

Final rule changes to KanCare home health coverage

Summary of change: Effective with dates of service on and after July 1, 2017, the federal regulatory changes for KanCare home health services, as documented in *CMS 2348 Final Rule*, will be implemented in accordance with revisions to *42 CFR 440.70*, which states:

1. "Coverage of home health services cannot be contingent upon the beneficiary needing nursing or therapy services."
2. Home health services may be provided "in any setting in which normal life activities take place, other than a hospital; nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home health services cannot be limited to services furnished to beneficiaries who are homebound."
3. Medical supplies, equipment and appliances are suitable for use in any setting in which normal life activities take place.
4. Supplies are defined as "health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury."
5. Equipment and appliances are defined as "items that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable. State Medicaid coverage of equipment and appliances is not restricted to the items covered as durable medical equipment in the Medicare program."
6. "States can have a list of preapproved medical equipment supplies and appliances for administrative ease, but states are prohibited from having absolute exclusions of coverage on medical equipment, supplies or appliances. States must have processes and criteria for requesting medical equipment that is made available to individuals to request items not on the state's list. The procedure must use reasonable and specific criteria to assess items for coverage. When denying a request, a state must inform the beneficiary of the right to a fair hearing."
7. "Additional services or service hours, at the state's option, may be authorized to account for medical needs that arise in the settings home health services are provided."
8. "No payment may be made for the services listed below unless the physician...or allowed non-physician practitioner...with the exception of certified nurse midwives...documents that there was a face-to-face encounter with the beneficiary that meets the requirements of *42 CFR 440.70*:"
 - Nursing services
 - Home health aide services
 - Medical supplies, equipment and appliances
 - Physical therapy, occupational therapy, or speech pathology and audiology services

9. "For the initiation of home health services, the face-to-face encounter must be related to the primary reason the beneficiary requires home health services and must occur within the 90 days before or within the 30 days after the start of the services."
10. "For the initiation of medical equipment, the face-to-face encounter must be related to the primary reason the beneficiary requires medical equipment and must occur no more than 6 months prior to the start of services."
11. The face-to-face encounter may be conducted by one of the following practitioners:
 - Physician
 - Nurse practitioner or clinical nurse specialist working in collaboration with the physician and in accordance with state law
 - Certified nurse midwife
 - Physician assistant under the supervision of the physician
 - Attending acute or postacute physician for beneficiaries admitted to home health immediately after an acute or postacute stay.
12. "The allowed non-physician practitioner...performing the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering physician. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record."
13. "To assure clinical correlation between the face-to-face encounter and the associated home health services, the physician responsible for ordering the services must:"
 - "Document the face-to-face encounter which is related to the primary reason the patient requires home health services, occurred within the required timeframes prior to the start of home health services."
 - "Must indicate the practitioner who conducted the encounter and the date of the encounter."
14. Documentation requirement of the face-to-face encounter will be monitored through the home health program prior authorization (PA) process. All home health services require PA. The home health provider must submit documentation of the face-to-face encounter in addition to the PA request form, *Outcome and Assessment Information Set (OASIS)*, *CMS-485* (home health plan of care), which includes the physician's or nonphysician practitioner's orders and certification for care. A specific form for the face-to-face encounter is not required, but the documentation must contain all of the key information.
Note: Copies of the PA and face-to-face encounter documentation must be retained on file in the individual's medical record at the home health agency.
15. "The face-to-face encounter may occur through telehealth as implemented by the state."
16. No payment may be made for medical equipment, supplies, appliances or durable medical equipment if the face-to-face encounter is performed by a certified nurse-midwife.
17. The face-to-face encounter for medical equipment, supplies or appliances may be performed by any of the practitioners described above with the exception of certified nurse-midwives.
18. "A beneficiary's need for medical supplies, equipment and appliances must be reviewed by a physician annually."
19. This policy will expand coverage of specified incontinence supplies for individuals 21 years of age and older.

Covered incontinence supplies for ages 21 and over

HCPCS code	Code description
T4521	Adult sized disposable incontinence product, brief/diaper small each
T4522	Adult sized disposable incontinence product, brief/diaper medium, each
T4523	Adult sized disposable incontinence product, brief/diaper large, each
T4524	Adult sized disposable incontinence product, brief/diaper extra-large, each
T4525	Adult sized disposable incontinence product, protective underwear pull-on, small size, each
T4526	Adult sized disposable incontinence product, protective underwear pull-on, medium size, each
T4527	Adult sized disposable incontinence product, protective underwear pull-on, large size, each
T4528	Adult sized disposable incontinence product, protective underwear pull-on, extra-large size, each
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each
T4533	Youth sized disposable incontinence product, brief/diaper, each
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra-large, each
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra-large, each

Note: Code T4543 will be available to beneficiaries ages 5-20 years as there could be Kan Be Healthy beneficiaries in need of bariatric-sized incontinent products.

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.