

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Lisa Trumbell

Phone Number: 517-284-1226

Initial

Public Comment

Final

Brief description of policy:

This policy extends the initial prior authorization (PA) period for wearable cardioverter defibrillators from 30-days to 60-day authorization periods up to a maximum of four months. Additionally, the policy allows for submission of a PA request for a second 60-day period 15 days prior to the end of the initial 60-day approval period if 45 days of wear time data is submitted with the request.

Reason for policy (problem being addressed):

Changing the approval period from 30 to 60-day periods will allow the provider to capture more accurate and timely beneficiary wear time data when requesting reauthorization for the wearable cardioverter defibrillator.

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
 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: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	If yes, Submission Date:
Date: _____ Approval	Date: _____

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2115-DMEPOS	Date: April 19, 2021

Comments Due: May 24, 2021
Proposed Effective Date: July 1, 2021
Direct Comments To: Lisa Trumbell, DMEPOS Policy Specialist
Address:
E-Mail Address: trumbell@michigan.gov
Phone: **Fax:**

<p>Policy Subject: Prior Authorization (PA) Requirements for Wearable Cardioverter Defibrillators</p> <p>Affected Programs: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services (CSHCS)</p> <p>Distribution: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)</p> <p>Summary: This policy extends the initial PA period for wearable cardioverter defibrillators from 30-days to 60-day authorization periods up to a maximum of four months. Additionally, the policy allows for submission of a PA request for a second 60-day period 15 days prior to the end of the initial 60-day approval period if 45 days of wear time data is submitted with the request.</p> <p>Purpose: Changing the approval period from 30 to 60-day periods will allow the provider to capture more accurate and timely beneficiary wear time data when requesting reauthorization for the wearable cardioverter defibrillator.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: No</p>
--

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: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, Practitioners, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Issued: June 1, 2021 (Proposed)

Subject: Prior Authorization (PA) Requirements for Wearable Cardioverter Defibrillators

Effective: July 1, 2021 (Proposed)

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

This policy applies to Medicaid Fee-for-Service (FFS). MHPs and ICOs 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 or ICO, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

The purpose of this bulletin is to inform providers of changes to the Michigan Department of Health and Human Services (MDHHS) policy regarding PA periods for wearable cardioverter defibrillators (WCDs). The changes in this policy are effective for PA requests received by MDHHS on or after July 1, 2021.

Prior Authorization Periods

PAs are approved for 60 days at a time for a maximum of four months. For consideration of a second 60-day authorization period, the compliance download data for the previous 60-day initial authorization must be submitted with the PA request. The provider may submit an authorization request 15 days prior to the end of the initial approval period; however, there must be a minimum of 45 days wear time download data submitted with the authorization request.

Requests for continued PA beyond the maximum of four months will be considered on a case-by-case basis. Subsequent approvals will be for month-to-month periods. All other policy standards of coverage, documentation, PA requirements and payment rules remain unchanged.