<b>Connecticut Medical Assistance Program</b> Policy Transmittal 2020-21	Provider Bulletin 2020-29 April 2020
Deider S. Gifford, MD, MPH, Commissioner	Effective Date: April 1, 2020 Contact: Ginny.Mahoney@ct.gov
	Policy Transmittal 2020-21

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

# **RE:** CMAP COVID-19 Response – Bulletin 16: Emergency Durable Medical Equipment Changes Pertaining to Customized Wheelchairs

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), repairs to DME and Customized Wheelchairs as specified below, 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

During the Temporary Effective Period, in accordance with federal regulations at 42 CFR 440.70(f)(6), DSS will permit physicians, physician assistants (PAs) and advanced practice registered nurses (APRNs) to conduct any faceto-face encounter required by 42 CFR 440.70 via telehealth covered by CMAP (including telephone and live video) in accordance with the standards set forth in Provider Bulletins (PB) "New 2020-09 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". Please follow the link below to the

ctdssmap.com Web site where COVID-19 bulletins have been issued:

www.ctdssmap.com/CTPortal/Information/Publ ications/tabid/40/Default.aspx.

Given the complex nature of customized wheelchairs, clinically, it remains important for a face-to-face visit to occur to ensure the clinical needs have been addressed, which is acceptable by telehealth during this period.

#### **Prior Authorization Requirements for New Custom Wheelchair Evaluations and Home** <u>Assessments</u>

Prior authorization requirements for new customized wheelchair evaluations will remain in effect, as CMAP's medical administrative organization, services Community Health Network of Connecticut (CHNCT), continues to process prior authorization requests during this time period under standard timeframes. Due to the complexity of customized wheelchairs and the need for them to be properly adapted to an individual's unique needs and specific residence and in order to ensure that our members receive a proper customized wheelchair evaluation and obtain appropriate equipment, virtual custom wheelchair evaluations, done by an Assistive Technology Professional (ATP), will not be accepted.

In addition, given the complexity of the customized wheelchair evaluation and the need to trial different seating components in the HUSKY Health members home and to ensure the member is able to navigate through tight corners in their home, an in-person home assessment by the ATP must continue to be provided as a condition for CMAP coverage and payment of a new customized wheelchair. DSS will not accept virtual home assessments.

#### **Extension of Completion/Filing Deadline Requirements for Customized Wheelchairs**

During the Temporary Effective Period, DSS is extending the following completion/filing deadline requirements in order to allow additional time to providers who supply customized wheelchair and complex rehabilitative equipment (CRT).

DSS will allow an additional 90 days for completion of a physiatrist's evaluation for members residing in a skilled nursing facility, as well as an additional 90 days for the face-to-face physician visit for members residing in the community.

# **Repairs to DME**

During the Temporary Effective Period, DME providers will not be required to obtain a prescription for repairs if the DME provider already has a prescription for the customized wheelchair for the same patient in the provider's files.

In addition, prior authorization for repairs will not be required except in any of the following situations:

- 1. A procedure code for a repair that does not have an established fee and is manually priced.
- 2. The components or parts required for the repair are in excess of \$1000 (except for wheelchair accessory trays code E0950).
- 3. The components or parts required for the repair exceed the established fee schedule amount for repairs.

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 due to COVID-19". In addition, for items being delivered by a thirdparty delivery service, the third party delivery service tracking information in addition to the detailed invoice should be kept on file by the MEDS provider. Please note, CRT equipment will need to be delivered to the member's primary residence and assessed for safety and appropriateness.

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 <u>ct.gov/coronavirus</u> Web site.

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# **Distribution:**

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# **Responsible Unit:**

DSS, Division of Health Services, Medical Policy, Ginny Mahoney, Health Policy Consultant. <u>Ginny.Mahoney@ct.gov</u>

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#### **Delivery of CRT Equipment**

Department of Social Services Division of Health Services 55 Farmington Avenue Hartford, CT 06105 www.ctdssmap.com