



Connecticut Medical Assistance Program
Policy Transmittal 2020-17

Provider Bulletin 2020-18
April 2020

Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: April 1, 2020
Contact: Ginny.Mahoney@ct.gov

TO: Medical Equipment, Devices and Supplies (MEDS) Providers, Pharmacy Providers, Physicians, Physician Assistants and Advanced Practice Registered Nurses

RE: CMAP COVID-19 Response – Bulletin 15: Emergency MEDS Program Changes

As an interim measure in response to the Governor’s recent declaration of a public health emergency as the result of the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS) is temporarily taking steps to eliminate obstacles to beneficiaries accessing care. This includes: changes to the face-to-face requirements, prior authorization extensions for Durable Medical Equipment (DME), blood pressure monitors for pregnant women, allowance of three-months emergency advance of medically necessary medical and surgical supplies, and delivery ticket requirements as specified below, all of which are effective for dates of service from April 1, 2020 until DSS has notified providers in writing that the state has deemed COVID-19 no longer to be a public health emergency or DSS otherwise determines in writing that some or all of these specific measures are no longer needed to help protect the public health (the “Temporary Effective Period”).

Face-to-Face Requirement:

In accordance with federal regulations at 42 C.F.R. § 440.70(f)(6), DSS will permit physicians, physician assistants (PAs) and advanced practice registered nurses (APRNs), to conduct any face-to-face encounter required by 42 C.F.R. § 440.70 via telehealth (audio and visual telehealth only, **not** audio-only telephone) in accordance with the standards set forth in Provider Bulletins (PB) 2020-09 “New coverage of Specified Telemedicine Services Under the Connecticut Medical Assistance Program” and

PB 2020-10 “CMAP COVID-19 Response – Bulletin 1: Emergency Temporary Telemedicine Coverage” and other applicable telehealth bulletins. DME providers must (1) verify that the physician, PA or APRN performed the encounter and (2) include documentation of that encounter in the member’s records for the particular DME item which requires the face-to-face encounter.

Prior Authorization Extensions:

If a DME provider is unable to complete the required paperwork **for the continuation of an existing prior authorization** due to COVID-19 related reasons, the provider must submit an extension request to Community Health Network of Connecticut (CHNCT). Providers can submit their requests for re-authorization using the standard prior authorization request process via the Web at:

www.huskyhealthct.org/providers/prior-authorization.html#.

Such extension requests must have the following note in the comments field: “Additional information is unavailable due to COVID-19”. Extension requests related to COVID-19 will be approved for periods of up to 90 days. Any requests for modifications to the extensions should be sent in to CHNCT’s fax number: (203) 265-3994.

For any prescriptions that are expiring for items which require prior authorization or if a new prior authorization request is needed, providers

are to submit these to CHNCT who will review the prior authorization requests for medical necessity using the existing prior authorization process.

Blood Pressure Monitors for Pregnant Women:

Effective for dates of service April 1, 2020 and forward, DSS will reimburse for home blood pressure monitors for all pregnant HUSKY Health members. This change is being implemented in order to assist pregnant HUSKY Health members to keep track of blood pressure changes in between prenatal appointments that may otherwise go undetected. Any pregnancy related diagnosis code will be accepted on the prescription.

Please note blood pressure monitors have a restriction of 1 per 3 years. Unlike the other changes in this bulletin, this change is a permanent policy change that is effective until further notice, not limited to the Temporary Effective Period.

Allowance of Three-Month's Advance of Medically Necessary Medical and Surgical Supplies, Including Oxygen and Respiratory Monthly Supplies:

Effective during the Temporary Effective Period, DSS will not restrict Medical Equipment, Devices and Supplies (MEDS) providers from delivering more than a 30-day supply of medically necessary medical and surgical supplies, hearing aid batteries, parenteral/enteral supplies, respiratory equipment and supplies for HUSKY beneficiaries. However, this exception does not apply to personal protective equipment (PPE) (e.g., gloves, protective clothing, helmets, goggles, other garments or equipment designed to protect the wearer's body from injury or infection that are utilized by healthcare professionals) in order to avoid limiting the supply of PPE for healthcare professionals during this emergency. Providers may deliver up to a 90-day advance of medically necessary medical surgical supplies, hearing aid batteries,

parenteral/enteral supplies, respiratory equipment and supplies, but only **upon the member's request**. Please note, DSS acknowledges that as a result of manufacturer and other constraints during the COVID-19 pandemic, MEDS providers may have more limited access to certain equipment, supplies, and devices than under typical circumstances and may need to make their own reasonable decisions about how best to allocate limited available equipment, supplies, and devices. As always, MEDS providers may bill CMAP only for goods and services actually provided to the member.

