

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa Trumbell

Phone Number: 517-284-1226

Initial

Public Comment

Final

Brief description of policy:

This policy informs providers of payment changes to osteogenesis stimulators.

Reason for policy (problem being addressed):

This policy will allow for purchase of osteogenesis stimulators following 10 months rental. Current policy allows for three months rental only, with consideration for continued rental with physician documentation of continued need.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

No

Does policy have operational implications on other departments?

No

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes,
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Submission Date:
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 1852-DME	Date: January 14, 2019

Comments Due: February 19, 2019
Proposed Effective Date: May 1, 2019
Direct Comments To: Lisa Trumbell, Policy Specialist
Address: Program Policy Division/MDHHS/MSA/CCC 7th Floor
E-Mail Address: trumbell@michigan.gov
Phone: 517-284-1226 **Fax:** 517-241-8969

Policy Subject: Payment Rule Changes to Osteogenesis Stimulator Policy

Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS)

Distribution: Practitioners, Durable Medical Equipment Providers, Medicaid Health Plans

Summary: This policy will allow for purchase of osteogenesis stimulators following 10 months rental. Current policy allows for three months rental only, with consideration for continued rental with physician documentation of continued need.

Purpose: To allow purchase of osteogenesis stimulators for beneficiaries with medical need to use the stimulator longer than 10 months. Once the 10th month is reached the stimulator rental is capped and considered a purchased item.

Cost Implications: N/A

Potential Hearings & Appeal Issues: No

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
---	--

Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Proposed Policy Draft

Michigan Department of Health and Human Services
Medical Services Administration

Distribution: Practitioners, Durable Medical Equipment Providers, Medicaid Health Plans

Issued: April 1, 2019 (Proposed)

Subject: Payment Rule Changes to Osteogenesis Stimulator Policy

Effective: May 1, 2019 (Proposed)

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization requirements.

Effective May 1, 2019, payment rules for osteogenesis stimulators will change from "rental only," to capped rental (10 months rental equals purchase).

Prior authorization requests are approved up to three months rental at a time. Approvals following the second authorization period will convert from rental to purchase upon the 10th rental month.

Current policy standards of coverage, documentation, prior authorization and items included within the rental fee remain unchanged. After purchase, any accessories needed to use the device, or the replacement of the stimulator, require prior authorization. The manufacturer's warranty must be expired prior to requesting a replacement osteogenesis stimulator.