since MCO started was requested.

### **New Business**

## **AED**

Expenditures are up for AED's. Who are getting these and why? These are requested through the Exceptions process. Beth stated the life vest is initially approved at \$78.00 a day for a 3 month approval. There is a large amount of documentation required for review. If approved, re-evaluation is required after 3 months. Zoll is the only manufacturer of this device. Medicare covers this device as well but their policy is less strict than Medicaid.

## **ACD vs IPAD**

A question was raised regarding the coverage of an IPAD vs an ACD for a cost savings. MHD stated the IPAD does not have an assigned procedure code making it difficult to bill. The manufacturers of the ACD's are currently the billing provider. Who would provide the IPAD if consideration was given? There is also software that would have to be loaded on the tablet and the tablet should be locked to be used for ACD services only. How would the software be coded?

Additional research is needed before coverage can be considered.

## **Face to Face**

The requirement of face to face (F2F) evaluations for certain DME items presents a difference for Medicaid vs Medicare. MHD does not reimburse for an OT evaluation, Medicare does. This effects the request for accessories for wheelchairs as related to the F2F R examination. It was decided that a blanket statement of and PWC or MWC and accessories would be accepted. A request was made to have this clarification stated in a bulletin. MHD agreed.

## **Humidifier**

Currently CPAP's are rented and the humidifier purchased. Cindy proposed the humidifier to be changed to rental since the two services are actual in one unit. The committee agreed.

Meeting adjourned.

### **NEXT MEETING SCHEDULED:**

**January 28, 2020**

**Room 202**

**10:30 am – 3:00 pm**