Iowa Department of HUMAN SERVICES

Durable Medical Equipment Listening Session

January 6, 2022

Agenda

- Introduction and purpose of listening session
- Feedback on prior authorizations and limits for products
- Feedback on items covered
- Open floor for feedback

Feedback on prior authorizations and limits for products

- Wheelchair parts and wheelchair
  - Challenging to go through entire process – have to go through doctor/specialist and then have to find a provider or vendor (providers/vendors report they are not getting reimbursed in timely manner or do not have time to come to home for repairs)
  - Consider how long-term needs might need specialized products (such as generators or ventilator supplies)
- Out of 350 devices that were loaned to Iowans, over 40% indicated that they came to Easter Seals because system was too complex or wait was too long
  - Individuals being discharged report it takes too long for approvals prior to transitioning back home or in the community
- Member started process of getting new wheelchair in April – did not get actual product until right before Christmas
  - Took a long time to get into specialist as well as other staffing issues
  - This happens frequently to others in needing similar services
  - Other member received a wheelchair in October but has not been able to use it because still needs to be programmed (workforce/technical support challenges)
- Limited number of providers, increased cost of supplies/workforce, supply chain delay -> strains system and increases waitlist
- Fee schedule not keeping up with the increased costs and need
- Denials for chairs that are "custom" for pediatric facility clients – need custom fit and specification to be successful
- Denials for changes due to growth in pediatric patients (inpatient)
- Denials for children under age of 2 for mobility assistance (inpatient pediatric)
- Some items are available out of pocket
- Ceiling lifts and other major medical equipment, shower chairs, adl assistance → can be hard to get equipment approved or denied because not listed as approved DME
- Disconnect between MCOs and understanding that seat elevation is covered benefit
- K0108 – miscellaneous code frequently denied – causes difficulty with appeals or adjustments when only certain lines are paid

- Prosthetics and orthotics
  - Children and growing out of AFOs – both MCOs have limits and PAs for certain codes (confusion on AGP policy and perception that denied no matter what)
  - Straps and pads – AGP limited to two ever two years
  - Some Medicare claims are crossing over and AGP is paying primary (recently started in past 30 days)
  - UHC TPL – should AGP/ITC/IME pay up to allowable
- Socks – AGP doesn't require a PA for socks but won't pay for them because not medically necessary
  - Used to pay for three singles
- Enteral
  - Most payers (including Medicare) have a grace period but Iowa Medicaid and MCOs do not allow for that grace period (ship date vs. date of intentional use)
  - Running into duplicates and overutilization – claims deny
  - Limits on how many and timeframe
- B9998 – come as 12 or 24 inches
  - Now having issues getting these paid at IME, ITC, AGP (had previously had issue with UHC but was fixed)
  - Ongoing for past year – resulting in multiple appeals
  - Y port and extension sets
  - Multitude of denial reasons including that it is included in the kit
  - For the B9998 it seems they followed Medicare saying they are not separately covered but adult patients typically do not require these B9998 extension tubes or Farrell bags (not always but typically). This impacts our pediatric patients and their caregivers along with the more complex adult patients.
- Custom trachs
  - Denied because being coded as a misc. code
  - A7520 or 21 – reimbursement is hundreds of dollars less than what it costs
  - This is prescribed and medically necessary
  - Requesting that this be carved out for E1399 and allow for MSRP
- Oxygen
  - Need to have diagnosis or low oxygen to have that approved as medially necessary
  - Working through denials with AGP requiring Medicare denials (Medicare will not cover in NFs) – projects created but still not resolved
- Speech generating devices
  - Denials from AGP
  - High tech devices that are output are being denied
  - Single word tends to be a trigger for denial because not strings of communication – not combining pictures

Open floor for feedback

- When AGP and ITC are secondary payers – accounting method is challenging
  - Full amount taken back rather than lower co-insurance amount
  - Happens on different types of claims
- Would like to see funding like "children at home" for adults so that there could be items that Medicaid/Medicare might never paid for but are necessary to live in own home
  - Paula Connelly will send background information
- Better ways recycle and refurbish DME
  - If Iowans were to purchase new it would have cost more than $400k
  - How can we set up a sustainable program that better meets the needs of Iowans
  - Could there be a collaboration between a vendor that can do customization
- Removing the need for prognosis on physician orders would be helpful
- Assistive Devices should be covered along with adaptive equipment
- Projects take a very long time to be resolved and in many situations, the resolution creates more issues
- Would love it to be reviewed whether obtaining a concentrator hours regularly in the patients home is still necessary considering everything these past couple of years