




MassHealth
Durable Medical Equipment Bulletin 26
March 2021

TO: Durable Medical Equipment Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **COVID-19 Related Administrative Flexibilities for Durable Medical Equipment Providers - Extension**

Introduction

In light of the March 10, 2020, Declaration of State of Emergency within the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth authorized certain COVID-19 related administrative flexibilities to long-term services and supports (LTSS) providers. These flexibilities were communicated in a guidance document titled [MassHealth LTSS Provider Information: Updates Related to the Coronavirus Disease 2019 \(COVID-19\)](#) (hereinafter referred to as the 'MassHealth COVID-19 LTSS Flexibilities document'). MassHealth subsequently replaced this guidance with Durable Medical Equipment (DME) Bulletin 25.

The purpose of this bulletin, which supersedes DME Bulletin 25, is to update MassHealth's COVID-19 related flexibilities for providers of MassHealth-covered durable medical equipment to help ensure members retain access to appropriate durable medical equipment, promote social distancing, and mitigate the spread of COVID-19. The guidance in this bulletin replaces all previously issued guidance for MassHealth DME providers in DME Bulletin 25 and described in the MassHealth COVID-19 LTSS Flexibilities document.

This bulletin applies to members receiving durable medical equipment on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) plan who are receiving MassHealth-covered durable medical equipment.

This bulletin describes COVID-19 related flexibilities for MassHealth durable medical providers with the following effective periods.

- a) Flexibilities effective until the end of the federal Public Health Emergency (PHE); and
- b) Flexibility with no end date.

Flexibilities Effective Until the End of the Federal PHE

Prior Authorization Extensions

Through the end of the federally declared PHE, DME providers may request a continuation of an existing prior authorization (PA). The provider must email an extension request to

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support@masshealthtss.com prior to the end date of the existing PA. Such extension requests must have the following note in the comments field: "COVID-19." Extension requests may be approved for up to 90 days.

Continued Delivery of DME and Supplies That Are Not Subject to PA with Prescriptions That Would Otherwise Expire During the COVID-19 Emergency

Through the end of the federally declared PHE, for continuity of care, MassHealth is allowing continued delivery of equipment and supplies that are not subject to prior authorization but have prescriptions that expire during the COVID-19 emergency. Specifically, DME providers may continue delivery of equipment and supplies for 90 days after the expiration of the prescription or until the end of the Commonwealth's COVID-19 emergency, whichever is later, only if an oral prescription is documented. For items and supplies rented or delivered under otherwise expired prescriptions, providers must clearly document COVID-19 extensions of prescriptions in the member's record and when submitting claims; and must obtain and document a new oral prescription within each 90-day extension.

Additionally, as described below, notwithstanding 130 CMR 409.416, during the COVID-19 emergency, providers may deliver up to a 90-day supply in one delivery and must follow the billing guidelines in the following paragraph. Information is available in the [MassHealth DME and Oxygen Payment and Coverage Guideline tool](#).

Delivery of up to a 90-day supply of DME or medical supplies

Through the end of the federally declared PHE, notwithstanding those sections of the online tool that prohibit DME providers from delivering more than a 30-day supply of DME or supplies, providers may deliver up to a 90-day supply upon the member's documented request. Providers must clearly document in the member's chart that the member requested the 60- or 90-day supply and that the delivery was related to COVID-19. Providers must also include the dates of service (DOS) and time period covered by each 60- or 90-day delivery in the member's chart and with the claims.

Billing guidelines for delivery of up to a 90-day supply

- Providers are requested to submit one claim per delivery of 60- or 90-day supplies. To avoid your claim being denied, **do not** bill a 60- or 90-day delivery on one line item with one DOS.
- The first line of the claim should coincide with the delivery date.
- Providers should submit separate line items identifying the specific months the delivery covers and include the allowed monthly limit on each claim line.
- Providers are requested to pay close attention to any PAs that might be expiring and request PA extensions, if needed. For DME and supplies requiring PA, any months that you are billing should have an active PA in place.

