

2009 HH Provider Updates and Policy Clarifications

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A4212 Noncoring Needle (Aug.1, 2009)

- The A4212 Noncoring needle or stylet with or without catheter (Huber needle) has been reinstated on the Home Health Supply Schedule.
- The A4221 Supplies for maintenance of drug infusion catheter includes all cannulas, needles, dressings and infusion supplies.

Mediplanner Prefills (June 26, 2009)

DMS wishes to provide for effective medication assistance for members who need this service, as efficiently as possible and with maximum coordination with the pharmacy and with other home health visits. To accomplish this, home health agencies should request prior authorization for a reasonable number of visits to fill the mediplanner and educate the patient - **we ask that agencies plan to prefill mediplanners every two weeks**, unless there are factors which may have an adverse effect on the recipient. Additional PRN visits may be authorized if a medication is added or the patient experiences an unanticipated problem. SHPS has been instructed to ask home health agencies why additional visits are needed if the agency requests more frequent mediplanner prefill visits. If the home health agency can document medical necessity, additional visits may be authorized.

Map 248 Clarification (June 24, 2009)

DMS clarifications on the MAP 248

- HH agencies must distinguish that the Plan of Care (POC) and the “supply only certification are 2 different health services.
- The MAP 248 is not required if there is a POC which includes services (a HH episode of care).
- The MAP 248 is for “supply only” recipients.
- The April 2009 revision of the Map 248 was developed to make the form available to providers in electronic format.
- Providers have the option to choose the electronic version or the manual version
- The electronic version of the MAP 248 was not mandated by DMS as the “only” version the HH providers could use.
- The providers were not directed by DMS to complete a new MAP 248 when the electronic MAP 248 was initiated.
- HCPCS codes for a change in the size of diapers will not require a new or modified MAP 248.
- The MAP 248 can be initiated with a physician’s verbal order; A signed and dated physician’s signature must be provided within 21 days of the verbal order.
- A MAP 248 is valid for 6 months from the date of receipt of the physician’s order (verbal or written). If a recipient has a significant condition change, that changes the needed medical supplies, a new MAP 248 must be completed.
- If a HHA chooses not to use HCPCS codes on the MAP 248, HCPCS codes and quantities are required for PA approval and claims payment.

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- If the HHA chooses not to use HCPCS codes on the MAP 248, DMS requires specific description of the supplies.

DMS recommends that the HH agencies clearly state what they are requesting at the beginning of the Prior Authorization process to SHPS to reduce confusion and reduce phone conversation time related to the MAP 248. Examples include:

- “This is a supply only certification request.”
- “This is a modification to a current supply only certification.”
- “This is additional required information for an unreviewed status to a supply only certification or modification.”

HHA’s should check the DAR when received to ensure that the HCPCS for the supplies requested match the HCPCS codes approved. If there are errors, the HHA has 48 hours to request correction.

Recipients who are Medicare/Medicaid dual eligible (Mar. 15, 2009)

Recipients who are Medicare/Medicaid dual eligible should not receive their disposable medical supplies through the Medicaid program unless it is for:

1. incontinence supplies not covered by DME; or
2. supplies necessary for an episode of skilled care through the Medicaid home health program.

Dual eligible recipients should be educated by the provider about the Medicare process for obtaining needed disposable medical supplies through the Medicare DME program. Medicaid is always the payer of last resort per 907 KAR 1:005 and KRS 205.520.

Trachotomy Supplies (Jan. 23, 2009)

Tracheostomy supplies identified on the home health supply schedule are approved in the course of a home health certification period in which trach care is an integral part of the home health treatment plan. An example is a skilled nursing visit to perform trach care and provide care training for a new tracheostomy patient.

Ventilator-dependent individuals and trach supply-only individuals who do not have an active home health certification should receive the medically necessary trach supplies through the DME program.