Providers must clearly document in the member's chart and when submitting claims that the provider delivered an increased supply due to "COVID-19". Providers must also include, in the member's chart and with the claims, the dates of service (DOS) and time period the delivery will encompass. **In addition, the MEDS provider is responsible for keeping track of each request so that a member does not continue to request additional supplies the following month, if they have already been provided with the advance supplies.**

Please Note: Automatic shipment of supplies is not allowed; the advance supplies must be made only at the request of the HUSKY member or the HUSKY member's authorized representative. In addition, providers must follow audits in place that appear on the header of each MEDS fee schedule which have restrictions, e.g. procedure code A7035 (headgear used with positive airway pressure device), is limited to 1 per 6 months.

MEDS suppliers must verify that no other supplier has already submitted a claim for these advance supplies or items by logging into the secure Web portal account from the www.ctdssmap.com Web site and selecting Claims > Claim History for Specific Services > Med Surg Supplies and Orthotics.

Please Note: Certain Healthcare Common Procedure Coding System (HCPCS) codes are subject to Medically Unlikely Edits (MUE). MUEs are “per day” edits that take precedence over the maximum quantity allowed per month. Additional units requested per month via PA will not override the MUE.

Providers must utilize an appropriate day span, by entering the “From” and “To” dates in MM/DD/YY format on the claim detail. The “From” date represents the dispense/delivery date and the “To” date represents the last day of supply utilization or the day before the next scheduled delivery. Failure to report the “To” date of service is equivalent to reporting a day supply of 1 and will cause the claim to deny if the units billed exceed the MUE for the given HCPCS as previously described in PB 2016-07.

Example:

Code	Code Description	MUE Quantity Limit
A4245	Alcohol wipes per box (minimum 100)	N/A
A4250	Urine test or reagent strips or tablets per 100	2
A4253	Blood glucose test strips...per 50 strips	4
A4259	Lancets per box of 100	2

The following Explanation of Benefits (EOB) code will post to claims that do not adhere to the criteria outlined above:

- EOB 770 “MUE Units Exceeded”
Reason for denial: Daily utilization calculated using the date span reported on the claim exceeds the MUE

Effective during the Temporary Effective Period, Calendar Month Limitation audits will begin to post and pay to claims where the quantities billed exceed the typical monthly allowance. The post

and pay status means the audit will post to the claim, but the claim will not be denied for that reason. The post and pay status will allow providers to dispense up to a 90-day advance of medically necessary medical surgical supplies, hearing aid batteries, parenteral/enteral supplies, respiratory equipment and supplies during the COVID-19 Temporary Effective Period. **If requested by DSS, a copy of the documentation on file for which advance items were dispensed must be made available for review during a post-payment audit of MEDS services reimbursed under CMAP.**

Pharmacy Overages:

During this time, for any children under the age of 21 who obtain their diabetic testing supplies through the pharmacy benefit, please refer to PB 2020-13 “CMAP COVID-19 Response – Bulletin 3 Emergency Pharmacy Program Changes” for information on quantity limits and day supply limits.

Delivery Ticket Requirement:

Notwithstanding the requirements of any statutory, regulatory, or policy provisions to the contrary, during the Temporary Effective Period, in order to help reduce the spread of COVID-19, MEDS providers are not required to ask the member or the member’s designee to sign a delivery receipt at the time that the supplies or equipment are delivered to the members home. Providers must document the following on the delivery ticket, “Signature not required related to COVID-19”. In addition, for items being delivered by a third-party delivery service, the third-party delivery service tracking information in addition to the detailed invoice should be kept on file by the MEDS provider.

These actions are part of the broader effort to ensure that all HUSKY beneficiaries – particularly those at high-risk of complications from the COVID-19 virus – have access to the benefits that can help keep them healthy while helping to contain the spread of this virus.

To keep up to date with the latest information from the state, resources, and guidance related to COVID-19, please visit the ct.gov/coronavirus Web site.

Accessing the Fee Schedule:

The MEDS fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”. Click on the “I accept” button and scroll down to the “MEDS – Durable Medical Equipment” fee schedule.

Posting Instructions:

Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by DXC Technology.

Responsible Unit:

DSS, Division of Health Services, Medical Policy and Regulations, Ginny Mahoney, Health Policy Consultant; email Ginny.Mahoney@ct.gov.

Date Issued: April 2020