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Example of claim submission for T4521: Adult sized disposable incontinence product brief/diaper, Small, each 1 unit = each, 248 per month.

Line item 1: Date of delivery 04/01/2020. units 248	add price:	\$213.60
Line item 2: Date of delivery 05/01/2020. units 248	add price:	\$213.60
Line item 3: Date of delivery 06/01/2020. units 248	add price:	<u>\$213.60</u>
	Total	\$640.80

Member or member’s designee signature on delivery ticket

Through the end of the federally declared PHE, notwithstanding the requirements of 130 CMR 409.419(A), DME providers should not ask the member or the member’s designee to sign a delivery slip at the time that the provider delivers DME supplies or equipment to the member’s home. Providers must document the date and the following on the delivery slip: “Signature not required related to COVID-19.”

Face-to-face requirement

Federal regulations require that, for certain DME, physicians or certain authorized nonphysician practitioners (NPP) (collectively, “authorized practitioners”), document the occurrence of a face-to-face encounter with the Medicaid-eligible beneficiary. See 42 CFR 440.70. Through the end of the federally declared PHE, and as described in 42 CFR 440.70 (f) (6), any required face-to-face encounter may be delivered via telehealth (including telephone and live video) in accordance with the standards in All Provider Bulletin 314.

This is consistent with CMS Interim Final Rules with Comment Period (CMS-1744-IFC (April 6, 2020) and CMS-5531-IFC (May 8, 2020) which provide that the face-to-face encounter requirement does not apply for DME for the duration of the COVID-19 emergency, except for power mobility devices (PMDs) with a statutory requirement for a face-to-face encounter. For those PMDs, a telehealth face-to-face encounter may satisfy the requirement. See COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing (updated: December 8, 2020).

Streamlined Prior Authorization Requirements for DME and Supplies

Through the end of the federally declared PHE, MassHealth is lifting the requirement in 130 CMR 409.418 that providers obtain prior authorization prior to delivering DME equipment and supplies. While PA is not required prior to delivery during the COVID-19 emergency, providers must continue to submit required documentation for PA requests and obtain PA for all services identified as subject to PA under MassHealth provider regulations at 130 CMR 409.000 and 130 CMR 450.000, and as specified in the online tool at www.mass.gov/info-details/masshealth-payment-and-coverage-guideline-tools. MassHealth will conduct a streamlined review for documentation required for processing PAs (e.g., manufacturer invoices) and issue PA approval notices based on provided documentation.

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Instructions for billing

Providers must submit for and obtain PA for all items subject to PA prior to submitting a claim for payment; otherwise, the claim will be denied. The requested start date on the PA should be on or before the date of delivery. This change is effective for dates of delivery on or after March 31, 2020.

The streamlined PA requirements DO NOT apply to the following:

- Mobility devices (including but not limited to, manual wheelchairs, power wheelchairs, and accessories)
- Chest Wall Oscillation/Vest
- Alternative Augmentative Communication devices

Flexibility with No End Date

Providers Qualified to Order Services

Pursuant to a change in federal law implemented via the Coronavirus Aid, Relief, and Economic Security (CARES) Act, MassHealth is expanding the medical practitioners that may prescribe DME services and write letters of medical necessity. Pursuant to the CARES Act and notwithstanding 130 CMR 409.402, in addition to physicians, nurse practitioners, and physician assistants, clinical nurse specialists may also prescribe DME services and write letters of medical necessity.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Questions

The MassHealth LTSS Provider Service Center is open from 8 am to 6 pm ET, Monday through Friday, excluding holidays. LTSS providers should direct questions about this bulletin or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

Contact Information for MassHealth LTSS Provider Service Center

Phone: Toll-free (844) 368-5184

Email: support@masshealthtss.com

Portal: MassHealthLTSS

Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215

FAX: (888)-832-3006

LTSS Provider Portal: Trainings, general Information, and future enhancements will be available at www.MassHealthLTSS.com.